Advancing the Field . . .

Mental Health in Schools and School Improvement: Current Status, Concerns, & New Directions

Moving forward in creating a school environment that promotes mental health and reduces problems

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Preface

Many matters arise when the topic of mental health in schools is discussed. Prominent are questions such as:

> Why should schools be involved with mental health?

> Should the focus of mental health in schools be on
  >> mental illness? mental health? both?
  >> special education students or all students?
  >> services or programs or a comprehensive system of supports?

> What is the context for the work and who should be responsible for its planning, implementation, and evaluation?

Over the years, we have pursued the advancement of mental health in schools by focusing on fully integrating the work into school improvement policy and planning. One facet of that work has been to facilitate discussion of issues, write and share policy and practice analyses and recommendations, and develop prototypes for new directions.

The following is a book-length compilation that pulls together our work as presented in various Center documents. Some of these were developed directly to support policy, practice, training, and research related to mental health in schools; others were designed to advance the National Initiative: New Directions for Student Support (see http://smhp.psych.ucla.edu/summit2002/ndannouncement.htm).

This book is offered online to provide a no cost resource for those seeking a current and future-oriented perspective on this emerging field and as an aid for those teaching about the topic. To facilitate its use, specific parts or the entire document can be downloaded.

Because of the urgency for moving forward in creating a school environment that promotes mental health and reduces problems, our aim is to stimulate greater interchange about agenda for moving forward. We begin with a brief reflection on what schools have been and are doing about mental health concerns. Then, we explore major concerns, emerging trends, new directions, policy and systemic change implications, and end with a call to action.

Please feel free to share this work with anyone and send us your ideas for moving the field forward.

As always, we owe many folks for the contents of this document. We thank everyone for their contribution, and as always, we take full responsibility for any misinterpretations and errors.

Howard Adelman & Linda Taylor
Center, Co-directors
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Introduction

As the Surgeon General’s national action agenda for children’s mental health indicates:

Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by the very institutions and systems that were created to take care of them.  
(Department of Health and Human Services, 2001)

One of those institutions is the school. Indeed, available research suggests that for some youngsters schools already are the main providers of mental health services. As Burns and her colleagues (1995) found, “the major player in the de facto system of care was the education sector – more than three-fourths of children receiving mental health services were seen in the education sector, and for many this was the sole source of care.”

Why Mental Health in Schools?

In discussing the involvement of schools in mental health, the first question that arises is: Why should there be a focus on mental health in schools?

While there are many societal considerations involved in responding to this question, for the most part the usual answers incorporate either or both of the following points:

1. Accessing and meeting the needs of students (and their families) who require mental health services is facilitated by contact through and at schools.

2. Addressing psychosocial and mental and physical health concerns is essential to the effective school performance of some students.

Implied in both answers is the hope of enhancing the nature and scope of mental health interventions to fill gaps, enhance effectiveness, address problems early, reduce stigma, and fully imbue clinical and service efforts with public health, general education, and equity orientations.

Point 1 typically reflects the perspective and agenda of agencies and advocates whose mission is to improve mental health services. The second point reflects the perspective and agenda of student support professionals and some leaders for school improvement, and also provides a supportive rationale for those wanting schools to play a greater role related to addressing young people’s health concerns.

Advancing Mental Health in Schools

Around the world, many stakeholders are determined to enhance how schools address mental health and psychosocial concerns. And, now is a critical period for doing so.

Some see the field of mental health in schools as in its infancy; others think it has grown into adolescence. What it will look like as an adult is unclear; what it should look like is under debate.
Anyone who has spent time in schools can itemize the multifaceted mental health and psychosocial concerns that warrant attention. For those committed to advancing mental health in schools, the question is:

*How should our society’s schools address these matters?*

Currently, the answers put forward tend to reflect different agenda. As a result, efforts to advance the imperative for mental health in schools are confronted with the problem of coalescing agenda and doing so in ways that are responsive to the oft-voiced public concern that schools cannot be responsible for meeting every need of their students.

Education is the mission of schools, and school policymakers are quick to point this out when asked to do more, especially with respect to mental health. It is not that they disagree with the idea that healthier students learn and perform better. It is simply that prevailing school accountability pressures increasingly have concentrated on instructional practices – to the detriment of all matters not seen as *directly* related to raising achievement test scores.

Those concerned with enhancing mental health in schools must accept the reality that schools are not in the mental health business. Then, they must develop an understanding of what is involved in achieving the mission of schools. After that, they must be ready to clarify how any agenda item for mental health in schools helps accomplish that mission. Of particular importance is how proposed approaches help meet the demand for improving schools, reducing dropout rates, closing the achievement gap, and addressing racial, ethnic, disability, and socio-economic disparities.

**Embedding Mental Health in the School Improvement Agenda**

In 2001, the *Policy Leadership Cadre for Mental Health in Schools* stressed that, at this stage in the field’s development, advancing mental health in schools is about much more than expanding services and creating full service schools. It is about becoming part of a comprehensive, multifaceted systemic approach that strengthens students, families, schools, and neighborhoods and does so in ways that maximizes learning, caring, and well-being.

From this perspective, the need is for policy decision makers and school improvement leaders to draw on well-conceived, broad frameworks and the best available information and scholarship to transform the education support programs and services that schools own and operate. Such a transformation will require weaving together school owned resources and community and family resources to develop a comprehensive system of supports for addressing problems and enhancing healthy development.

**The Work of the Center at UCLA**

Over the years, our Center at UCLA has pursued a broad agenda for advancing mental health in schools. We emphasize (1) embedding the efforts into every school’s need to address barriers to learning and teaching and promote healthy development and (2) fully integrating the work into school improvement policy and practice. We stress that such a broad agenda encompasses enhancing greater family and community involvement in education. And, it requires a fundamental shift in thinking about what motivates students, staff, and other school stakeholders.
In the absence of a broad agenda, the trend is for mental health in schools to be defined mainly in terms of mental illness and for interventions to be case-oriented and clinical. This leads to providing services for a relatively few of the many students who need some form of help, but do not necessarily require clinical services. At the same time, efforts to promote social and emotional health and prevent problems, for the most part, are given short shrift. The picture that emerges at schools is of a fragmented and piecemeal enterprise that is fraught with counterproductive competition for sparse funds. Analyses indicate that the underlying problem is that such efforts are marginalized in policy and practice.

It is with all this in mind that we strive to advance mental health in schools by working for policy and systemic changes to develop a comprehensive system of learning supports. The focus is on establishing an Enabling (often called a Learning Supports) Component at every school. Such a component is designed to enable schools to more effectively (1) address barriers to learning and (2) engage and re-engage students so that they are successful at school and are building a solid foundation for well-being after graduation.

Our work has led us to understand that there are four fundamental and interrelated concerns school decision makers and planners must confront if schools are to be more effective in ensuring that every student has an equal opportunity to succeed at school and in life. Namely:

1) policy for school (and community) improvement must be expanded to end the marginalization of interventions for addressing barriers to learning and teaching,

2) current student/learning supports must be reframed into a unifying, comprehensive system of intervention, (From an educational and a public health perspective, the need for a full continuum of interventions conceived as an integrated set of systems that braids together the resources of schools and communities.),

3) the organizational and operational infrastructure for schools, feeder patterns, districts, and for school-community collaboration must be reworked to facilitate the development of a comprehensive system,

4) new approaches must be adopted for planning essential system changes and for sustaining and replicating them to scale.

Building on What has Gone Before

Advancing a field requires a perspective on the current state of the art. Therefore, Part I offers a brief reflection on what schools have been and are doing about matters related to mental health.

Advancing this field requires a perspective on major concerns and issues that have arisen about the focus on mental health in schools. Part II highlights such matters.

Advancing mental health in schools requires a sense of current and emerging opportunities and new directions for moving forward. This is the focus of Part III.

Advancing the field requires rethinking policy and facilitating systemic change. Part IV outlines some major policy and systemic change considerations.
Part I. **Current State of the Art**

In many schools, the need for enhancing mental health is a common topic. And, as the final report of the President’s New Freedom Commission on Mental Health (2003) and the 2007 Progress Report on the President's New Freedom Initiative recognizes, efforts to enhance interventions for children’s mental health must involve schools. Thus, many of those interested in improving education and those concerned about transforming the mental health system in the U.S.A. and elsewhere are taking a new look at schools (Center for Mental Health in Schools, 2004, 2006; Kutash, Duchnowski, & Lynn, 2006).

However, while mental health in schools is widely discussed, what’s being talked about often differs in fundamental ways. Because of the various enterprises being pursued, there are divergent policy, practice, research, and training agenda. This not only contributes to a degree of confusion, it seems to be a source of increasing conflicts and feeds into the marginalization of efforts to advance mental health in schools (Taylor & Adelman, 2002).

For a perspective on all this, we offer (1) a brief historical picture and (2) an overview of where the field is currently.

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**1. Past as Prologue**
- The Last 50 Years
- Federal Support for MH in Schools
- Another Call for Collaboration
- School Professionals Involved with MH & Psychosocial Concerns

**2. Where the Field is Now**
- The Need from the School’s Perspective
- Understanding the Term “Mental Health”
- Funding
- What Else is Needed?
- Marginalization
- Concluding Comments

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1. Past as Prologue

It is, of course, not a new insight that physical and mental health concerns must be addressed if schools are to function satisfactorily and students are to succeed at school. It has long been acknowledged that a variety of psychosocial and health problems affect learning and performance in profound ways. Such problems are exacerbated as youngsters internalize the debilitating effects of performing poorly at school and are punished for the misbehavior that is a common correlate of school failure.

The Last 50 Years

Because of the obvious need, school policy makers, have a lengthy (albeit somewhat reluctant) history of trying to assist teachers in dealing with problems that interfere with schooling. Prominent examples are seen in the range of health, social service, counseling, and psychological programs schools have provided from the end of the 19th century through today (Baumgartner, 1946; Dryfoos, 1994; Flaherty, Weist, & Warner, 1996; Tyack, 1992).

One interesting policy benchmark appeared in the middle of the 20th century when NIMH increased the focus on mental health in schools by publishing a major monograph on the topic (Lambert, Bower, & Caplan, 1964). Since then, many initiatives and a variety of agenda have emerged – including efforts to expand clinical services in schools, develop new programs for “at risk” groups, and incorporate programs for the prevention of problems and the promotion of social-emotional development (Adelman & Taylor, 1994; Califano, 1977; Collaboration for Academic, Social, and Emotional Learning, 2003; Dryfoos, 1994; Knitzer, Steinberg, & Fleisch, 1990; Millstein, 1988; Steiner, 1976; Stroul & Friedman, 1986; Weist & Murray, 2007).

Over the past 20 years, a renewed emphasis in the health and social services sectors on enhancing access to clients has resulted in increased linkages between schools and community service agencies (Center for the Future of Children, 1992; Warren, 2005). This "school-linked services" movement has added impetus to advocacy for mental health in schools. It has promoted school-based health centers, school-based family resource centers, after school programs, and other efforts to connect community resources to the schools. More recently, some advocates for school-linked services have coalesed their efforts with those working to enhance initiatives for youth development, community schools, and the preparation of healthy and productive citizens and workers (Melaville & Blank, 1998). These coalitions have expanded interest in social-emotional learning and protective factors as ways to increase students' assets and resiliency and reduce risk factors (Greenberg, Weissberg, O'Brien, Zins, Fredericks, Resnik, & Elias, 2003; Hawkins & Catalano, 1992). However, the amount of actual mental health activity in schools generated by these efforts remains relatively circumscribed (Foster, Rollefson, Doksum, Noonan, & Robinson, 2005; Teich, Robinson, & Weist, 2007).
In 1995, a direct effort to advance mental health in schools was initiated by the U.S. Department of Health and Human Services through its Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). From 2000 through 2006 HRSA and SAMHSA’s Center for Mental Health Services braided resources to co-support the work. The purpose of this program is to enhance the role schools play in mental health for children and adolescents. Specifically, the emphasis is on increasing the capacity of policy makers, administrators, school personnel, primary care health providers, mental health specialists, agency staff, consumers, and other stakeholders so that they can enhance how schools and their communities address psychosocial and mental health concerns. Particular attention is given to mental health promotion, prevention, and responding early after the onset of problems as critical facets of reducing the prevalence of problems and enhancing well-being. The core of the work has been embedded in two national centers. The two which were initially funded in 1995, with a primary emphasis on technical assistance and training, successfully reapplied during the 2000 open competition. A third open competition for a 5 year funding cycle was offered in 2005 with an increasing emphasis on policy and program analyses to inform policy, practice, research, and training. Again, the initially funded Centers applied and were successful in the process. The two Centers are the Center for Mental Health in Schools at UCLA and the Center for School Mental Health at the University of Maryland, Baltimore (Anglin, 2003).

Other federal initiatives promote mental health in schools. These include programs supported by (1) the U.S. Department of Education’s Office of Safe and Drug Free Schools (including a recently added grants program for the “Integration of Schools and Mental Health Systems”), its Office of Special Education and Rehabilitative Services, and some of the school improvement initiatives under the No Child Left Behind Act, (2) the “Safe Schools/Healthy Students” initiative, which is jointly sponsored by SAMHSA, U.S.D.O.E., and the U.S. Department of Justice, (3) components of the Center for Disease Control and Prevention’s “Coordinated School Health Program” and (4) SAMHSA through its “Elimination of Barriers Initiative” and various other programs and projects, as well as its focus on schools in the Mental Health Transformation State Incentive Grant Program. A smattering of projects that relate to agenda for MH in schools also are supported by several other federal agencies. (Note: The future of all federal programs related to MH in schools is at risk because of budget cuts in 2006-08.)

In recent years, a growing number of states have pursued projects and initiatives with varying agenda related to mental health in schools. And, a few states have passed legislation to support the work.
Other countries also have been developing initiatives and programs that reflect a range of agenda for mental health in schools. The growing interest around the world is reflected in the establishment in the early 2000s of the International Alliance for Child and Adolescent Mental Health and Schools, which has members in 30 countries (Weist & Mahoney, 2007).

Over the years, there have been frequent calls for collaboration among those who have a stake in mental health in schools (Center for Mental Health in Schools, 2002; Rappaport, Osher, Garrison, Anderson-Ketchmark, & Dwyer, 2003). A fairly recent effort began in 2000 when the Policymaker Partnership at the National Association of State Directors of Special Education and the National Association of State Mental Health Program Directors met to explore how the two entities could collaborate to promote closer working relations between state mental health and education agencies, schools and family organizations. This led, in 2002, to the concept paper Mental Health, Schools and Families Working Together for All Children and Youth: Toward a Shared Agenda. Development of the concept paper was funded by the Office of Special Education Programs for purposes of encouraging state and local family and youth organizations, mental health agencies, education entities and schools across the nation to enter new relationships to achieve positive social, emotional and educational outcomes for every child. The paper focuses on needed policy development and changes to move toward systemic coordination and integration of programs and services. The vision presented is for schools, families, child-serving agencies, and the broader community to work collaboratively to promote opportunities for and to address barriers to healthy social and emotional development and learning. The aim is to align systems and ensure the promise of a comprehensive, highly effective system for children and youth and their families. In stating the need for agencies and schools to work together, the report stresses:

“While sharing many values and overarching goals, each agency has developed its own organizational culture, which includes a way of looking at the world, a complex set of laws, regulations and policies, exclusive jargon and a confusing list of alphabet-soup acronyms. Funding sources at the federal, state and local levels have traditionally reinforced this separation into “silos.” The result is that agencies are almost totally isolated entities, each with its own research and technical assistance components and its own service delivery system, even though they are serving many of the same children. The isolation of each agency, combined with its bureaucratic complexity, requires a long-term commitment of all partners to bridge the gaps between them. Collaborative structures must be based on a shared vision and a set of agreed upon functions designed to enable a shared agenda. Legislative, regulatory or policy mandates may help bring agency representatives to the table, but development of true partnerships and the successful accomplishment of goals depends on participants gaining trust in one another as they pursue a shared agenda.”
School Professionals Involved with MH & Psychosocial Concerns

Over the years, the most widespread activity related to mental health in schools has been carried out by school staff described variously as student support staff, pupil personnel professionals, and specialists (Adelman & Taylor, 2006; Teich, Robinson, & Weist, 2007). These include school counselors, psychologists, social workers, nurses, special education staff, resource teachers, and various other therapists and paraprofessionals.

The numbers have fluctuated up and down over the last 20 years. In the 1990s, it was estimated that professional-to-student ratios for school psychologists or school social workers averaged 1 to 2,500 students; for school counselor, the ratio was about 1 to 1,000 (Carlson, Paavola, & Talley, 1995). The most recent School Health Policies and Program Study conducted by a unit of the Center for Disease Control and Prevention (CDC) collected data from 51 state departments of education, 538 school districts, and 1,103 schools. Findings indicate that 56% of states and 73% of districts had a policy stating that student assistance programs would be offered to all students, but only 57% of schools offered such programs. Findings for specialist support staff indicate that 78% of schools had a part or full time counselor, 61% had a part or full time school psychologist, 42% had a part or full time social worker, 36% had a full time school nurse, and an additional 51% had a part time nurse (Brener, Weist, Adelman, Taylor, & Vernon-Smiley (2007); Centers for Disease Control and Prevention, 2007). Of course, there is considerable variation state-by-state.

Whatever the number, historical accounts stress that schools have used their resources to hire a substantial body of student support professionals. As a result, it is these school staff who have been the core around which programs have emerged.

All the activity over the years is reflected in the burgeoning of organizations and centers that have relevance for the focus of schools on mental health and psychosocial concerns. These include a variety of technical assistance, training, and resource centers.

See Gateway to a World of Resources for Enhancing MH in Schools –
http://smhp.psych.ucla.edu/gateway/gateway_sites.htm

Also, see the sampling of major references related to MH in Schools.
http://smhp.psych.ucla.edu/qf/references.htm


2. Where the Field is Now

Data cited on diagnosable mental disorders generally suggest that from 12-22% of all youngsters under age 18 are in need of services for mental, emotional or behavioral problems. These figures are reflected in the Surgeon General’s 1999 report on Mental Health (U.S. Department of Health and Human Services, 1999). Referring to ages 9 to 17, that document states that 21% or “one in five children and adolescents experiences the signs and symptoms of a DSM-IV disorder during the course of a year” – with 11% of all children experiencing significant impairment and about 5 percent experiencing “extreme functional impairment.” These data also are reflected in CDC’s Youth Risk Behavior Surveys, in a 2004 report from the Annenberg Public Policy Center (See Exhibit 1), and in preliminary data from the 2005 National Health Interview Survey (Simpson, Cohen, Pastor, & Reuben (2006).

The Need from the School's Perspective

The picture worsens when one expands the focus beyond the limited perspective on diagnosable mental disorders to encompass the number of young people experiencing psychosocial problems and who are "at risk of not maturing into responsible adults" (Dryfoos, 1990). Several reports have amply documented the problem (Greenberg, Domitrovich, & Bumbarger, 1999; Institute of Medicine, 1994; NIMH, 1993, 1998; also see fact sheets and reports on the websites for SAMHSA’s Center for Mental Health Services and USDOE’s Safe and Drug Free Schools Program). An estimate from the Center for Demographic Policy suggests that 40% of young people are in bad educational shape and therefore will fail to fulfill their promise. The reality for many large urban schools is that well-over 50% of their students manifest significant behavior, learning, and emotional problems (Center for Mental Health in Schools, 2003). For a large proportion of these youngsters, the problems are rooted in the restricted opportunities and difficult living conditions associated with poverty. Almost every current policy discussion stresses the crisis nature of the problem in terms of future health and economic implications for individuals and for society; the consistent call is for major systemic reforms.

Related to the above figures is the fact that a growing segment of youngsters manifesting emotional upset, misbehavior, and learning problems routinely are assigned diagnostic labels denoting serious disorders (e.g., attention deficit/hyperactivity disorder, depression, learning disabilities). This trend flies in the face of the reality that the problems of most youngsters are not rooted in internal pathology, and many troubling symptoms would not develop if environmental circumstances were appropriately different. Moreover, the trend to diagnosing so many behavior, learning, and emotional problems as disorders leads to large numbers of misdiagnoses and inappropriate and expensive treatments. All this contaminates research and training (Lyon, 2002). Current policy and practice suggest that the way to reduce misdiagnoses and misprescriptions is to place mental illness
Exhibit 1

Some 2004 Data on Students with MH Needs
(Reported by the Annenberg Public Policy Center)

From April 5 to May 28, 2004, the Annenberg Public Policy Center (APPC) as part of the Annenberg Foundation Trust at Sunnylands’ Initiative on Adolescent Mental Health surveyed over 1400 public school professionals. The focus of the survey was on how schools provide treatment and counseling for students in need of such services.

The Princeton Survey Research Associates International conducted telephone interviews with 725 high-school and 515 middle-school professionals knowledgeable about the mental health services in their schools.*

Survey findings indicate that the respondents view high school student depression and use of alcohol and illegal drugs as even more serious problems than various forms of violence, including bullying, fighting and use of weapons. More than two thirds (68%) of the high school professionals surveyed identified depression as a great (14%) or moderate (54%) problem in their schools. Similar overall levels of concern were raised about use of alcohol (71%) and illegal drugs (72%). In contrast, 54% of high school professionals identified bullying as a great (11%) or moderate (43%) problem. Even lower levels of concern were expressed about fighting between students (37%) and weapon carrying (6%) at the high school level. Other concerns cited were anxiety disorders (42%), eating disorders (22%), and various forms of self harm such as cutting (26%).

Unlike their counterparts in high schools, middle school professionals are more concerned about interpersonal conflict. Although high proportions of middle school professionals identify depression (57%) and use of alcohol (28%) and illegal drugs (37%) as at least moderate problems, bullying is seen as a problem by 82% of professionals and fighting by 57% of professionals in middle schools. Weapon carrying remains a concern among only 5% of professionals.

Although 66% of the high schools indicated having a process for referring students with mental health conditions to appropriate providers of care, only 34% reported having a clearly defined and coordinated process for identifying such students. Comparable findings come from the middle schools; however, 42% of professionals reported having a clearly defined process for identifying students with mental conditions. Only about 3% of the high schools indicated use of universal screening. An additional 5% claim to screen most of their students.

When asked what percentage of their students who might need counseling or treatment actually receive such services, only 7% of high school professionals said that all do and only 31% said that most do. The majority indicated that only half or fewer received the services they need. When asked the same question about receiving services on site at their school, the percentages were even lower: 6% said all do and 22% said most do. Only 24% of school professionals say their high schools have counseling available for students with alcohol or drug dependence problems.

*A minimum of 20 attempts were made to contact a mental health professional at each school. Calls were staggered over different times of day and days of the week to maximize the chance of making contact with potential respondents. Prior to being called, the principal of each school was sent a letter introducing the research and explaining that a mental health professional in the school could expect a call to participate in the study in the coming weeks. In addition, the principals as well as the respondents were told that for their participation a $20,000 charitable donation would be made in the name of all participating schools to an organization that works to improve mental health care among adolescents. The letter also gave an 800 number so that mental health professionals could call in and take the survey at their own convenience. The response rate for the survey was 72%. The sample of schools contained 2,000 public schools drawn from the Common Core of Data Public Elementary/Secondary School Universe 2002-2003—a database of virtually all public elementary and secondary schools in the United States produced annually by the National Center for Education Statistics (NCES). The sample was selected to represent all schools that have at least 100 students and that have classes in at least one middle or high school grade. It is estimated that this sample frame represents more than 90% of all adolescent students in the US. The database is compiled from the administrative records provided by state education agencies. The margin of error for the high school component is +/- 3.7% and 4.4% for the middle schools. Results are being included in a forthcoming Oxford University Press book, “A Call for Effective Treatments for Adolescent Mental Health.”

www.appcpenn.org
in perspective with respect to psychosocial problems and to broadly define mental health to encompass the promotion of social and emotional development and learning (Adelman, 1995; Adelman & Taylor, 1994). Schools are being asked to play a major role in all this through strategies such as assessing “response to intervention” prior to diagnosis (discussed in Part III).

It is widely recognized that mental health is a fundamental and compelling societal concern. The relationship between health and mental health problems is well established. From both the perspective of promoting positive well-being and minimizing the scope of mental health and other health problems, it is clear that school professionals have an important role to play. The matter is well-underscored when one appreciates the full meaning of the concept of mental health and the full range of factors that lead to mental health problems.

The trend toward overusing psychiatric labels reflects the widespread tendency for the topic of mental health to be reduced to mental illness, disorders, or problems. The reality is that when many people hear the term mental health, they think mental illness.

When this occurs, mental health is defined, de facto, as the absence of problems, and there is a lack of emphasis on the enterprise of promoting positive social and emotional development for all. This is unfortunate given that the problems experienced by most youngsters are psychosocial (i.e., stem from socio-cultural and economic factors) not psychopathological and often can be countered through promotion and prevention.

To address the definitional problem, the following guides are helpful:

- The report of the Surgeon General’s Conference on Children’s Mental Health (U.S. Department of Health and Human Services, 2001) offers the following vision statement: “Both the promotion of mental health in children and the treatment of mental disorders should be major public health goals.” This statement uses the term mental health in ways that are consistent with definitional efforts to use mental health as a positive concept.
- The Institute of Medicine (1994) defines health as “state of well-being and the capability to function in the face of changing circumstance.”
- A similar effort to contrast positive health with problem functioning is seen in SAMHSA’s Center for Mental
Differential diagnosis is difficult and fraught with complex issues. In that source, mental health is defined as “how a person thinks, feels, and acts when faced with life’s situations.... This includes handling stress, relating to other people, and making decisions.” SAMHSA contrasts this with mental health problems. And, the designation mental disorders is described as another term used for mental health problems. (They reserve the term mental illness for severe mental health problems in adults).

- Finally, it can be noted that the World Health Organization (2001) also stresses that mental health is “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”

A more recent effort to emphasize mental health is found in Bright Futures in Practice: Mental Health (National Center for Education in Maternal and Child Health, 2002) which states:

“Mentally healthy children and adolescents develop the ability to experience a range of emotions (including joy, connectedness, sadness, and anger) in appropriate and constructive ways: possess positive self-esteem and a respect for others; and harbor a deep sense of security and trust in themselves and the world. Mentally healthy children and adolescents are able to function in developmentally appropriate ways in the contexts of self, family, peers, school, and community. Building on a foundation of personal interaction and support, mentally healthy children and adolescents develop the ability to initiate and maintain meaningful relationships (love) and learn to function productively in the world (work).”

Not surprisingly, debates about diagnostically labeling young people tend to be heated. As noted above, it is commonplace for “everyday” emotional and behavioral problems to be translated into “symptoms,” designated as disorders, and assigned formal psychiatric diagnoses. Differential diagnosis is difficult and fraught with complex issues (Adelman, 1995; Adelman & Taylor, 1994; Dryfoos, 1990). The thinking of those who study behavioral, emotional, and learning problems has long been dominated by narrow models stressing person pathology.

As noted above, however, the genesis of the problems experienced by the majority of children and adolescents are socio-cultural and economic. This, of course, in no way denies that there are children for whom the primary factor instigating a problem is an internal disorder. The point simply recognizes that, comparatively, youngsters whose problems stem from person pathology constitute a relatively small group (Center for Mental Health in Schools, 2003). Biases in definition that overemphasize person pathology narrow what is done to classify and assess problems. In particular, because so much
MH in schools is about much more than providing students with therapy or counseling.

Discussion focuses on person pathology, comprehensive classification systems do not exist for environmentally caused problems or for psychosocial problems (caused by the transaction of internal and environmental factors). The narrow focus has limited discussions of cause, diagnosis, and intervention strategies, especially efforts to prevent and intervene early after onset.

As a result, the prevailing comprehensive formal systems used to classify problems in human functioning convey the impression that all behavioral, emotional, or learning problems are instigated by internal pathology. This is well-illustrated by the widely-used Diagnostic and Statistical Manual of Mental Disorders – DSM IV (American Psychiatric Association, 1994). Some efforts to temper this trend frame pathology as a vulnerability that only becomes evident under stress. However, most differential diagnoses of children's problems are made by focusing on identifying one or more disorders (e.g., attention-deficit/hyperactivity disorder, oppositional defiant disorder, learning disorders, adjustment disorders), rather than first asking: Is there a disorder?

The overemphasis on classifying problems in terms of personal pathology has skewed theory, research, practice, and public policy. The need to address a wider range of variables in labeling problems is clearly seen in efforts to develop multifaceted systems. One step in the right direction is seen in The Classification of Child and Adolescent Mental Diagnoses in Primary Care – Diagnostic and Statistical Manual for Primary Care – DSM-PC published by the American Academy of Pediatrics (Wolraich, Felice, & Drotar, 1996). This document provides a broad template for understanding and categorizing behavior. For each major category, behaviors are described to illustrate what should be considered (a) a developmental variation, (b) a problem, and (c) a disorder. Information is also provided on the environmental situations and stressors that exacerbate the behavior and on commonly confused symptoms. The material is presented in a way that can be shared with families, so that they have a perspective with respect to concerns they or the school identifies.

Another effort to broaden thinking is seen in the conceptual example illustrated in Chapter 6.

Because of the trend to hear mental health as referring to person problems, many people hear mental health in schools and they think it’s only about therapy and counseling. The reality, of course, is that MH in schools is about much more than providing students with clinical services.
Mental health in schools also should aspire to:

- providing programs to (a) promote social-emotional development, (b) prevent mental health and psychosocial problems, and (c) enhance resiliency and protective buffers

- providing programs and services to intervene as early after the onset of behavior, learning, and emotional problems as is feasible

- enhancing the mental health of families and school staff

- building the capacity of all school staff to address barriers to learning and promote healthy development

- addressing systemic matters at schools that affect mental health, such as high stakes testing (including exit exams) and other practices that engender bullying, alienation, and student disengagement from classroom learning

- developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address barriers to learning and promote healthy development.

In terms of current agenda, analyses of the contrasting enterprises being pursued under the banner of MH in schools find seven different agenda with respect to policy, practice, research, and/or training. In Exhibit 2, the agenda are grouped and subdivided in terms of the primary vested interests of various parties. Advocates for the first six items would argue for “school-based mental health” as essential to what they want to achieve. However, while some agenda items are complementary, some are not.

Given the diverse agenda, it is not surprising that competing interests come into conflict with each other. For example, those concerned with nurturing positive youth development and mental health and those focusing on the treatment of mental and behavioral disorders often find themselves in counter-productive competition for sparse school time and resources. This contributes to the marginalization that characterizes MH in schools and to the backlash to efforts to enhance policy and practice.
(1) Efforts to use schools to increase access to kids and their families for purposes of
(a) conducting research related to mental health concerns
(b) providing services related to mental health concerns.

(2) Efforts to increase availability of mental health interventions
(a) through expanded use of school resources
(b) through co-locating community resources on school campuses
(c) through finding ways to combine school and community resources.

(3) Efforts to get schools to adopt/enhance specific programs and approaches
(a) for treating specific individuals
(b) for addressing specific types of problems in targeted ways
(c) for addressing problems through school-wide, “universal” interventions
(d) for promoting healthy social and emotional development.

(4) Efforts to improve specific processes and interventions related to mental health in schools
(e.g., improve systems for identifying and referring problems and for case management,
enhancing “prereferral” and early intervention programs)

(5) Efforts to enhance the economic interests of various entities (e.g., specific disciplines,
guilds, contractors, businesses, organizations) that are
(a) already part of school budgets
(b) seeking to be part of school budgets.

(6) Efforts to change how student supports are conceived at schools (e.g., rethink, reframe,
reform, restructure) through
(a) enhanced focus on multi-disciplinary team work (e.g. among school staff, with
community professionals)
(b) enhanced coordination of interventions (e.g., among school programs and services,
with community programs and services)
(c) appropriate integration of interventions (e.g., that schools own, that communities base
or link with schools)
(d) modifying the roles and functions of various student support staff
(e) developing a comprehensive, multifaceted, and cohesive component for systematically
addressing barriers to student learning at every school.

(7) Efforts to reduce school involvement in mental health programs and services (e.g., to
maximize the focus on instruction, to use the resources for youth development, to keep
the school out of areas where family values are involved).
Currently, there are about 90,000 public schools in about 15,000 districts enrolling about 48 million students. Over the years, most (but obviously not all) schools have instituted policies and programs designed with a range of mental health and psychosocial concerns in mind. Some directly support school counseling, psychological, and social service programs and personnel; others connect community programs and personnel with schools. As a result, most schools have some interventions to address a range of mental health and psychosocial concerns, such as school adjustment and attendance problems, substance abuse, emotional problems, relationship difficulties, violence, physical and sexual abuse, delinquency, and dropouts. And, there is a large body of research supporting the promise of much of this activity.*

School-based interventions relevant to mental health encompass a wide variety of practices, an array of resources, and many issues. However, addressing psychosocial and mental health concerns in schools typically is not assigned a high priority. Such matters gain stature for a while whenever a high visibility event occurs – a shooting on campus, a student suicide, an increase in bullying. Because of their usual humble status, efforts continue to be developed in an ad hoc, piecemeal, and highly marginalized way (see Exhibit 3).

*An online list of relevant references is available from the national Center for Mental Health in Schools at UCLA – http://smhp.psych.ucla.edu/qf/references.htm.) And, there are a number of resources featuring evidence based strategies for strengthening student supports (see Chapter 15 for an annotated listing; the list also is online with direct links at http://smhp.psych.ucla.edu/pdftocdocs/aboutmh/annotatedlist.pdf). In addition, guidelines for mental health in schools have been developed based on the available science base.
Exhibit 3

Mental Health in Schools and All Direct Efforts to Address Barriers to Learning and Development are Marginalized and Fragmented in Policy and Practice

Direct Facilitation of Development & Learning Developmental Component

Addressing Barriers to Development, Learning, & Teaching (not treated as a primary component)*

Governance and Resource Management (Management Component)

School-based and school-linked programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development. Some programs are provided throughout a district, others are carried out at or linked to targeted schools. The interventions may be offered to all students in a school, to those in specified grades, or to those identified as "at risk." The activities may be implemented in regular or special education classrooms or as out of classroom programs and may be designed for an entire class, groups, or individuals. There also may be a focus on primary prevention and enhancement of healthy development through use of health education, health services, guidance, and so forth — though relatively few resources usually are allocated for such activity. Exhibit 4 highlights the five major delivery mechanisms and formats used in schools to pursue the various agenda for mental health.

*While not treated as a primary and essential component, every school offers a relatively small amount of school-owned student "support" services — some of which links with community-owned resources. Schools, in particular, have been reaching out to community agencies to add a few more services. All of this, however, remains marginalized and fragmented in policy and practice.
Exhibit 4  Delivery Mechanisms and Formats for MH in Schools

The five mechanisms and related formats are:

1. School-Financed Student Support Services – Most school districts employ pupil services professionals such as school psychologists, counselors, school nurses, and social workers to perform services related to mental health and psychosocial problems (including related services designated for special education students). The format for this delivery mechanism tends to be a combination of centrally-based and school-based services.

2. School-District Mental Health Unit – A few districts operate specific mental health units that encompass clinic facilities, as well as providing services and consultation to schools. Some others have started financing their own School-Based Health Centers with mental health services as a major element. The format for this mechanism tends to be centralized clinics with the capability for outreach to schools.

3. Formal Connections with Community Mental Health Services – Increasingly, schools have developed connections with community agencies, often as the result of the school-based health center movement, school-linked services initiatives (e.g., full service schools, family resource centers), and efforts to develop systems of care (“wrap-around” services for those in special education). Four formats and combinations thereof have emerged:
   - co-location of community agency personnel and services at schools – sometimes in the context of School-Based Health Centers partly financed by community health organizations
   - formal linkages with agencies to enhance access and service coordination for students and families at the agency, at a nearby satellite clinic, or in a school-based or linked family resource center
   - formal partnerships between a school district and community agencies to establish or expand school-based or linked facilities that include provision of MH services
   - contracting with community providers to provide needed student services

4. Classroom-Based Curriculum and Special Out of Classroom Interventions – Most schools include in some facet of their curriculum a focus on enhancing social and emotional functioning. Specific instructional activities may be designed to promote healthy social and emotional development and/or prevent psychosocial problems such as behavior and emotional problems, school violence, and drug abuse. And, of course, special education classrooms always are supposed to have a constant focus on mental health concerns. Three formats have emerged:
   - integrated instruction as part of the regular classroom content and processes
   - specific curriculum or special intervention implemented by personnel specially trained to carry out the processes
   - curriculum approach is part of a multifaceted set of interventions designed to enhance positive development and prevent problems

5. Comprehensive, Multifaceted, and Integrated Approaches – A few school districts have begun the process of reconceptualizing their piecemeal and fragmented approaches to addressing barriers that interfere with students having an equal opportunity to succeed at school. They are starting to restructure their student support services and weave them together with community resources and integrate all this with instructional efforts that effect healthy development. The intent is to develop a full continuum of programs and services encompassing efforts to promote positive development, prevent problems, respond as early-after-onset as is feasible, and offer treatment regimens. Mental health and psychosocial concerns are a major focus of the continuum of interventions, as reflected in initiatives designated as expanded school mental health. Efforts to move toward comprehensive, multifaceted approaches are likely to be enhanced by initiatives to integrate schools more fully into systems of care and the growing movement to create community schools. Three formats are emerging:
   - mechanisms to coordinate and integrate school and community services
   - initiatives to restructure student support programs/services and integrate them into school reform agenda
   - community schools
As already noted, school districts use a variety of their own personnel to address student support concerns. These may include "pupil services" or "support services" specialists such as psychologists, counselors, social workers, psychiatrists, and nurses, as well as a variety of related therapists. Federal and state mandates tend to determine how many pupil services professionals are employed, and states regulate compliance with mandates. Governance of their work usually is centralized at the district level. In large districts, counselors, psychologists, social workers, and other specialists may be organized into separate units, overlapping regular, compensatory, and special education.

Specialists tend to focus mainly on students seen as causing problems or as having problems. The many functions of such professionals can be grouped into: (1) direct services and instruction, (2) coordination, development, and leadership related to programs, services, resources, and systems, and (3) enhancement of connections with community resources. (In keeping with this last function, the focus often is on linking and collaborating with community agencies and programs to enhance resources and improve access, availability, and outcomes.)

Prevailing direct intervention approaches encompass responding to crises, identifying the needs of targeted individuals, prescribing one or more interventions, offering brief consultation, and providing referrals for assessment, corrective services, triage, diagnosis, and various gatekeeping functions. In some situations, however, resources are so limited that specialists can do little more than assess for special education eligibility, offer brief consultations, and make referrals to special education and/or community resources.

It should be stressed that, because the need is so great, across the country a variety of individuals often are called upon to play a role in addressing problems of youth and their families. These may encompass instructional professionals (health educators, other classroom teachers, special education staff, resource staff), administrative staff (principals, assistant principals), students (including trained peer counselors), family members, and almost everyone else involved with a school (aides, clerical and cafeteria staff, custodians, bus drivers, para-professionals, recreation personnel, volunteers, and professionals-in-training). In addition, as noted, some schools are using specialists employed by other public and private agencies, such as health departments, hospitals, social service agencies, and community-based organizations, to provide services to students, their families, and school staff (Atkins, Graczyk, Frazier, & Abdul-Adil, 2003; Romer & McIntosh, 2005).

Exhibit 5 provides a summary of some 2002-2003 data excerpted from the first national survey of school mental health services (Foster,
Exhibit 5

Some Base Line Data on School Mental Health Services
(Excerpted from a national survey funded by the Center for Mental Health Services, SAMHSA, U.S. Dept. of Health and Human Services)

As reported in School Mental Health Services in the United States, 2002–2003,* the survey topics included: types of mental health problems encountered in school settings; types of mental health services that schools are delivering; numbers and qualifications of school staff providing mental health services; types of arrangements for delivering mental health services in schools, including collaboration with community-based providers; and major sources of funding for school MH services.

Key Findings as Reported in the Executive Summary

- Nearly three quarters (73 percent) of the schools reported that “social, interpersonal, or family problems” were the most frequent mental health problems for both male and female students.
- For males, aggression or disruptive behavior and behavior problems associated with neurological disorders were the second and third most frequent problems.
- For females, anxiety and adjustment issues were the second and third most frequent problems.
- All students, not just those in special education, were eligible to receive mental health services in the vast majority of schools (87 percent).
- One fifth of students on average received some type of school-supported mental health services in the school year prior to the study.
- Virtually all schools reported having at least one staff member whose responsibilities included providing mental health services to students.
- The most common types of school mental health providers were school counselors, followed by nurses, school psychologists, and social workers. School nurses spent approximately a third of their time providing mental health services.
- More than 80 percent of schools provided assessment for mental health problems, behavior management consultation, and crisis intervention, as well as referrals to specialized programs.
- A majority also provided individual and group counseling and case management.
- Financial constraints of families and inadequate school mental health resources were the most frequently cited barriers to providing mental health services.
- Almost half of school districts (49 percent) used contracts or other formal agreements with community-based individuals and/or organizations to provide mental health services to students.
- The most frequently reported community-based provider type was county mental health agencies.
- Districts reported that the most common funding sources for mental health services or interventions were the Individuals with Disabilities Education Act (IDEA), State special education funds, and local funds. In 28 percent of districts, Medicaid was among the top five funding sources for mental health services.
- One third of districts reported that funding for mental health services had decreased since the beginning of the 2000–2001 school year, while over two thirds of districts reported that the need for mental health services increased.
- Sixty percent of districts reported that since the previous year, referrals to community-based providers had increased. One third reported that the availability of outside providers to deliver services to students had decreased.

While survey findings indicate that schools are responding to the mental health needs of their students, they also suggest increasing needs for mental health services and the multiple challenges faced by schools in addressing these needs. Further, more research is needed to explore issues identified by this study, including training of school staff delivering mental health services, adequacy of funding, and effectiveness of specific services delivered in the school setting.

Inadequate data are available on how much schools spend to address behavior, emotional, and learning problems. Figures most often gathered and reported focus on pupil service personnel. These data suggest that about 7% of a school district’s budget goes to paying the salaries of such personnel (see Exhibit 6).

In calculating how much schools spend on addressing behavior, emotional, and learning problems, focusing only on pupil service personnel salaries probably is misleading and a major underestimation. This is particularly so for schools receiving special funding. Studies are needed to clarify the entire gamut of resources school sites devote to student problems. Budgets must be broken apart in ways that allow tallying all resources allocated from general funds, support provided for compensatory and special education, and underwriting related to programs for dropout prevention and recovery, safe and drug free schools, pregnancy prevention, teen parents, health services, family literacy, homeless students, and more. In some schools receiving funds from multiple categorical funding streams, some school administrators tell us that as much as 25 to 30 percent of the budget may be expended on problem prevention and correction.
Exhibit 6

What Is Spent in Schools?

• Looking at total education budgets, one group of investigators report that nationally 6.7 percent of school spending (about 16 billion dollars) is used for student support services, such as counseling, psychological services, speech therapy, health services, and diagnostic and related special services for students with disabilities (Monk, Pijanowski, & Hussain, 1997). The amount specifically devoted to learning, behavior, and emotional problems is unclear.

BUT, note that these figures do not include costs related to time spent on such matters by other school staff, such as teachers and administrators. Also not included are expenditures related to initiatives such as safe and drug free schools programs and arrangements such as alternative and continuation schools and funding for school-based health, family, and parent centers, and much more.

• Federal government figures indicate that total spending to educate all students with disabilities found eligible for special education programs was $78.3 billion during the 1999-2000 school year (U.S. Department of Education, 2003). About $50 billion was spent on special education services; another $27.3 billion was expended on regular education services for students with disabilities eligible for special education; and an additional $1 billion was spent on other special needs programs (e.g., Title I, English language learners, or gifted and talented education.) The average expenditure for students with disabilities is $12,639, while the expenditure to educate a regular education student with no special needs is $6,556. Estimates in many school districts indicate that about 20% of the budget is consumed by special education. How much is used directly for efforts to address learning, behavior, and emotional problems is unknown, but remember that over 50 percent of those in special education are diagnosed as learning disabled and over 8 percent are labeled emotionally/ behaviorally disturbed.


As stressed by the Policy Leadership Cadre for Mental Health in Schools (2001):

*To date there has been no comprehensive mapping and no overall analysis of the amount of resources used for efforts relevant to mental health in schools or of how they are expended. Without such a “big picture” analysis, policymakers and practitioners are deprived of information that is essential to determining equity and enhancing system effectiveness.*

Whatever the expenditures, it is common knowledge that few schools come close to having enough resources to deal with a large number of students with behavior, emotional, and learning problems. Moreover, the contexts for intervention often are limited and makeshift because of how current resources are allocated and used. A relatively small proportion of space at schools is earmarked specifically for programs that address student problems. Many special programs and related efforts to promote health and positive behavior are assigned space on an ad hoc basis. Support service personnel often must rotate among schools as "itinerant" staff. These conditions contribute to the tendency for such personnel to operate in relative isolation of each other and other stakeholders. To make matters worse, little systematic in-service development is provided for new “support” staff when they arrive from their pre-service programs. Obviously, all this is not conducive to effective practice and is wasteful of sparse resources.

Clearly, diverse school and community resources are attempting to address complex and overlapping psychosocial and mental health concerns. The need is great. The current response is insufficient.

Another perspective on where the field is at this juncture comes from the types of requests for assistance that centers such as ours receive from practitioners. Exhibit 7 provides an indication of what those in the field have been asking about and asking for. This affords a glimpse into the concerns and needs encountered by practitioners in schools across the country. Note that many requests ask about the research/science/knowledge base for practices and for data to make the case for student supports. Other common requests are for resources and strategies to use in daily practice and to facilitate continuing education of school personnel. Practical, ethical, and relationship issues are frequently raised. And, there is increasing interest in school improvement planning as a context for enhancing how schools address mental health and psychosocial concerns.
Exhibit 7

Practitioner’s Requests*

What’s being asked about? What’s being asked for?

Assessment Instruments to

- Measure individuals (e.g., self-esteem, mental “health,” behavior problems, anger management, psychosocial competence, parenting knowledge and skills, client satisfaction)
- Screen problems (e.g., depression, suicide, at risk kindergarteners)
- Assess violence prevention at school
- Map and analyze systems

Available Research/Science/Knowledge-Base on

- Best/effective practices for schools related to
  - mental health
  - providing health and social services
  - behavioral health
  - suicide prevention
  - strengthening community mental health
  - promoting parent/child communication
  - anger management for high school students
  - working with neighborhood vendettas
- Empirically supported therapeutic relationships
- Effects of dress codes on academic achievement and graduation rates
- Effects of exposure to violence on learning
- Cost-effectiveness
- "Huffing" as gateway drug
- Moving students with problems into special settings
- Comparative efficacy of school & community services
- Racial disproportionality in special education
- Most common barriers to learning
- “Knowledge-based Compensation System”
- Connection between bullying and substance abuse
- School based depression screening programs
- Students living in poverty with a single parent
- Homelessness and mental health
- Prevalence and incidence of various problems
- Student use of MH services in schools
- Making the case for MH in schools
  - need for MH in schools
  - effectiveness of school MH
  - impact on school performance
  - effect on academics
  - impact on suicide prevention
  - implications of the “Plateau Effect”
  - productivity of school-based MH clinicians
- Social marketing
  - the value of school-based student support
  - the value of mental health at the school site

Confidentiality and Consent Concerns

- Using email to share info about a student’s problems
- Do school mental health staff have to tell the principal if a student is suicidal?
- Is a consent form needed for school counseling?
- Can MH staff see a student under age 12 one time without parent consent?
- Does writing therapy goals in an IEP violate confidentiality?
- Conducting research on school-based MH practice

Evaluation of

- School-based individual interventions
- School-based programs
- MH intervention outcomes in schools
- Parent involvement
- Family functioning before and after interventions
- Systemic changes
- School consultation teams
- 8th grade transition program
- School-community collaboration
- MH workers in schools
- Multiservice family centers

Funding for Doing and Enhancing the Work

Writing proposals
- Leveraging grant funding
- Coping with budget reductions
- Resources for delivering mental health in schools
- Funding for afterschool counseling
- Strengthening a school-based student/family center

*The Center staff and other respondents provide input related to all requests. These are posted on the Center’s Net Exchange – see http://smhp.psych.ucla.edu

(cont.)
Inservice/CE Topics, Strategies, and Resources
(e.g., teaching teachers, support staff, administrators)
[Note: All of the other categories, of course, contain matters relevant to inservice and continuing education.]

• Info for establishing ways to
  >orient new support staff
  >support for new teachers
  >help teachers and other school staff learn more about school MH, about imparting MH info, and about being sensitive to student MH
  >provide leadership training on mobilizing staff
  >tell parents about a teacher's molestation conviction

• Info to help in covering specific topics such as
  >student transitions
  >homework as a MH concern and barrier to learning
  >engaging parents of middle school students
  >resilience and high school students
  >suicide prevention and referral guidelines
  >dealing with the hurricane aftermath
  >avoiding “triangulation”

• Requests for resource materials
  >powerpoint presentation for school staff on MH
  >short but comprehensive MH handbook for teachers
  >guides for behavioral management systems for schools
  >protocols on school planning to respond to terrorism
  >for planning/implementing disaster aftermath efforts
  >lesson plans for conflict resolution for middle school
  >curriculum materials on various MH issues
  >guides for suicide prevention and aftermath
  >to use with non-English speaking populations
  >for use by special education assistants and aides
  >on social-emotional learning
  >on helping students cope with holiday stressors
  >on helping students cope with grief and loss
  >on paraeducator training

• Questions about dealing with the following specific types of student problems
  >bullying
  >teen depression
  >substance abuse
  >attention problems
  >fear of talking
  >grief
  >won't speak at school
  >communication disorders
  >verbally aggressive
  >cries at school every day
  >oppositional defiant disorder
  >suicide
  >huffing
  >extreme separation anxiety
  >bipolar disorders
  >choking game
  >cutters
  >bright, turned off student
  >those impacted because of family deployment to war
  >students on medication
  >exposure to domestic abuse
  >student who made false abuse accusation
  >classroom disruptors
  >residential school students
  >understand sibling with Asperger's Syndrome
  >avoidance behavior around homework
  >disaster victims
  >obesity as an eating disorder
  >computer game addiction
  >children living in poverty

Intervention Approaches (How to do it)

• Mental health in schools "How do I start?"
• Behavior supports
• Dealing with behavioral outbursts
• Guidelines on alternatives to corporal punishment
• Addressing truancy and student attendance
• Alternatives to suspension
• Starting a counseling program at a school
• Group counseling guidelines
• MH interventions for 10-14 year olds
• Helping to transition new students
• Human sexuality curriculum for special populations
• Curriculum for sexual abuse prevention
• Developing a day treatment program
• Promoting MH through classroom curriculum
• Using interactive software (e.g., for MH education)
• Strategies to minimize dependence and enhance independence in students
• Using social-emotional themes in students’ reading
• Processes for triage, referral, tracking, session planning, care management, progress evaluation
• Transition programs for ninth grade
• Suicide prevention for 5th grade
• Preventing violence among deaf adolescents
• Resources for crisis response
• Adventure-based counseling in schools
• Strategies to support cultural & linguistic diversity
• Introducing non-English speakers to MH concerns
• Working with troubled kindergarten students
• Working with a gifted but unmotivated student
• Working with students concerned about death of friends/relatives
• Working with families through a student "life map"
• Family Systems Therapy in schools
• Info on juvenile justice for "high risk" youth
• Practices for keeping students out of jail
• Rural school MH and teleconsultation
• Helping grandparents who are raising grandchildren
• Re-engaging disengaged students in learning
• Strategies to keep kids engaged during the summer
• Enhancing "self-discipline" through class projects
• Enhancing student connectedness
• Talking with students about motivation
• Homework as "work at home"
• What to do (and not to do) on the anniversary of a school shooting or other tragedy

Intervention Issues

• Helping vs. socialization
• School-wide screening for depression and suicide

(cont.)
Continuing counseling at school after graduation  
How to account for diversity  
First grade retention  
Intervening at school vs. in a special setting  
Medication refusal at school  
Why don't classrooms account for emotional problems?  
"Mental health" can be a scary term for students and families: What's a better term?  
Does early drug abuse education increase curiosity about drugs?  

Peer Programs  
- Youth council to address MH stigma  
- Peers imparting mental health info  
- Training 4th-6th graders as peer coaches for coping

Policy Information  
- Policy for a student/learning support system  
- Policies and procedures around drug testing  
- Substance abuse policies for athletes and afterschool  
- Policies that affect immigrant students  
- District social-emotional policy

School-Agency Relationships & Bureaucratic Concerns  
- Difficulties between school staff and school-based community mental health providers  
- Reconciling differences in rules and regulations  
- Aligning record keeping and teacher consultation  
- Working as a case team at school  
- School-community collaborative agenda  
- Fingerprinting  
- Record keeping (e.g., decisions, tracking, review)  
- Sample forms (consent, release of info., etc.)  
- Computer-generated behavior report to parents

School Climate  
- Customer friendly schools  
- Student ratings  
- Improving school teamwork and climate

School Improvement Planning as Context for Enhancing How Schools Address MH and Psychosocial Concerns  
- Opportunities related to Title I  
- Opportunities related to IDEA  
- Including MH guidelines in School Wellness Plans  
- Using a unifying framework to pull together initiatives  
- Integrating an "enabling component"  
- Support staff playing a role in the school's restructuring  
- Formulating a plan for mental health in schools  

Creating readiness for a comprehensive and integrated system of student support  
Planning how to move in more effective new directions  
Winning over district leaders and "fence sitter" staff  
Enhancing learning supports in small schools  
Forming charter school for students with MH problems  
MH in schools: looking to the future – a chance to reshape the No Child Left Behind Act

School Staff Wellness  
- Surveying staff overwork and stress  
- Resources to support staff well-being  
- Providing teacher support groups  
- Supporting school staff reeling from accountability pressures

Selecting and Training New Professionals  
- Starting a school counseling intern program  
- Guidelines needed for supervision of school MH staff for licensing  
- Interviewing to select school-based MH staff

Special Education Concerns  
- Helping a new teacher in a special ed class  
- Difference between a special day class and intensive day treatment  
- Who provides what services in private schools?  
- Timelines for evaluating and placing a new student who comes in with an IEP  
- Backlash to excessive special ed referrals  
- Does writing therapy goals into the IEP violate confidentiality?  
- Focusing an IEP team on student engagement and positive goals  
- Moving beyond a social control agenda  
- Next steps for post secondary student with learning problems

Stakeholder Relationships at School  
- Administrator-staff  
- School-family connections  
  >enhancing communication  
  >working with families  
- Teams
Despite the range of activity related to mental health and psychosocial problems, the overall enterprise is not assigned a high priority most of the time (Adelman & Taylor, 2006). This reflects the fact that existing student support services and school health programs do not have high status in the educational hierarchy and in current health and education policy. As noted already, aspects of the enterprise gain stature when a high visibility event such as a shooting on campus occurs. But, the elevated status is brief.

The continuing trend, in policy and practice, is for schools and districts to treat the activity as desirable but not a primary consideration. Since the activity is not seen as essential, the programs and staff are pushed to the margins. Planning of programs, services, and delivery systems tends to be done on an ad hoc basis; interventions are referred to as "auxiliary" or "support" services, and student support personnel almost never are a prominent part of a school's organizational structure. And, such staff usually are among those deemed dispensable as budgets tighten. This, of course, reduces availability and access.

The marginalization spills over to how schools pursue special education mandates and policies related to inclusion. It also shapes how they work with community agencies and initiatives for systems of care, wrap-around services, school-linked services, and other school-community collaborations. And, it negatively effects efforts to adopt evidence-based practices and to implement them with fidelity.

It also spills over into school improvement. Analyses of school improvement planning guides indicate that too little attention is given to how schools do and do not address mental health and psychosocial concerns (Center for Mental Health in Schools, 2005a, b, c).

In sum, analyses show that activities related to mental health in school are developed and function in relative isolation of each other, and they rarely are envisioned in the context of a comprehensive approach to addressing behavior, emotional, and learning problems and promoting healthy development. Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific services and programs, with too little thought or time given to mechanisms for program development and collaboration.

Functionally, most practitioners spend their time applying specialized interventions to targeted problems, usually involving individual or small groups of students. Consequently, programs to address behavior, emotional, learning, and physical problems rarely are coordinated with each other or with educational programs.
Intervention planning and implementation are widely characterized as being fragmented and piecemeal which is an ineffective way for school to deal with the complex sets of problems confronting teachers and other staff. Thus, despite the range of personnel and activity, it remains the case that too little is being done in most schools.

The above state of affairs reflects a fundamental policy weakness, namely: *Efforts to address barriers to learning and teaching are marginalized in current education policy.* This maintains an unsatisfactory status quo related to how schools address learning, behavior, and emotional problems. As graphically represented in Exhibit 3, analyses indicate that school policy is currently dominated by a two-component systemic model (Adelman, 1995, 1996a, 1996b; Adelman & Taylor, 1994, 1997, 1998, 2006; Center for Mental Health in Schools, 1996, 1997). That is, the primary thrust is on improving instruction and school management. While these two facets obviously are essential, ending the marginalization of efforts to effectively address barriers to learning, development, and teaching requires establishing a third component as a fundamental facet of transforming the educational system. We amplify on this matter in Part IV.

We just missed the school bus.

Don’t worry. I heard the principal say no child will be left behind!
References


Part II. Some Major Concerns About Pursuing Mental Health in Schools

Discussions of mental health in schools raise many concerns and issues.

A recent fundamental example was seen not long ago in an initiative by a group in Virginia who wanted counselors removed from elementary schools. The group argued that: (1) school counselors introduce issues to their children that are inappropriate, such as child abuse, death, and opposite-sex relationships, and (2) schools should not be centers for mental health, and should focus solely on academics. In response, teachers and counselors launched a counter-campaign. They stressed the need for support services in schools by noting the many problems students experience that must be addressed.

So, while we take as given that schools should focus on mental health concerns, we recognize the need to understand and do something about the many concerns and issues that permeate the field. In this section, we explore some of the major topics the field has had to confront in recent years.

3. Complex Problems, Limited Solutions

4. Evidence-based Practices: Concerns About Fit and Implementation

5. Labeling, Screening, and Over-pathologizing

6. Overreliance on Social Control Interventions

7. Overcoming Marginalization in School Improvement Policy and Practice
Part II. Some Major Concerns About Pursuing Mental Health in Schools

3. Complex Problems, Limited Solutions
   - Referral is Not Enough
   - How Close are Schools to Having a Comprehensive Approach?
   - What’s Holding Things Back?
   - Needed: A Policy Shift
   - Needed: A Three Component Framework for School Improvement
   - Concluding Comments

4. Evidence-based Practices: Concerns About Fit and Implementation
   - Concerns and Controversies
   - Another Intervention – Where Does it Fit?
   - The Implementation Problem and Systemic Change
   - Some Key Facets of Systemic Change
   - About Readiness for Systemic Change
   - Concluding Comments

5. Labeling, Screening, and Over-pathologizing
   - Diagnosing Behavioral, Emotional, and Learning Problems
     - The Role of Schools
     - Formal Arguments About the Role of Schools
   - Needed: A Broader Classification Framework
   - Addressing the Full Range of Problems
   - Concluding Comments

6. Overreliance on Social Control Interventions
   - Disengaged Students and Social Control
   - Helping and Socialization
   - Intrinsic Motivation is Fundamental
   - Concluding Comments

7. Overcoming Marginalization in School Improvement Policy and Practice
   - Unifying Concept
   - A Comprehensive Systemic Intervention Framework
   - An Integrated Infrastructure
   - Concluding Comments
3. Complex Problems, Limited Solutions

Concern:

Are categorical approaches and small special projects undermining efforts to create effective systems for schools to address overlapping psychosocial and mental health problems?

• As budgets tighten, there is renewed concern about categorical funding and the piecemeal and fragmented approaches in schools for addressing problems that are barriers to student learning. At the same time, the political tendency is to continue to call for narrow, targeted initiatives that stress discrete problems such as bullying, suicide screening, substance abuse prevention, and on and on. Because of the sporadic and cyclical way policy attends to problems, the approach has been dubbed a “flavor of the month” strategy.

All this continues in spite of the science-base that indicates the overlapping nature of such problems. More importantly, it continues despite the evidence that categorical approaches don’t produce major changes in mobilizing large numbers of students to re-engage in learning. Ironically, the failure to have a large-scale impact leads some to argue that the focus on categorical programs for discrete problems is a distraction from instruction. (With tight budgets, this leads to recommendations to do away with the programs and the personnel who staff them.) Others counter that the evidence really indicates the need to stop the naive approach to addressing such problems and use the resources to develop a comprehensive system of “learning supports,” without which many schools will be unable to make durable progress in raising test scores and closing the achievement gap. These folks stress that piecemeal approaches don’t add up to effective learning supports for the many and are undermining efforts to develop a much needed comprehensive system of “learning supports.”

• Not surprisingly, the trend for some time in trying to find “extramural” funds for student and learning support has been to reach for and accept whatever is around. Increasingly, however, concerns have been raised that some sources of funding can distort the essence of what a comprehensive student support system should be and can work against development of a full continuum of support interventions. Some major examples cited include: funding for Supplemental Services under Title I (which has focused only on tutoring and has limited and skewed afterschool programming), Medicaid funding for school-based services that ends up redefining the roles of some school support staff (by turning them mainly into providers of fee-based clinical services), and extramural project funding for relatively small projects that end up redirecting staff attention away from system building (and creating “projectitis”).

School support staff all over the country increasingly are concerned about policy makers contracting out services provided currently by school staff such as school psychologists, social workers, counselors, nurses, and others who deal with psychosocial and mental health matters. Related to this is concern that managed care and changes in Medicaid/health insurance are influencing such decisions. The underlying concern is that these actions will reduce the total amount of resources available in schools for dealing with psychosocial and mental health concerns.
It is either naive or irresponsible to ignore the connection between children’s performance in school and their experiences with malnutrition, homelessness, lack of medical care, inadequate housing, racial and cultural discrimination, and other burdens.

Harold Howe II

Teachers and student support staff know that a student who has a learning problem is likely to have behavior problems and vice versa. Moreover, students with learning and behavior problems tend to develop an overlay of emotional problems. And, of course, emotional problems can lead to and exacerbate behavior and/or learning problems. Schools find that a student who is abusing drugs often also has poor grades, is truant, at risk of dropping out, and more. The term co-morbidity is used to account for the fact that individuals frequently have several problems at the same time; clinicians use this term to indicate that an individual has more than one diagnosable problem. All this underscores that the problems students bring to school tend to be multifaceted and complex.

Referral is Not Enough

In many schools, when students are not doing well, the trend is to refer them directly for assessment in hopes of referral for special assistance, perhaps even assignment to special education. In some schools and classrooms, the number of referrals is dramatic. Where special teams exist to review students for whom teachers request help, the list grows as the year proceeds. The longer the list, the longer the lag time for review – often to the point that, by the end of the school year, the team has reviewed just a small percentage of those referred. And, no matter how many are reviewed, there are always more referrals than can be served. In many schools, the numbers of students experiencing problems is staggering.

So how do schools respond? School interventions to address student problems usually are developed and function in relative isolation of each other.

Organizationally, the tendency is for policy makers to mandate and planners and developers to focus on specific programs. Functionally, most practitioners spend their time working directly with specific interventions and targeted problems and give little thought or time to developing comprehensive and cohesive approaches. Furthermore, the need to label students in order to obtain special, categorical funding often skews practices toward narrow and unintegrated intervention approaches. One result is that a student identified as having multiple problems may be involved in programs with several professionals working independently of each other. Similarly, a youngster identified and helped in pre-school or elementary school who still requires special support may cease to receive appropriate help upon entering kindergarten or middle school. Pursuit of grant money often further diverts attention from one concern to another. And so forth.
What should be clear then is that the problems addressed are complex and multifaceted and the response is piecemeal and narrowly focused. The result is fragmented intervention that does not and cannot meet the needs of any school where large numbers of students are experiencing problems.

The solution is not found in efforts to convince policy makers to fund more special programs and services at schools. Even if the policy climate favored more special programs, such interventions alone are insufficient. More services to treat problems certainly are needed. But so are programs for prevention and early-after-problem onset that can reduce the numbers that teachers send to review teams.

It is time to face the fact that multifaceted problems usually require comprehensive, integrated solutions applied concurrently and over time.

Our analyses consistently find major gaps and a high degree of fragmentation and marginalization related to school and community efforts to address barriers to learning. Most collaborative initiatives are not braiding resources and establishing effective mechanisms for sustainability. Little horizontal and vertical integration is found for programs and services within and between jurisdictions (e.g., among departments, divisions, units, schools, clusters of schools, districts, community agencies, public and private sectors). Such integration is essential to counter tendencies to develop separate programs for every observed problem.

For the most part, schools are not playing much of a role in establishing the type of student supports and developing the support systems essential to enabling all students to benefit from higher standards and improved instruction. In particular, they do relatively little to prevent or intervene early after the onset of a student’s learning, behavior, or emotional problem. As budgets have tightened, they are doing less and less to provide students with social supports and recreational and enrichment opportunities. And, even as educators call for greater home involvement, there continues to be little proactive outreach to help family members overcome barriers to involvement (e.g., improving family literacy, facilitating social support networks).

Keeping the full continuum in mind, let’s look at school reform and improvement through the lens of learning, behavior, and emotional problems. Doing so, we find school improvement policies and planning mostly give short shrift to such problems. The exceptions proving the point are a few pioneering initiatives around the country
demonstrating how schools and communities can meet the challenge by addressing persistent barriers to student learning.

Our analysis of prevailing policies for improving schools indicates that the primary focus is on two components: (1) enhancing instruction/curriculum and (2) restructuring school management. Implementation of such efforts is shaped by demands for every school to adopt high standards and expectations and be more accountable for results, as measured by standardized achievement tests. Toward these ends, the calls have been to enhance direct academic support and move away from a “deficit” model by adopting a strengths or resilience-oriented paradigm. All this is reflected in federal guidelines. Given this state of affairs, it is not surprising that the federal emphasis in providing for “supplemental services” is only on tutoring.

At the same time, barriers that cannot be ignored continue to be addressed in a piecemeal manner – school violence, drugs on campus, dropouts, teen pregnancy, delinquency, and so forth. These are pursued as auxiliary programs. They are funded as "categorical" initiatives, some supported by school district general funds and some underwritten by the federal and private sector.

Analyses consistently underscore the fragmented and marginalized way in which policy makers are attending to the multifaceted barriers that interfere with students learning and performing well at school.

The degree to which marginalization is the case is seen in the lack of attention given to addressing barriers to learning and teaching in consolidated school improvement plans and certification reviews. It is also seen in the lack of attention to mapping, analyzing, and rethinking how the resources used to address barriers are allocated. For example, educational reformers virtually have ignored the need to reframe the work of pupil services professionals and other student support staff. All this seriously hampers efforts to provide the help teachers and their students so desperately need.

Some policy makers have come to appreciate that limited intervention efficacy is related to the widespread tendency for programs to operate in isolation. As a result, initiatives have undertaken to reduce fragmentation. However, policy makers have failed to come to grips with the underlying marginalization that leads to piecemeal approaches and maintains fragmentation. As long as the whole enterprise of addressing barriers is treated as supplementary
Current policy is dominated by a two-component model of school improvement.

Thus, present policies designed to enhance support for teachers, students, and families are seriously flawed. It is unlikely that an agenda to enhance academics can succeed in the absence of concerted attention to ending the marginalized status of efforts to address barriers to learning and teaching.

Increased awareness of policy deficiencies has stimulated analyses that indicate current policy is dominated by a two-component model of school improvement. That is, the primary policy focus is on improving instruction and school management. While these two facets obviously are necessary, our analyses emphasize that a third component – one to enable students to learn and teachers to teach – is essentially missing in policy (see the top part of Exhibit 8).

Used as a proxy for the missing component are all the marginalized and fragmented activity that goes on as school-after-school struggles to address the many factors interfering with student learning and performance (see the bottom section of Exhibit 8). Various states and localities are moving in the direction of pulling all these resources together into a primary and essential third component for school improvement. (Some of the pioneering efforts are highlighted on the Center website – see Where’s it Happening? Online at http://smhp.psych.ucla.edu/summit2002/wheresithappening.htm.) In each case, there is recognition at a policy level that schools must do much more to enable all students to learn and all teachers to teach effectively. In effect, the intent, over time, is for schools to play a major role in establishing a full continuum of school-community interventions.

Overlapping what schools offer are initiatives from the community to link resources to schools (e.g., school-linked services, full-service schools, community and school partnerships, community schools). Some of these efforts braid resources together; however, others contribute to further fragmentation, counterproductive competition, and marginalization of student support.

A third set of initiatives is designed to promote coordination and collaboration among governmental departments and their service agencies. The intent is to foster integrated services, with an emphasis on greater local control, increased involvement of parents, and locating services at schools when feasible. Although federal and state government has offered various forms of support to promote this policy direction, few school districts have pursued the opportunity in ways that have resulted in comprehensive and multifaceted
Exhibit 8

Current Two Component Model for Reform and Restructuring

(a) What’s missing?

Instructional Component
(To directly facilitate learning)

Management Component
(for governance and resource management)

(b) Not really missing, but marginalized and fragmented in policy and practice.

Direct Facilitation of Development & Learning
(Developmental Component)

Addressing Barriers to Development, Learning, & Teaching
(not treated as a primary component)*

Governance and Resource Management
(Management Component)

*While not treated as a primary and essential component, every school offers a relatively small amount of school-owned student 'support' services – some of which links with community-owned resources. Schools, in particular, have been reaching out to community agencies to add a few more services. All of this, however, remains marginalized and fragmented in policy and practice.
Needed: A Three Component Framework for School Improvement

approaches for addressing barriers to learning. To facilitate coordinated planning and organizational change, local, state, and federal intra- and interagency councils have been established. Relatedly, legislative bodies have been rethinking their committee structures.

The various initiatives do help some students who are not succeeding at school. However, they come nowhere near addressing the scope of need. Indeed, their limited potency further highlights the degree to which efforts to address barriers to learning are marginalized in policy and practice.

The limited impact of current policy points to the need to rethink school reform and improvement. Our analyses indicate that the two component model upon which current reforms are based is inadequate for significantly improving the role of schools in helping prevent and correct learning, behavior, and emotional problems.

Prevailing approaches to school improvement do not address the factors leading to and maintaining students’ problems, especially in schools where large proportions of students are not doing well. Despite this, in their rush to raise test scores, school leaders usually pursue instruction as if this was sufficient to ensure that every student will succeed. That is, the emphasis is mostly on intensifying and narrowing the agenda for school improvement to discussions of curriculum, instruction, and classroom discipline. (See almost any school improvement planning guide.) This ignores the need for fundamental restructuring of school and community resources for enabling learning and continues to marginalize such efforts.

While improved instruction is necessary, for too many youngsters it is not sufficient. Students who arrive at school lacking motivational readiness and/or certain abilities need something more. That “something more” is best conceived as a major component to address barriers to learning. Adoption of a three component framework elevates addressing barriers to the level of a fundamental and primary facet of school improvement. (More on this later.)

Movement to a three component model is necessary so schools can do better in enabling all young people to have an equal opportunity to succeed at school.
Concluding Comments

How often have you been asked:

*Why don’t schools do a better job in addressing students’ problems?*

We answer the question by stressing that efforts to address such problems are marginalized in school policy and daily practice. We emphasize that most programs, services, and special projects providing learning supports at a school and district-wide are treated as nonessentials. The result is that

- planning and implementation often are done on an ad hoc basis;
- staff tend to function in relative isolation of each other and other stakeholders, with a great deal of the work oriented to discrete problems and with an overreliance on specialized services for individuals and small groups;
- in some schools, the deficiencies of current policies give rise to such aberrant practices as assigning a student identified as at risk for grade retention, dropout, and substance abuse to three counseling programs operating independently of each other. This fragmentation not only is costly, it works against cohesiveness and maximizing results.

It also should be stressed that the tendency among reformers has been to focus mainly on the symptom – fragmentation. As a result, the main prescription for improvement has been to improve coordination. Better coordination is a good idea. But it doesn’t really address the continued marginalization of school-owned student supports.

And, we note that, for the most part, community involvement at schools also remains a token and marginal concern. Moreover, the trend toward fragmentation is compounded by most school-linked services initiatives. This happens because such initiatives focus primarily on coordinating *community* services and linking them to schools using a collocation model, rather than integrating such services with the ongoing efforts of school staff.

The marginalized status and associated fragmentation of efforts to address student problems are long-standing and ongoing. The situation is unlikely to change as long as reforms continue to ignore the need to rethink the work of student support professionals. Most school improvement plans currently do not focus on using such staff to develop a comprehensive, multifaceted, and integrated approach for addressing the many overlapping barriers to learning, development, and teaching. At best, most reformers have offered the notions of *Family Resource Centers* and *Full Service Schools* to link community resources to schools and coordinate services. Clearly, much more fundamental changes are needed.

Also mediating against developing school-wide approaches to address factors interfering with learning and teaching is the marginalized, fragmented, and flawed way in which these matters are handled in providing on-the-job education. Little or none of a teacher's inservice
training focuses on improving classroom and school-wide approaches for dealing effectively with mild-to-moderate behavior, learning, and emotional problems. Paraprofessionals, aides, and volunteers working in classrooms or with special school projects and services receive little or no formal training/supervision before or after they are assigned duties. And little or no attention is paid to inservice for student support staff.

The time has come to change all this. New directions for learning supports must be made an essential agenda item in ensuring no child is left behind. As a colleague of ours often says: *All children want to be successful – let’s give them a fighting chance.*

*We can’t solve problems by using the same kind of thinking we used when we created them.*

Albert Einstein

Do you have a solution for the problem? No, but I’m sure good at admiring it.

For more on this topic, see the following policy reports from the Centers:


> *Addressing What’s Missing in School Improvement Planning: Expanding Standards and Accountability to Encompass an Enabling or Learning Supports Component* [http://smhp.psych.ucla.edu/pdfdocs/enabling/standards.pdf](http://smhp.psych.ucla.edu/pdfdocs/enabling/standards.pdf)


4. Evidence-Based Practices in Schools: Concerns About Fit and Implementation

Concerns:

• *Can Schools Wait For Interventions to Be Empirically-supported?*

With the need to stress that interventions addressing psychosocial and mental health concerns are empirically-supported, should schools stop pursuing all activity for which there is not sufficient empirical support? If so, what should be done with respect to addressing matters where not enough sound research has been conducted (e.g., approaches that address problems in noncategorical ways; school-wide approaches; comprehensive, multifaceted approaches)? In general, concern has been raised about the potential “tyranny” of evidence-based practices, and the possibility that an emphasis on such programs can inadvertently undermine rather than enhance school-wide reform efforts. As has been pointed out, there is virtually no evidence that evidence-based practices contribute to overall school effectiveness, as data on such an issue are never gathered.

• *Fidelity of Implementation or Meaningful Adaptation?*

The frequently reported failures to successfully transfer empirically-supported interventions into wide-spread daily practice in schools has given rise to an increasing focus on the "implementation" problem (sometimes discussed as the fidelity of replication problem). An issue is emerging as to whether it makes much sense to frame the problem in such a manner. Some folks are suggesting it is unrealistic and inappropriate to expect schools to adopt a program without adapting it so that it fits the specific setting (e.g., the motivation and capacities of the staff who will do the implementation). As Richard Price states the matter: "Effective implementation depends not on exclusive and narrow adherence to researcher definitions of fidelity, but on mutual adaptation between the efficacious program features and needs and competencies of the host organization."
As Tom Vander Ark has sagely noted: Effective practices typically evolve over a long period in high-functioning, fully engaged systems

Historically, schools have been confronted with yet another project, another program, and another initiative. Many of these aim at addressing learning, behavior, and emotional problems and making schools safe and drug free.

Added to the picture in recent years has been the demand that schools adopt practices that are evidence-based. Increasingly, terms such as science-based or empirically-supported are assigned to almost any intervention identified as having research data generated in ways that meet “scientific standards” and that demonstrates a level of efficacy deemed worthy of application (see Exhibit 9).

A somewhat higher standard is used for the subgroup of practices referred to as evidence-based treatments. This designation usually is reserved for interventions tested in more than one rigorous study (multiple case studies, randomized control trials) and consistently found better than a placebo or no treatment.

Currently, most evidence-based practices are discrete interventions designed to meet specified needs. A few are complex sets of interventions intended to meet multifaceted needs, and these usually are referred to as programs. Most evidence-based practices are applied using a detailed guide or manual and are time-limited.

**Concerns and Controversies**

No one argues against using the best science available to improve professional expertise. However, the evidence-based practices movement is reshaping public policy in ways that have raised concerns.

A central concern is that practices developed under highly controlled laboratory conditions are being pushed prematurely into widespread application based on unwarranted assumptions. This concern is especially salient when the evidence-base comes from short-term studies and has not included samples representing major subgroups with whom the practice is to be used.

Until researchers demonstrate a prototype is effective under “real world” conditions, it can only be considered a promising and not a proven practice. And, even then it must be determined whether it is a best practice.

With respect to the designation of best, it is well to remember that best simply denotes that a practice is better than whatever else is
Finding Information About Evidence-based Practices

Information about evidence-based programs for prevention, early intervention, and treatment can be found in the Center’s Quick Find Online Clearinghouse and in our Resource Packets (free online) at http://smhp.psych.ucla.edu/.

Examples of Topics:

> **Program/Process Concerns**
  - Violence Prevention and Safe Schools
  - Screening/Assessing Students: Indicators and Tools
  - Responding to Crisis at a School
  - Behavioral Initiatives in Broad Perspective
  - Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs
  - Parent and Home Involvement in Schools
  - Assessing to Address Barriers to Learning
  - Cultural Concerns in Addressing Barriers to Learning
  - Early Development and Learning from the Perspective of Addressing Barriers
  - Transitions: Turning Risks into Opportunities for Student Support
  - School-Based Client Consultation, Referral, and Management of Care
  - School-Based Mutual Support Groups (For Parents, Staff, Older Students)
  - Volunteers to Help Teachers and School Address Barriers to Learning
  - Welcoming and Involving New Students and Families
  - After-School Programs and Addressing Barriers to Learning
  - Resource Mapping and Management to Address Barriers to Learning: An Intervention for Systemic Change
  - Evaluation and Accountability Related to Mental Health in Schools

> **Psychosocial Concerns**
  - Attention Problems: Intervention and Resources
  - Affect and Mood Problems Related to School Aged Youth
  - Anxiety, Fears, Phobias, and Related Problems: Intervention and Resources for School Aged Youth
  - Autism Spectrum Disorders and Schools
  - Conduct and Behavior Problems in School Aged Youth
  - Dropout Prevention
  - Learning Problems and Learning Disabilities
  - Protective Factors (Resiliency)
  - Preventing Youth Suicide
  - Teen Pregnancy Prevention and Support
  - Social and Interpersonal Problems Related to School Aged Youth
  - Substance Abuse
  - Sexual Minority Students

Also see Chapter 15 for Annotated Lists of Empirically Supported/ Evidence-based Interventions for School-aged Children and Adolescents; also online at http://smhp.psych.ucla.edu/pdfdocs/aboutmh/annotatedlist.pdf
Currently available. How good it is depends on complex analyses related to costs and benefits.

As the evidence-based movement has gained momentum, an increasing concern is that certain interventions are officially prescribed and others are proscribed by policy makers and funders. This breeds fear that only those practitioners who adhere to official lists will be sanctioned and rewarded.

For purposes of our discussion here, we start with the assumption that there is evidence that a practice is a good one, and someone is advocating that a school use it to enhance efforts to address barriers to learning and teaching. In such cases, the question for school decision makers is: How well does it fit into efforts to improve schools? And, if the answer is positive, the problem becomes how to implement the practice in an optimal way.

Policy and practice analyses conducted by our Center have explored concerns about fit and implementation. We briefly highlight some major points here.

In isolation, evidence-based interventions tend to be viewed only in terms of advancing the state of the art. From a systemic and public policy perspective, however, introducing any new practice into an organization such as a school has to be justified in terms of how well it fits into and can advance the organization’s mission.

For schools trying to improve how they address barriers to learning and teaching, we suggest the concern at this time must be on ensuring that a proposed practice contributes to developing a comprehensive system of student supports. From this perspective, school decision makers must consider matters such as whether the practice is designed to

- replace an essential, but ineffective practice
- fill a high priority gap in a school’s efforts to meet its mission
- integrate into school improvement efforts
- promote healthy development, prevent problems, respond early after problem onset, or treat chronic problems
- help a few or many students
- integrate into a comprehensive continuum of interventions rather than become another fragmented approach

To appreciate the importance of these matters, it is helpful to review the discussion of the current state of the art in Part I and the
Does it contribute to development of a comprehensive system for addressing barriers to learning and teaching?

Discussion Chapter 3. In doing so, note that dealing with behavior, learning, and emotional problems in schools involves two major considerations: (1) helping students address these barriers to performing well at school and (2) engaging/re-engaging them in classroom instruction. It should be evident that interventions that do not accomplish the second consideration generally are insufficient in sustaining student involvement, good behavior, effective learning at school, and general well-being.

By now, it should be clear that for schools the need is not just to add evidence-based practices; it is to do so in ways that contribute to development of a comprehensive system for addressing barriers to learning and teaching.

This brings us to the implementation problem.

The Implementation Problem and Systemic Change

When the decision is made to add any practice, implementation plans must be formulated for how best to integrate it into the organization. For schools, this should involve fully integrating it into school improvement plans – including plans to reframe student/learning supports and weave together school, community, and home resources. For school districts, additional concerns arise around planning for sustainability and equitable replication in all schools.

Clearly, this is a much more complex process than taking efficacious prototypes and moving them into the real world. Unfortunately, for the most part, the complexities have not been well addressed.
As the National Implementation Research Network has stressed, ... very little is known about the processes required to effectively implement evidence-based programs on a national scale. Research to support the implementation activities that are being used is even scarcer (http://nirn.fmhi.usf.edu/).

Early research on the implementation problem has focused on concerns about and barriers to matters such as dissemination, readiness, fidelity and quality of implementation, generalizability, adaptation, sustainability, and replication to scale.

All of these matters obviously are important.

However, the trend has been to analyze and approach the implementation problem with too limited a procedural framework and with too little attention to context. This has resulted in the tendency to skip by fundamental considerations involved in moving evidence-based practices into common use.

The deficiencies of many implementation efforts become apparent when the process is conceived in terms of the complexities of (1) diffusing innovations and (2) doing so in the context of organized systems that have well-established institutional cultures and infrastructures. We suggest, then, that it is essential to view the implementation problem from the vantage point of the growing bodies of literature on diffusion of innovations and systemic change. Already, the work in these two overlapping arenas is yielding a broader and essential perspective for advancing research associated with moving evidence-based practices into the real world.

This perspective underscores the need for framing the implementation problem as a process of diffusing innovation through major systemic change. Such a process encompasses both the complexities of facilitating systemic changes that lead to appropriate and effective adoption and adaptation at a particular site and the added complexities of replication-to-scale (see Exhibit 10).

Michael Fullan stresses that effective systemic change requires leadership that “motivates people to take on the complexities and anxieties of difficult change.” We would add that such leadership also must develop a refined understanding of how to facilitate systemic change.

Major elements involved in implementing empirically supported innovative practices in an institutional setting are logically
Exhibit 10

Resistance, Reluctance, or Relevant Concerns?

The following matters are often heard in schools when efforts are made to introduce some evidence-based practices:

"I don’t believe their ‘evidence-based’ intervention is better than what I do; they need to do the research on what I do before they claim theirs is better."

"That intervention is too narrow and specific to fit the problems I have to deal with."

"We wanted to use the grant money to enhance the work we already are doing, but we’ve been told we have to use it to buy evidence-based programs that we think don’t really fit our needs."

"How do we know that if the school adopts this evidence-based program we will get the results they got in their research."

"We have so many things we have to do now, when are we going to have time to learn these new practices?"

"They make it sound like I am doing bad things. Soon, they will be suggesting that we are incompetent and need to be fired."

"I’ve heard that some of the highly touted science-based programs have been found not to work well when they are tried throughout a school district."

"I’m not taking the risk of giving up what I believe works until they prove their laboratory model does better than me out here in the real world."

While these are off-the-cuff remarks, some policy makers and practitioners have raised sophisticated concerns about the demand for adoption of evidence-based practices in schools. Some researchers have reacted by implying such concerns are anti-scientific and represent mindless resistance. All this has influenced interpretations of why it has been difficult to achieve prototype fidelity in schools (and clinics).

It is well to remember that it is a truism that not everyone is ready for major changes in their lives. At the same time, it is the case that not all concerns raised about proposed changes are simply resistance. The motivation for each of the above statements may simply reflect a desire not to change, or it may stem from a deep commitment to the best interests of schools and the students and families they serve.

Whatever the motivation, it is essential to understand that controversies and concerns about what practices are appropriate and viable almost always are major contextual variables affecting implementation. Their impact must be addressed as part of the process of implementation, especially in settings that have well-established institutional cultures and organizational and operational infrastructures. Researchers need to avoid the blame-game and appreciate the complexities of diffusing innovations and making major systemic changes. From such a vantage point, the focus shifts from “I’m right and they’re wrong” to “What haven’t I done to promote readiness for change?”
connected to considerations about systemic change. That is, the same elements can be used to frame key intervention concerns related to implementing the practice and making systemic changes, and each is intimately linked to the other.

At any given time, an organization may be involved in introducing one or more innovations at one or more sites; it may also be involved in replicating one or more prototypes on a large-scale. The nature and scope of the activity and the priorities assigned by policy and decision makers are major influences on the implementation process. For example, the broader the scope, the higher the costs; the narrower the scope, the less the innovation may be important to an organization’s overall mission. Both high costs and low valuing obviously can work against implementation and sustainability.

Key facets in implementing major practices include social marketing, articulation of a shared vision for the work, ensuring policy commitments, negotiating agreements among stakeholders, ensuring effective leadership, enhancing/developing an infrastructure (e.g., mechanisms for governance and priority setting, steering, operations, resource mapping and coordination), redeploying resources and establishing new ones, building capacity (especially personnel development), establishing strategies for coping with the mobility of staff and other stakeholders, developing standards, and establishing formative and summative evaluation processes and accountability procedures. All of this requires careful planning based on sound intervention fundamentals.

Critical to implementation, sustainability, and replication to scale is a well-designed and developed organizational and operational infrastructure. This includes administrative leadership and infrastructure mechanisms to facilitate changes (e.g., well-trained change agents). Usually, existing infrastructure mechanisms must be modified to guarantee new practices are effectively operationalized.

A well-designed organizational and operational infrastructure ensures local ownership of innovations and a critical mass of committed stakeholders. Mechanisms pursue processes that overcome barriers to stakeholders working productively together and use strategies that mobilize and maintain proactive effort so that changes are implemented and renewed over time.

Whether the intent is to establish a prototype at one site or replicate it at many, systemic change can be viewed as involving four overlapping phases: (1) creating readiness – increasing a climate/culture for change through enhancing both the motivation
and the capability of a critical mass of stakeholders, (2) *initial implementation* – change is phased in using a well-designed infrastructure for providing guidance and support and building capacity, (3) *institutionalization* – accomplished by ensuring there is an established infrastructure to maintain and enhance productive changes, and (4) *ongoing evolution and creative renewal* – through use of mechanisms to improve quality and provide continuing support in ways that enable stakeholders to become a community of learners who creatively pursue renewal.

Unsuccessful implementation and failure to sustain are associated with not addressing infrastructure deficits in ways that ensure the major tasks related to these four phases are accomplished effectively.

One of the most flagrant systemic change errors is not giving sufficient attention and time to creating readiness. Effective systemic change begins with activity designed to create readiness in terms of both motivation and capability among a critical mass of key stakeholders.

Organization researchers in schools, corporations, and community agencies have clarified factors related to creating an effective climate for institutional change. In reviewing this literature, we have extracted the following points as most relevant to enhancing readiness for change:

- a high level of policy commitment that is translated into appropriate resources, including leadership, space, budget, and time;
- incentives for change, such as intrinsically valued outcomes, expectations for success, recognition, and rewards;
- procedural options from which those expected to implement change can select those they see as workable;
- a willingness to establish mechanisms and processes that facilitate change efforts, such as a governance mechanism that adopts ways to improve organizational health;
- use of change agents who are perceived as pragmatic – maintaining ideals while embracing practical solutions;
- accomplishing change in stages and with realistic timelines;
- providing progress feedback;
- institutionalizing mechanisms to maintain and evolve changes and to generate periodic renewal.
Enhancing readiness for and sustaining change involves ongoing attention to daily experiences. Stakeholders must perceive systemic changes in ways that make them feel they are valued and contributing to a collective identity, destiny, and vision. From the perspective of intrinsic motivation theory as outlined by Ed Deci and Richard Ryan, both individual and collective work must be facilitated in ways that enhance feelings of competence, self-determination, and connectedness with and commitment to others and must minimize conditions that produce psychological reactance. From the perspective of theories about enhancing a sense of community and fostering empowerment, there is growing emphasis on understanding that empowerment is a multi-faceted concept. In this context, Stephanie Riger distinguishes “power over” from “power to” and “power from.” Power over involves explicit or implicit dominance over others and events; power to is seen as increased opportunities to act; power from implies ability to resist the power of others.

Concluding Comments

Those who set out to implement evidence-based practices in schools are confronted with a complex set of tasks related to demonstrating “fit” and implementing systemic change. This is especially so because “the current evidence base ... consists almost entirely of [‘efficacy’ studies] and very little ‘effectiveness’ research” (Green & Glasgow, 2006)3.

And, there are a myriad of political and bureaucratic difficulties involved in making institutional changes, especially with limited financial resources. The process rarely is straight-forward, sequential, or linear. Clearly, a high degree of commitment, relentlessness of effort, and realistic time frames are required.

We need not belabor any of this here. Our intent only is to foster greater appreciation for and more attention to concerns about fit and implementation as related to evidence-based practices. A more sophisticated approach to these matters is essential to improving schools in general and addressing barriers to learning and teaching in particular.

1References for the section on “Another Intervention – Where and How Does it Fit?” are online in a Center report Another Initiative? Where Does it Fit? A Unifying Framework and an Integrated Infrastructure for Schools to Address Barriers to Learning and Promote Healthy Development – http://smhp.psych.ucla.edu/pdfdocs/infrastructure/anotherinitiative-exec.pdf

2References for the section “The Implementation Problem and Systemic Change” are online in the Center series of information resources on enabling system change entitled Diffusion of Innovations and Science-Based Practices to Address Barriers to Learning & Improve Schools – http://smhp.psych.ucla.edu/whatsnew/fact.htm


The homework you assigned wasn’t evidence-based, so I didn’t do it.
5. Labeling, Screening, and Over-pathologizing

Concern:

- **Misdiagnosis**
  Of particular concern for schools is the widespread *misuse of the terms ADHD and LD*. This includes the problem of nonprofessional applications of these labels, and the reality of the number of misdiagnoses. Over 50% of those currently assigned a special education diagnosis are identified as having learning disabilities. This has contributed to the backlash to LD seen in the last reauthorization of IDEA. And, there is concern about the number of youngsters who manifest “garden-variety” misbehavior who may be misdiagnosed as ADHD, especially as related to the increasing use of medication to treat them. Reports appear rather regularly that suggest a growing backlash. Research from the Eastern Virginia Medical School found significant overdiagnosis. Reports of the findings led to hearings and community forums and a bill by the legislature prohibiting school personnel from recommending psychotropic medications for students.

- **Screening and Profiling**
  On a regular basis, legislators at federal and state levels express concern about some facet of the agenda for mental health in schools. An ongoing debate focuses on the *role of public schools in screening to identify mental health and psychosocial problems*.

  - With growing interest in expanding pre-school education programs comes an increasing reemphasis on *early-age screening for behavioral, emotional, and learning disabilities* (e.g., enhancing EPSDT and screening programs in Head Start and kindergarten).

  >Drug testing at school has long been advocated as a way to deter drug use.

  >Student threat profiling to prevent school violence.

Some stakeholders who are interested in primary and secondary prevention advocate for efforts to predict and identify problems early as essential to their approaches. In opposition, it is argued that large-scale screening programs produce too many false positives, lead to premature prescription of "deep end" interventions, focus mainly on the role of factors residing in the child and thus collude with tendencies to "blame victims," and so forth. As with most such debates, those in favor emphasize the benefits (e.g., “Screening let’s us identify problems early, and can help prevent problems such as suicide.”). Those against such screening stress various “costs.” For example, one state legislator is quoted as saying: “We want all of our citizens to have access to mental health services, but the idea that we are going to run everyone through some screening system with who knows what kind of values applied to them is unacceptable.”

With respect to drug testing at school, Lloyd Johnston and colleagues at the University of Michigan have reported the first major study (76,000 students (cont.)
nationwide) on the impact of drug testing in schools. They conclude such testing does not deter student drug use any more than doing no screening at all. Based on the study's findings, Dr. Johnston states "It's the kind of intervention that doesn't win the hearts and minds of children. I don't think it brings about any constructive changes in their attitudes about drugs or their belief in the dangers associated with using them." At the same time, he stresses" One could imagine situations where drug testing could be effective, if you impose it in a sufficiently draconian manner - that is, testing most kids and doing it frequently. We're not in a position to say that wouldn't work."

Graham Boyd, director of the ACLU Drug Policy Litigation Project who argued against drug testing before the Supreme Court last year said, "In light of these findings, schools should be hard-pressed to implement or continue a policy that is intrusive and even insulting for their students." But other researchers contend that the urinalysis conducted by schools is so faulty, the supervision so lax and the opportunities for cheating so plentiful that the study may prove only that schools do a poor job of testing. Also noted is that the Michigan study does not differentiate between schools that do intensive, regular random screening and those that test only occasionally. As a result, it does not rule out the possibility that the most vigilant schools do a better job of curbing drug use.

It is evident that few folks argue against the value of preventing violence. There is little issue regarding the problem -- which is: How should schools be vigilant about potential violent incidents on campus? The issues are: What procedures are appropriate and how will schools avoid doing more harm than good in the process? Raised have been concerns about (a) the lack of evidence supporting the ability to predict who will and won’t be violent, (b) what will be done to those identified as “threats” -- including a host of due process considerations, (c) another set of interventions that likely will be antithetical to educating the students who will be identified, and (d) the negative impact on the school environment of additional procedures that are more oriented to policing than to creating school environments that foster caring and a sense of community.

• Using Response to Intervention to Minimize False Identification

By now, most people working in and with schools have heard about "Response to Intervention" as a corrective to misdiagnosis and first level screening. However, there are considerable differences in how the concept is being discussed by school policy makers and practitioners. With respect to operationalizing the process, two extremes can be identified. One mainly stresses the introduction of better (i.e., evidence-based) instruction and using the new findings as an indication of whether or not a disability has to be assessed. This defines the problem simply as a teaching deficit. At the other extreme, the emphasis is on proceeding in stages beginning with personalized instruction designed to enhance a better match with the learner’s current motivation and capabilities and, as necessary, sequencing in a hierarchical way to (a) develop missing learning and performance prerequisites and/or (b) provide needed specialized interventions that can address other existing barriers to learning (both external and internal barriers).
Normality and exceptionally (or deviance) are not absolutes; both are culturally defined by particular societies at particular times for particular purposes.

Ruth Benedict

...consider the American penchant for ignoring the structural causes of problems. We prefer the simplicity and satisfaction of holding individuals responsible for whatever happens: crime, poverty, school failure, what have you. Thus, even when one high school crisis is followed by another, we concentrate on the particular people involved – their values, their character, their personal failings – rather than asking whether something about the system in which these students find themselves might also need to be addressed.

Alfie Kohn

What's in a name? Strong images are associated with diagnostic labels, and people act upon these images. Sometimes the images are useful generalizations; sometimes they are harmful stereotypes. Sometimes they guide practitioners toward good ways to help; sometimes they contribute to "blaming the victim" -- making young people the focus of intervention rather than pursuing system deficiencies that are causing the problem in the first place. In all cases, diagnostic labels can profoundly shape a person's future.

Youngsters manifesting emotional upset, misbehavior, and learning problems commonly are assigned psychiatric labels that were created to categorize internal disorders. Thus, there is increasing use of terms such as ADHD, depression, and LD. This happens despite the fact that the problems of most youngsters are not rooted in internal pathology. Indeed, many of their troubling symptoms would not have developed if their environmental circumstances had been appropriately different.

Diagnosing Behavioral, Emotional, and Learning Problems

It is not surprising that debates about labeling young people are so heated. Differential diagnosis is difficult and fraught with complex issues.

The thinking of those who study behavioral, emotional, and learning problems has long been dominated by models stressing person pathology. This is evident in discussions of cause, diagnosis, and intervention strategies. Because so much discussion focuses on person pathology, diagnostic systems have not been developed in ways that adequately account for psychosocial problems. This is well-illustrated by the widely-used Diagnostic and Statistical Manual of Mental Disorders (DSM) and by MMPI categories, as well as the dimensions formulated by Achenbach and others based on behavior rating scales.

As a result, comprehensive formal systems used to classify problems in human functioning convey the impression that all behavioral, emotional, or learning problems are instigated by internal pathology. Some efforts to temper this notion see the pathology as a vulnerability that only becomes evident under stress.
However, most differential diagnoses of children's problems are made by focusing on identifying one or more disorders (e.g., oppositional defiant disorder, attention-deficit/hyperactivity disorder, or adjustment disorders), rather than first asking: *Is there a disorder?*

Bias toward labeling problems in terms of personal rather than social causation is bolstered by factors such as (a) attributional bias -- a tendency for observers to perceive others' problems as rooted in stable personal dispositions and (b) economic and political influences -- whereby society's current priorities and other extrinsic forces shape professional practice.

Overemphasis on classifying problems in terms of personal pathology skews theory, research, practice, and public policy. One example is seen in the fact that comprehensive classification systems do not exist for environmentally caused problems or for psychosocial problems (caused by the transaction of internal and environmental factors).

There is considerable irony in all this because so many practitioners who use prevailing diagnostic labels understand that most problems in human functioning result from the interplay of person and environment. To counter nature versus nurture biases in thinking about problems, it's helps to approach all diagnosis guided by a broad perspective of what determines human behavior.

**The Role of Schools**

Reasonable concern for the well-being of children and adolescents and the need to address barriers to learning and teaching has led schools to deploy resources to deal with a variety of health and psychosocial matters (e.g., bullying, depression, suicide, ADHD, LD, obesity, etc.). Over time, agenda priorities shift, and resources are redeployed. Some of the activity is helpful; some is not; some has unintended negative consequences.

One of many issues raised:

> *How often are the ways in which students respond to and cope with the demands of growing up labeled as pathology and sensationalized?*

The problem is compounded by the tendency to generalize from extreme and rare incidents. While one school shooting is too many, fortunately few students will ever act out in this way. One suicide is too many; fortunately few students take their own life. Some young people commit violent crimes, but the numbers are far fewer than the news media conveys and are on a downward trajectory.
While many mental health practices are used in schools, policymakers remain in conflict over whether schools should play an institutionalized role in screening for mental health problems such as suicidal risk. Issues arise around:

*Is such monitoring an appropriate role for schools to play?*

*If so, who should do it?*

The specific pros and cons raised in this context are reflective of general arguments that arise in connection with mental health in schools.

Concerns arise about parental consent, privacy and confidentiality protections, staff qualifications, involvement of peers, negative consequences of monitoring (especially for students who are false positive identifications), and access and availability of appropriate assistance.

Examples of positions that are often heard:

> School staff are well-situated to keep an eye on kids who are at risk for suicide.
> Teachers can’t take on another task and aren’t qualified to monitor such students.
> Such monitoring can be done by qualified student support staff.
> Monitoring infringes on the rights of families and students.
> It’s irresponsible not to monitor anyone who is a suicidal risk.
> It’s inappropriate to encourage kids to “spy” on each other.
> Monitoring is needed so that steps can be made to help quickly.
> Monitoring has too many negative effects.

**Formal Arguments About the School’s Role**

- **Pro** — Those arguing that schools should play this role emphasize that it is essential to monitor anyone who is a suicidal risk so that help can be provided quickly. Moreover, they believe school staff are well-situated to do so, and staff (and even students) can be trained to do it appropriately and with effective safeguards for privacy and confidentiality. And they suggest that positive benefits outweigh any negative effects.

- **Con** — As with many practices related to mental health in schools, a basic argument against monitoring students identified “at risk” is the position that the practice infringes on the rights of families and students. Other arguments stress that
teachers should not be distracted from teaching; moreover, teachers and other non-clinically trained school staff are seen as ill-equipped to monitor for suicide. And, it also is seen as inappropriate to encourage students to play such a role. Additionally, it is argued that existing monitoring practices are primarily effective in following those who have already attempted suicide and that monitoring others has too many negative effects (e.g., costs are seen as outweighing potential benefits).

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<tr>
<th>Summary of Key Issues</th>
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<td><strong>Arguments for School Involvement in Monitoring Students Identified as Suicidal Risks</strong></td>
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<td><strong>Pro</strong></td>
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<tr>
<td>It is essential to monitor anyone who is a suicidal risk so that help can be provided quickly.</td>
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<td>Effective safeguards can be put in place for privacy and confidentiality.</td>
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<td>Positive benefits outweigh negative effects.</td>
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**Needed: A Broader Classification Framework**

The need to address a wider range of variables in labeling problems is clearly seen in efforts to develop multifaceted systems. The multiaxial classification system developed by the American Psychiatric Association in its recent editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) represents the dominant approach. This system does include a dimension acknowledging "psychosocial stressors." However, this dimension is used mostly to deal with the environment as a contributing factor, rather than as a primary cause.

The conceptual example illustrated in Exhibit 11 is a broad framework that offers a useful starting place for classifying behavioral, emotional, and learning problems in ways that avoid overdiagnosing internal pathology. As outlined in the figure below, such problems can be differentiated along a continuum that separates those caused by internal factors, environmental variables, or a combination of both.
Problems caused by the environment are placed at one end of the continuum and referred to as Type I problems. At the other end are problems caused primarily by pathology within the person; these are designated as Type III problems. In the middle are problems stemming from a relatively equal contribution of environmental and person sources, labeled Type II problems.

To be more specific: In this scheme, diagnostic labels meant to identify extremely dysfunctional problems caused by pathological conditions within a person are reserved for individuals who fit the Type III category. Obviously, some problems caused by pathological conditions within a person are not manifested in severe, pervasive ways, and there are persons without such pathology whose problems do become severe and pervasive. The
In the last analysis, we see only what we are ready to see. We eliminate and ignore everything that is not part of our prejudices.

Jean-Martin Charcot

intent is not to ignore these individuals. As a first categorization step, however, it is essential they not be confused with those seen as having Type III problems.

At the other end of the continuum are individuals with problems arising from factors outside the person (i.e., Type I problems). Many people grow up in impoverished and hostile environmental circumstances. Such conditions should be considered first in hypothesizing what *initially* caused the individual's behavioral, emotional, and learning problems. (After environmental causes are ruled out, hypotheses about internal pathology become more viable.)

To provide a reference point in the middle of the continuum, a Type II category is used. This group consists of persons who do not function well in situations where their individual differences and minor vulnerabilities are poorly accommodated or are responded to hostily. The problems of an individual in this group are a relatively equal product of person characteristics and failure of the environment to accommodate that individual.

There are, of course, variations along the continuum that do not precisely fit a category. That is, at each point between the extreme ends, environment-person transactions are the cause, but the degree to which each contributes to the problem varies.

Clearly, a simple continuum cannot do justice to the complexities associated with labeling and differentiating problems. Furthermore, some problems are not easily assessed or do not fall readily into a group due to data limitations and individuals who have more than one problem (i.e., comorbidity). However, the above scheme shows the value of starting with a broad model of cause. In particular, it helps counter the tendency to jump prematurely to the conclusion that a problem is caused by deficiencies or pathology within the individual and thus can help combat tendencies toward blaming the victim. It also helps highlight the notion that improving the way the environment accommodates individual differences often may be a sufficient intervention strategy.

When behavior, emotional, and learning problems are labelled in ways that overemphasize internal pathology, the helping strategies used primarily are some form of clinical/remedial intervention. For the most part, such interventions are developed and function in relative isolation of each other. Thus, they represent another instance of using piecemeal and fragmented strategies to address complex problems. One result is that an individual identified as having several problems may be involved in programs with several professionals working independently of each other. Similarly,
youngster identified and treated in special infant and pre-school programs who still requires special support may cease to receive appropriate help upon entering school. In general, students may require several programs, concurrently and over time.

Amelioration of the full continuum of problems, illustrated above as Type I, II, and III problems, generally requires access to a comprehensive continuum of interventions as described in the preceding chapters. The continuum ranges from programs for primary prevention (including the promotion of mental health) and early-age intervention -- through those for addressing problems soon after onset -- on to treatments for severe and chronic problems. With respect to comprehensiveness, the range of programs highlights that many problems must be addressed developmentally and with a range of programs -- some focused on individuals and some on environmental systems, some focused on mental health and some on physical health, education, and social services. With respect to concerns about integrating programs, the continuum underscores the need for concurrent interprogram linkages and for linkages over extended periods of time.

Concluding Comments

As community agencies and schools struggle to find ways to finance programs for troubled and troubling youth, they continue to tap into resources that require assigning youngsters labels that convey severe pathology. Reimbursement for mental health and special education interventions is tied to such diagnoses. This fact dramatically illustrates how social policy shapes decisions about who receives assistance and the ways in which problems are addressed. It also represents a major ethical dilemma for practitioners. That dilemma is not whether to use labels, but rather how to resist the pressure to inappropriately use those labels that yield reimbursement from third party payers.

A large number of young people are unhappy and emotionally upset; only a small percent are clinically depressed. A large number of youngsters behave in ways that distress others; only a small percent have ADHD or a conduct disorder. In some schools, the majority of students have garden variety learning problems; only a few have learning disabilities. Thankfully, those suffering from true internal pathology (those referred to above as Type III problems) represent a relatively small segment of the population. Society must never stop providing the best services it can for such individuals and doing so means taking great care not to misdiagnose others whose "symptoms" may be similar but are caused to a significant degree by factors other than internal pathology (those referred to above as Type I and II problems). Such misdiagnoses lead to policies and practices that exhaust available resources in serving a relatively small percent of those in need. That is a major reason why there are so few resources to address the barriers interfering with the education and healthy development of so many youngsters who are seen as troubled and troubling.
Clearly, strong images are associated with diagnostic labels, and people act upon these notions. Sometimes the images are useful generalizations, but often they are harmful stereotypes. Sometimes they guide practitioners toward good ways to help. But, often they contribute to "blaming the victim," by making young people the focus of intervention rather than pursuing system deficiencies that are causing the problem. In all cases, diagnostic labels can profoundly shape a person's future.

For these and other reasons, there has been considerable criticism of some diagnostic labels, especially those applied to young children.

Nevertheless, there are sound reasons for wanting to differentially label problems. One reason is that, properly identified, some can be prevented; another is that proper identification can enhance correction.

However, the labeling process remains difficult. Severity has been the most common factor used to distinguish many student problems (e.g., ADHD and LD) from the many commonplace behavior, learning, and emotional problems that permeate schools. Besides severity, there has been concern about how pervasive the problem is (e.g., how far behind an individual lags in academic and social skills). Specific criteria for judging severity and pervasiveness depend on prevailing age, gender, subculture, and social status expectations. Also important is how long the problem has persisted.

Because the number of misdiagnoses has increased dramatically over the last 20 years, greater attention is being paid in schools to using response to intervention as a precursor and aid in differentiating commonplace problems from individual pathology. The core difficulty here is how to mobilize unmotivated students to function in ways that allow for a valid assessment of whether or not they have a true disability or disorder. And, the school needs to do even more (see Exhibit 12).

As Nicholas Hobbs stressed many years ago: “Society defines what is exceptional or deviant, and appropriate treatments are designed quite as much to protect society as they are to help the child . . . . ‘To take care of them’ can and should be read with two meanings: to give children help and to exclude them from the community.” Clearly, the trend to over-pathologize students contributes more to the latter than the former.

For more on all this, see the Center’s Online Clearinghouse Quick Find topics:
> Assessment and Screening – http://smhp.psych.ucla.edu/qf/p1405_01.htm
> Stigma Reduction – http://smhp.psych.ucla.edu/qf/stigma.htm
and the references in Exhibit 12.

This test will tell us you're level of competence.

Well, since everyone already says I'm just minimally competent, you don't have to give me the test!
Are Schools Doing Enough to Counter Pathological Labeling?

(1) Are student support staff:
• providing general info – about the wide range of “normal” behavior and individual differences and the importance of not over-pathologizing? (e.g., distributing info and fact sheets, offering info as part of a school’s inservice program)
• offering specific feedback on specific incidents and students? (e.g., using staff concerns and specific referrals as opportunities to educate them about what is and is not pathological and what should be done in each instance)
  See: *Guidebook on Common Psychosocial Problems of School Aged Youth: Developmental Variations, Problems, Disorders and Perspectives for Prevention and Treatment*
    http://smhp.psych.ucla.edu/pdfs/social/entirepacket.pdf
  See: *Revisiting Learning & Behavior Problems: Moving Schools Forward*
    http://smhp.psych.ucla.edu/pdfs/contedu/revisitinglearning.pdf
• resisting the pull of special funding? (One of the hardest things to do is avoid using the need for funds and other resources as justification interpreting a student’s actions as “pathological.”)
  See: *The Impact of Fiscal Incentives on Student Disability Rates* (1999)
    http://www.nber.org/papers/w7173
  See: *Effects of Funding Incentives on Special Education Enrollment* (2002)
    by J.P. Greene & G. Forster. Manhattan Institute for Policy Research
• using the least intervention needed when it becomes essential to provide students with special assistance?
  See: *Least Intervention Needed: Toward Appropriate Inclusion of Students with Special Needs*
    http://smhp.psych.ucla.edu/pdfs/contedu/leastint/leastint.pdf

(2) Is there a focus in the professional development of teachers to ensure they have the knowledge and skills to
• engage all students in learning?
• re-engage students who have become disengaged from classroom learning?
• accommodate a wider range of individual differences when teaching?
• use classroom assessments that better inform teaching?
  See: *Re-engaging Students in Learning* (Quick Training Aid)
    http://smhp.psych.ucla.edu/pdfs/quicktraining/reengagingstudents.pdf
  See: *Re-engaging Students in Learning at School* (article)
    http://smhp.psych.ucla.edu/pdfs/Newsletter/winter02.pdf
  See: *Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling* (Continuing Education Modules)
    http://smhp.psych.ucla.edu/pdfs/contedu/cfe.pdf
6. Overreliance on Social Control Interventions

Concerns:

- **Pushouts.** It is fairly widely acknowledged that many students who are labeled “dropouts” are actually “pushouts.” Increasing pressures for school improvements seem to have the negative consequence of creating policies and practices that, in effect, cleanse the rolls of troubled and troubling students and anyone else who may “compromise” the progress of other students and keep achievement score averages from rising. Examples are seen in zero tolerance policies, the end of social promotion, and the backlash to “special” education and to equity of opportunity. The issue seems to be whether or not we can save public education and still maintain the commitment to universal education.

  Many schools have moved to immediate expulsion if a student brings a weapon to school. Recently, the National Coalition of Advocates for Students published the following resolution on zero tolerance policies. An excerpt highlights basic concerns: “...the current national trend toward zero tolerance policies requires predetermined, harsh and immediate consequences for a growing list of infractions resulting in long-term or permanent exclusion from public school, regardless of the circumstances, and often without due process. ...such policies are more likely to result in increased drop-out rates and long-term negative consequences for children and communities. ...such policies have a disparate impact on children of color, and do not result in safe schools and communities. ...alternatives to such policies could more effectively reduce the incidence of violence and disruption in our schools, including but not limited to: (1) creating positive, engaging school environments; (2) provision of positive behavioral supports to students; (3) appropriate pre-and in-service development for teachers; and (4) incorporating social problem-solving skills into the curriculum for all students.”

- **Concentrated Grouping of Aggressive Students.** Researchers are starting to stress what school staff have long worried about: the increasing levels of deviancy associated with concentrated groupings of aggressive students. As Dishion & Dodge note: “The influence of deviant peers on youth behavior is of growing concern, both in naturally occurring peer interactions and in interventions that might inadvertently exacerbate deviant development.” Such a contagion effect has relevance for student groupings that result from grade retention and zero tolerance policies, alternative school assignments, special education diagnoses and placements, and more. Concerns have been raised that the resulting student groupings exacerbate negative outcomes such as increased misbehavior at school, neighborhood delinquency, substance abuse, and dropping out of school.
A SmartBrief sent out by the Association for Supervision and Curriculum Development (ASCD) states: Southern schools increasingly are requiring students to take “character” classes as part of an effort to combat disrespectful behavior. Louisiana lawmakers, for instance, recently passed “courtesy conduct” legislation that requires elementary students to address their teachers as “ma’am” and “sir.”

Misbehavior disrupts. In some forms, such as bullying and intimidating others, it is hurtful. And, observing such behavior 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, a considerable amount of time at schools is devoted to discipline; a common concern for teachers is “classroom management.”

In their efforts to deal with deviant and devious behavior and to create safe environments, the degree to which schools rely on social control strategies becomes a significant issue. For example, concerns have been raised that such practices model behavior that can foster rather than counter development of negative values and often produces other forms of undesired behavior. And, there is concern that the tactics often make schools look and feel more like prisons than community treasures.

To move schools beyond overreliance on punishment and control strategies, there is ongoing advocacy for social skills training, positive behavior support, and new agendas for emotional "intelligence" training, asset development, 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 in ways that create an atmosphere of "caring," "cooperative learning," and a "sense of community." Such advocates usually argue for schools that are holistically-oriented and family-centered. They want curricula to enhance values and character, including responsibility (social and moral), integrity, self-regulation (self-discipline), identification with academics, and a work ethic; they also want schools to foster intrinsic motivation, self-efficacy, self-esteem, diverse talents, and emotional well-being.

Disengaged Students and Social Control

Among the most pressing problems confronting schools is that of engaging and re-engaging students in classroom learning. Students who are not engaged or who have become actively disengaged from classroom instruction are among the most frequent discipline problems.

After an extensive review of the literature, Fredricks, Blumenfeld, and Paris (see Exhibit 13) conclude: Engagement is associated with positive academic outcomes, including achievement and persistence in school; and it is higher in classrooms with supportive teachers and peers, challenging and authentic tasks,
Exhibit 13

**Engagement in Learning**

The review by Fredricks, Blumenfeld, & Paris* notes that:

*Engagement is defined in three ways in the research literature:*

- **Behavioral engagement** draws on the idea of participation; it includes involvement in academic and social or extracurricular activities and is considered crucial for achieving positive academic outcomes and preventing dropping out.

- **Emotional engagement** encompasses positive and negative reactions to teachers, classmates, academics, and school and is presumed to create ties to an institution and influences willingness to do the work.

- **Cognitive engagement** draws on the idea of investment; it incorporates thoughtfulness and willingness to exert the effort necessary to comprehend complex ideas and master difficult skills.

**Antecedents of Engagement can be organized into:**

- **School level factors:** voluntary choice, clear and consistent goals, small size, student participation in school policy and management, opportunities for staff and students to be involved in cooperative endeavors, and academic work that allows for the development of products

- **Classroom Context:** Teacher support, peers, classroom structure, autonomy support, task characteristics

- **Individual Needs:** Need for relatedness, need for autonomy, need for competence

**Engagement can be measured as follows:**

- Behavioral Engagement: conduct, work involvement, participation, persistence, (e.g., completing homework, complying with school rules, absent/tardy, off-task)

  Emotional Engagement: self-report related to feelings of frustration, boredom, interest, anger, satisfaction; student-teacher relations; work orientation

- Cognitive Engagement: investment in learning, flexible problems solving, independent work styles, coping with perceived failure, preference for challenge and independent mastery, commitment to understanding the work

opportunities for choice, and sufficient structure. Conversely, for many students, disengagement is associated with behavior problems, and behavior and learning problems may eventually lead to dropout. The degree of concern about student engagement varies depending on school population.

In general, teaching involves being able to apply strategies focused on content to be taught and knowledge and skills to be acquired – with some degree of attention given to the process of engaging students. All this works fine in schools where most students come each day ready and able to deal with what the teacher is ready and able to teach. Indeed, teachers are fortunate when they have a classroom where the majority of students show up and are receptive to the planned lessons. In schools that are the greatest focus of public criticism, this certainly is not the case. It is clear that teachers in such settings are confronted with an entirely different teaching situation. They encounter many students who not only frequently misbehave, but are not easily intimidated by “authority” figures. Efforts to do something about this state of affairs has escalated into an overemphasis on social control tactics. At the same time, little attention has been paid to the problem of re-engaging students who have become disengaged and often resistant to the prevailing teaching practices. This is seen in the fact that strategies for re-engaging students in learning rarely are a prominent part of pre or in-service preparation and seldom are the focus of interventions pursued by professionals whose role is to support teachers and students.

It is commonplace to find that, when students are not engaged in the lessons at hand, they tend to pursue other activity. As teachers and other staff try to cope, with those who are disruptive, the main concern usually is “classroom management.” At one time, a heavy dose of punishment was the dominant approach. Currently, the stress is on developing more positive practices designed to provide “behavior support” in and out-of-the-classroom. For the most part, however, the strategies are applied as a form of social control aimed directly at reducing disruptive behavior.

An often stated assumption is that stopping misbehavior will make the student amenable to teaching. In a few cases, this may be so. However, it has been pointed out that the assumption ignores all the work that has led to understanding psychological reactance and the need for individuals to restore their sense of self-determination. Moreover, it seems to belie two painful realities: the number of students who continue to manifest poor academic achievement and the staggering dropout rate in too many schools.
The argument sometimes is made that the reason students continue to misbehave is because the wrong socialization practices have been used or have been implemented incorrectly. In particular, schools have been criticized for overemphasizing punishment. To move schools beyond overreliance on punishment, there is ongoing advocacy for social skills training, asset development, character education, and positive behavior support initiatives. The move from punishment to positive approaches is widely praised. At the same time, it is a concern how few new initiatives adequately focus on a basic system failure that must be addressed so that improved behavior is maintained. That is, most of the approaches pay too little attention to helping teachers deal with (a) enhancing student engagement in classroom learning and (b) re-engaging students who have disengaged. As long as a student is disengaged, misbehavior is likely to occur and re-occur. Currently, the emphasis remains, first and foremost, on implementing social control techniques and focuses too little on motivation for classroom learning.

A perspective on all this comes from appreciating distinctions between helping and socialization interventions.

A concern that arises when interveners focus on deviant behavior is whether the agenda is to help or to socialize or both. The key to differentiating helping from formal socialization interventions is to determine whose interests are served (see Exhibit 14). Helping interventions are defined in terms of a primary intention to serve the client's interests; socialization interventions primarily seek to serve the interests of the society.

How does one know whose interests are served? This can be decided with reference to the nature of the consent and ongoing decision making processes. That is, by definition, the individual's interests are served when she or he consents to intervention without coercion and has control over major intervention decisions. In contrast, socialization agenda usually are implemented under a form of "social contract" that allows society's agents to decide on certain interventions for the individual without asking for consent, and in the process, society maintains control over major intervention decisions.

Situations arise when the intent is to serve the individual's interest but it is not feasible to elicit truly informed consent or ensure the individual has control. Then, one is forced to operate in a gray area. This is likely to arise with young children and those with severe and profound behavior and emotional problems. One also works in
a gray area when intervening at the request of a surrogate who sees the intervention as in a person's best interests despite an individual's protests.

Conflict in the form of socialization vs. helping can be expected whenever decisions are made about interventions to deal with behavior the majority of a social group find disruptive or view as inappropriate. Such a conflict can arise, for example, in dealing with children who misbehave at school.
One major reason for *compulsory* education is that society wants schools to act as socializing agencies. When a youngster misbehaves at school, one facet of the teacher's job is to bring the deviant and devious behavior under control. Interventions usually are designed mainly to convince the student he or she should conform to the proscribed limits of the social setting. Parents tend to value a school's socializing agenda, but also want their child to receive special help at school when there is an emotionally based problem. Students for the most part do not appreciate efforts to control their behavior, especially since many of their actions are intended to enable them to escape such control. Under the circumstances, not only is there likely to be conflict among the involved parties, it is likely that the teacher's intervention efforts actually cause students to experience negative emotional and behavior reactions.

It is commonplace for practitioners to be confronted with situations where socialization and helping agenda are in conflict. Some resolve the conflict by clearly defining themselves as socializing agents and in that role pursue socialization goals. In such a context, it is understood that helping is not the primary concern. Others resolve the conflict by viewing individuals as "clients" and pursuing interventions that can be defined as helping. In such cases, the goal is to work with the consenting individual to resolve learning and behavior problems, including efforts designed to make environments more accommodative of individual differences. Some practitioners are unclear about their agenda or are forced by circumstances to try to pursue helping and socialization simultaneously, and this adds confusion to an already difficult situation.

The problem of conflicting agenda is particularly acute for those who work in "institutional" settings such as schools and residential "treatment" centers. In such settings, the tasks confronting the practitioner often include both helping individuals overcome underlying problems and controlling misbehavior to maintain social order. At times the two are incompatible. And, although all interventions in the setting may be designated as "remediation" or "treatment," the need for social control can overshadow the concern for helping. Moreover, the need to control individuals in such settings has led to coercive and repressive actions. Ultimately, every practitioner must personally come to grips with what she or he views as morally proper in balancing the respective rights of the various parties when interests conflict.
Engaging and re-engaging students in learning is the facet of teaching that draws on what is known about human motivation (e.g., URLs at the end of this chapter). It has been pointed out that what many of us have been taught about dealing with student misbehavior and learning problems runs counter to what we intuitively understand about human motivation. Teachers and parents, in particular, often learn to over-depend on reinforcement theory, despite the appreciation they have about the importance of intrinsic motivation.

An increased understanding of motivation clarifies how essential it is to avoid processes that limit options, make students feel controlled and coerced, and focus mostly on “remedying” problems. From a motivational perspective, such processes are seen as likely to produce avoidance reactions in the classroom and to school and, thus, reduce opportunities for positive learning and for development of positive attitudes.

Eventually, the students disengage from classroom learning. Re-engagement depends on use of interventions that help minimize conditions that negatively affect motivation and maximize conditions that have a positive motivational effect.

Of course, teachers, parents, and support staff cannot control all factors affecting motivation. Indeed, when any of us address behavior and learning concerns, we have direct control over a relatively small segment of the physical and social environment. We try to maximize the likelihood that opportunities to learn are a good fit with the current capabilities of a given youngster. And, with learning engagement in mind, we try to match individual differences in motivation.

Matching individual differences in motivation means attending to such matters as:

- **Motivation as a readiness concern.** Optimal performance and learning require motivational readiness. The absence of such readiness can cause and/or maintain problems. If a learner does not have enough motivational readiness, strategies must be implemented to develop it (including ways to reduce avoidance motivation). Readiness should not be viewed in the old sense of waiting until an individual is interested. Rather, it should be understood in the contemporary sense of establishing environments that are perceived by students as caring, supportive places and as offering stimulating activities that are valued and challenging, and doable.
• **Motivation as a key ongoing process concern.** Many learners are caught up in the novelty of a new subject, but after a few lessons, interest often wanes. Some student are motivated by the idea of obtaining a given outcome but may not be motivated to pursue certain processes and thus may not pay attention or may try to avoid them. For example, some are motivated to start work on overcoming their problems but may not maintain that motivation. Strategies must be designed to elicit, enhance, and maintain motivation so that a youngster stays mobilized.

• **Minimizing negative motivation and avoidance reactions as process and outcome concerns.** Teachers and others at a school and at home not only must try to increase motivation – especially intrinsic motivation – but also take care to avoid or at least minimize conditions that decrease motivation or produce negative motivation. For example, care must be taken not to over-rely on extrinsics to entice and reward because to do so may decrease intrinsic motivation. At times, school is seen as unchallenging, uninteresting, over-demanding, overwhelming, overcontrolling, nonsupportive, or even hostile. When this happens, a student may develop negative attitudes and avoidance related to a given situation, and over time, related to school and all it represents.

• **Enhancing intrinsic motivation as a basic outcome concern.** It is essential to enhance motivation as an outcome so the desire to pursue a given area (e.g., reading, good behavior) increasingly is a positive intrinsic attitude that mobilizes learning and behaving outside the teaching situation. Achieving such an outcome involves use of strategies that do not over-rely on extrinsic rewards and that do enable youngsters to play a meaningful role in making decisions related to valued options. In effect, enhancing intrinsic motivation is a fundamental protective factor and is the key to developing resiliency.

Students who are intrinsically motivated to learn at school seek out opportunities and challenges and go beyond requirements. In doing so, they learn more and learn more deeply than do classmates who are extrinsically motivated. Facilitating the learning of such students is a fairly straightforward matter and fits well with school improvements that primarily emphasize enhancing instructional practices. The focus is on helping establish ways for students who are motivationally ready and able to achieve and, of course, to
maintain and enhance their motivation. The process involves knowing when, how, and what to teach and also knowing when and how to structure the situation so they can learn on their own.

In contrast, students who manifest behavior, learning, and emotional problems may have developed extremely negative perceptions of teachers and programs. In such cases, they are not likely to be open to people and activities that look like "the same old thing." Major changes in approach are required if the youngster is even to perceive that something has changed in the situation. Minimally, exceptional efforts must be made to have them (1) view the teacher and other interveners as supportive (rather than controlling and indifferent) and (2) perceive content, outcomes, and activity options as personally valuable and obtainable. Thus, any effort to re-engage disengaged students must begin by addressing negative perceptions. School support staff and teachers must work together to reverse conditions that led to such perceptions.

Increasing intrinsic motivation involves affecting a student's thoughts, feelings, and decisions. In general, the intent is to use procedures that can potentially reduce negative and increase positive feelings, thoughts, and coping strategies with respect to learning. For learning and behavior problems, in particular, this means identifying and minimizing experiences that maintain or may increase avoidance motivation.

Concluding Comments

Student disengagement, acting out behavior, bullying, truancy, dropouts/pushouts – no one doubts that motivation plays a key role in all this. In many cases, it is a causal factor; in all cases, it is a key facet of strategies to prevent and correct problems. While appreciation of motivational considerations is not new, we are detecting growing concern about what professional preparation and development programs teach and do not teach with respect to motivation. In particular, there is the matter of how well such programs distinguish between interventions that are oriented to intrinsic motivation vs. those that are oriented to extrinsic motivation. Generations of teachers and support staff have been trained in the use of reinforcement theory with its emphasis on extrinsic controlling strategies. This tends to be the major focus of strategies to “manage” behavior. Just emerging is growing advocacy for professional preparation and development programs to incorporate a focus on applying what has been learned over many decades of research on intrinsic motivation and psychological reactance.
A sense of all this is found in a 2006 research review by Vansteenkiste, Lens, and Deci.* In discussing autonomy-supportive versus controlling social environments, they suggest that in externally controlling contexts teachers emphasize “overtly coercive strategies, such as salient reward contingencies, deadlines, and overtly controlling language.” By way of contrast, in autonomy-supportive contexts teachers “empathize with the learner’s perspective, allow opportunities for self-initiation and choice, provide a meaningful rationale if choice is constrained, refrain from the use of pressures and contingencies to motivate, and provide timely positive feedback.”

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For more on this topic, see the Center’s Quick Find Online Clearinghouse topic: “Behavior Problems and Conduct Disorders” http://smhp.psych.ucla.edu/qf/p3022_01.htm

Also, see the Quick Find topic on “Motivation” http://smhp.psych.ucla.edu/qf/motiv.htm

The journal Educational Psychologist devoted a 2007 volume to motivational interventions, including an article on preventing student disengagement. See contents at http://www.leaonline.com/toc/ep/42/4
7. Overcoming Marginalization in School Improvement Policy and Practice

Concern:

Why Do School Improvement Plans Continue to Pay So Little Attention to Mental Health and Other Student Support Concerns?

Given growing evidence of a “plateau effect” with respect to achievement test gains, there is increasing concern about what is missing in School Improvement Planning. Stated directly: As schools develop improvement plans, the roles and functions of all staff who provide student and learning supports require major consideration. In many schools, the need to address barriers to learning and teaching is of major import, but critics suggest that this fact is not reflected in the plans that are formulated. They suggest this disconnect helps to explain the plateau effect and the continuing achievement gap. The first question then is: Why is the topic of student/learning support systems given such short shrift in most school improvement plans?

And, even when the matter is discussed in planning, the question arises: Why is the focus mainly on having such staff do what they have traditionally done? The traditional role of student support staff tends to emphasize a narrow, case-oriented approach that results in services for a relatively small number of students; this approach has been criticized as perpetuating a “waiting for failure” climate in schools. It also has been criticized as inadequate to meet the needs of schools with large numbers of students who are not doing well. Clearly, school improvement plans must clarify how a school will respond once a student’s problems are identified. At the same time, however, those concerned about new directions for student support argue that school improvement planning should rethink use of all staff who can provide necessary supports for students. They want such staff to lead the way in enhancing how classroom and school-wide programs address barriers to learning and teaching – including the development of systems for prevention and responding as early after problem onset as is feasible.
Recent policy and program analyses make it clear how few mental health and other support staff are full participants at school and district tables where major school improvement decisions are made (see http://smhp.psych.ucla.edu/whatsmissing.htm). It is not surprising, then, that mental health and other student support concerns are not appropriately accounted for in school improvement planning and implementation. This state of affairs fundamentally undermines efforts to enable all students to have an equal opportunity to succeed at school.

It is widely conceded that student supports tend to be fragmented and narrowly-focused and reach only a small proportion of those in need. Moreover, sparse budgets lead school counselors, psychologists, social workers, nurses, and other support staff into counter-productive competition with each other and with community professionals working with schools. Changes clearly are needed. The question is how best to alter this unacceptable status quo.

Given federal policies as reflected in the No Child Left Behind Act (NCLB) and the recent reauthorization of the Individuals with Disabilities Education Act (IDEA), we have suggested that ending marginalization requires bringing to the table proposals for

- a unifying umbrella concept
- a comprehensive systemic intervention framework
- an integrated infrastructure at a school and throughout the feeder pattern of schools for developing a comprehensive system of learning supports and ensuring that it is a full partner in school improvement planning and decision making

These three topics have major relevance for improving how schools address barriers to student learning and teaching. And, dealt with effectively, they can help establish that mental health and other student/learning supports are essential in enabling all students to have an equal opportunity to succeed at school.

For fragmentation and marginalization of student support to end, all staff involved must find better ways to work together. While some efforts have been made, we all can point to forces likely to perpetuate “silo” activity and counter-productive competition among personnel who represent different programs and professional affiliations.
Part of the problem is the term student support. It doesn’t seem to convey to policy makers that the total enterprise is essential and must be a primary component of school improvement. The problem is compounded because the term often is interpreted as denoting the work of “specialists” who mainly provide “services” to a few of the many students who are not doing well at school.

We suggest that major inroads would result from adoption of a unifying umbrella concept that better conveys the primary role student/learning supports can play in school improvement. Such a concept should convey a big picture understanding of the supports and why they are essential. It should provide an unambiguous answer to the question: What is the overall direct and immediate function of student supports?

Our work suggests the value of

- coalescing all student/learning supports under a rubric such as addressing barriers to student learning
- configuring the work into a primary and essential component of school improvement.

In our work, such a component is defined as a comprehensive system of learning supports designed to enable learning by addressing barriers.

Moreover, the component is framed in policy and practice as fully integrated with the instructional and management components at a school and district-wide (see Exhibit 15). The intent of all this is to move school improvement policy from its overemphasis on two components to adoption of a three component model. (For more on this, see http://smhp.psych.ucla.edu/summit2002/assuringnochild.pdf.)

To underscore the importance of a component to address barriers to learning, we call it an Enabling Component (i.e., a component to enable learning by addressing the barriers). Various states and localities moving to pursue school improvement in terms of three primary and essential components have adopted other designations for their enabling component. For example, the state education agencies in California and Iowa and various districts across the country have adopted the term Learning Supports. The Hawai`i Department of Education uses the term Comprehensive Student Support System (CSSS). Building on this, proposed legislation in California refers to a Comprehensive Pupil Learning Supports System. Whatever the component is called, the important points are that (a) it is seen as necessary, complementary, and as overlapping the instructional and management components, and (b) it is elevated to a level of importance commensurate with the other components.
Because the range of barriers to student learning is multifaceted and complex and the number of students affected is quite large, it is reasonable to stress that a comprehensive and systemic approach to intervention is necessary. The question is: *How should such an approach be depicted?*

One trend has been to formulate a continuum of interventions. For example, a graphic many folks use is a pyramid-like triangle that, starting at its peak, stresses “intensive interventions” (for a few), “supplemental interventions” (for some), and “universal interventions” (for all). Other outlines highlight prevention, early intervention, and treatment approaches. Other descriptions amount to little more than itemizations of specific interventions and listings of various disciplines providing support.

If the marginalization of student supports is to end, a framework that presents a coherent picture of a comprehensive, multifaceted, and cohesive set of interventions must be formulated and operationalized. Minimally, such a framework must delineate the essential scope and content focus of the enterprise.
Our approach conceives the *scope* of activity as a school-community continuum of interconnected intervention systems consisting of

- *systems for promotion* of healthy development and *prevention* of problems
- *systems for intervening early* to address problems as soon after onset as is feasible
- *systems for assisting those with chronic and severe problems.*

This continuum is intended to encompass efforts to enable academic, social, emotional, and physical development and address learning, behavior, and emotional problems at every school.

For any school and community, the continuum encompasses many activities, programs, and services. These are not presented as a lengthy list of specifics. Rather, they are clustered into a delimited, set of overlapping arenas, each of which reflects the intervention’s general “content” focus.

Pioneering school initiatives have operationalized six arenas of intervention *content.* In doing so, these trailblazers have moved from a “laundry-list” of interventions to a defined set of general categories that captures the multifaceted work schools need to pursue in comprehensively addressing barriers to learning. The categories are:

- **Classroom-focused enabling** – enhancing regular classroom strategies to enable learning (e.g., improving instruction for students with mild-moderate learning and behavior problems and re-engaging those who have become disengaged from learning at school)

- **Support for transitions** (e.g., assisting students and families as they negotiate school and grade changes, daily transitions)

- **Home involvement with school** – strengthening families and home and school connections

- **Crisis response and prevention** – responding to, and where feasible, preventing school and personal crises

- **Community involvement and support** (e.g., outreach to develop greater community involvement and support, including enhanced use of volunteers)
• **Student and family assistance** – facilitating student and family access to effective services and special assistance as needed.

Combining *scope* and *content* generates a matrix framework (e.g., in our work, the matrix consists of the three levels of the intervention continuum and the six content arenas). Such a framework helps convey a big picture of a comprehensive, systemic approach. It currently is being used as a unifying intervention framework and as an analytic tool for mapping and analyzing what schools are and are not doing. This, then, provides a well-founded basis for setting priorities to guide school improvement planning.

(For more on this, see Chapter 8; also see http://smhp.psych.ucla.edu/summit2002/standardsforenabling.pdf)

Support staff understand that addressing barriers to learning and teaching is essential to school improvement. But, many don’t see why they should be concerned about school infrastructure, never mind infrastructure for connecting school and community. (*What’s infrastructure got to do with helping kids?*, they ask.)

We think it is a fundamental error not to focus school improvement planning on infrastructure changes to better account for student/learning supports. And, in discussing what’s needed, it is important to advocate for much more than case-oriented multidisciplinary teams.

What happens for kids depends greatly on who makes decisions about resources and who plans the details of what will be done. The reality is that prevailing infrastructure mechanisms *marginalize* the influence of those most directly concerned about addressing learning, behavior, and emotional problems. So, it is essential to rethink school and district infrastructure to correct this deficiency. We offer a few points here to underscore the matter.

First, the term infrastructure: Our concern at this juncture is with the *organizational and operational mechanisms* that allow a system to accomplish critical functions and to do so in an effective and efficient way. Of particular concern are designated administrative leaders, resource-oriented teams, and standing and ad hoc workgroups.

Note that a fundamental principle in designing infrastructure is: *structure follows function*. This means that infrastructure design should begin with a clear understanding of roles, functions, and related tasks. Roles, for example, include governance, leadership,
administration, program design and development, capacity building, evaluation and accountability, change agent, and so forth.

In pursuing these roles as related to developing a comprehensive system of learning supports, a variety of immediate and longer-term functions and tasks must be accomplished (see Exhibit 16). Then, the focus turns to designing an integrated set of mechanisms that can accomplish the work in a cost-effective and efficient manner.

When the intent is to develop a comprehensive enabling component, the component’s mechanisms not only must be integrated with each other, they must be fully enmeshed with those designed to enhance instruction and strengthen management/governance. This all requires major changes in the organizational and operational infrastructure at a school and ultimately at district, regional, and state levels. Moreover, implied in all this are new roles and functions for administrators and student support staff.

<table>
<thead>
<tr>
<th>Exhibit 16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Examples of Functions and Tasks to Consider in Rethinking Infrastructure for a Learning Supports Component</strong></td>
</tr>
</tbody>
</table>

**Functions** – a few examples
- delineating and operationalizing the vision and defining standards
- reworking infrastructure
- needs assessment
- mapping, analyzing strengths/weaknesses/gaps
- establishing priorities and making decisions about allocating resources for learning supports activity
- integrated planning, implementation, maintenance, and evaluation
- outreach to create formal working relationships with community resources to bring some to a school and establish special linkages with others
- managing, redeploying, and braiding available resources process and outcome data gathering and analyses

**Tasks** – a few examples
- coordination and integration for cohesively sharing facilities, equipment, and other resources
- information management, analysis, and communication
- developing strategies for enhancing resources and building capacity
- social marketing
- developing pools of nonprofessional volunteers and professional pro bono assistance
17 illustrates how the infrastructure at a school might be reworked. Compare this example with what exists in most schools and districts.

Exhibit 17

Example of an Integrated Infrastructure at the School Level

<table>
<thead>
<tr>
<th>Learning Supports or Enabling Component</th>
<th>Instructional Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leadership for Learning Supports/Enabling Component*</td>
<td>Leadership for instruction</td>
</tr>
<tr>
<td>School Improvement Team</td>
<td>(Various teams and work groups focused on improving instruction)</td>
</tr>
<tr>
<td>Learning Supports Resource Team**</td>
<td>Management/Governance Component</td>
</tr>
<tr>
<td>Resource Oriented Team</td>
<td>Management/Governance Administrators</td>
</tr>
<tr>
<td>Ad hoc and standing work groups***</td>
<td>(Various teams and work groups focused on Management and governance)</td>
</tr>
</tbody>
</table>

*Learning Supports or Enabling Component Leadership consists of an administrator and other advocates/champions with responsibility and accountability for ensuring the vision for the component is not lost. The administrator meets with and provides regular input to the Learning Supports Resource Team.

**A Learning Supports Resource Team ensures component cohesion, integrated implementation, and ongoing development. It meets weekly to guide and monitor daily implementation and development of all programs, services, initiatives, and systems at a school that are concerned with providing learning supports and specialized assistance.

***Ad hoc and standing work groups – Initially, these are the various “teams” that already exist related to various initiatives and programs (e.g., a crisis team) and for processing “cases” (e.g., a student assistance team, an IEP team). Where redundancy exists, work groups can be combined. Others are formed as needed by the Learning Supports Resource Team to address specific concerns. These groups are essential for accomplishing the many tasks associated with such a team’s functions.

For more on this, see

Concluding Comments

Clearly, there is a need for those most knowledgeable about mental health in schools and other student supports to find a place at key planning and decision making tables. We realize most school staff are not looking to take on more work. But, it is a serious mistake not to be thoroughly involved at school improvement planning tables. The immediate opportunity is to fill a major void related to school improvement; in the process, the contribution and status of student support efforts will be elevated.

As key participants in planning, it will be important to avoid being seen merely as advocates for a specific program and for hiring more support staff. The emphasis must be on how schools can develop a comprehensive system of learning supports. With this in mind, those representing mental health and other student support concerns will want to be prepared to propose

- a unifying concept that makes all learning supports fit together
- an overall comprehensive framework to guide intervention planning and development
- infrastructure changes that facilitate development of a comprehensive system of learning supports and ensure full integration into school improvement decision making and planning.

And, it must be clear that the aim is not to turn schools into service agencies, but to ensure all students have an equal opportunity to succeed at school. To this end, the time to act is now.

Some Additional Center Resources on these Matters

- **Addressing What's Missing in School Improvement Planning: Expanding Standards and Accountability to Encompass an Enabling or Learning Supports Component**
  http://smhp.psych.ucla.edu/pdfdocs/enabling/standards.pdf
- **Designing Schoolwide Programs in Title I Schools: Using the Non-Regulatory Guidance in Ways that Address Barriers to Learning and Teaching**
  http://smhp.psych.ucla.edu/pdfdocs/briefs/DOEguidance.pdf
- **Another Initiative? Where Does it Fit? A Unifying Framework and an Integrated Infrastructure for Schools to Address Barriers to Learning and Promote Healthy Development**

It is only those who don’t care about where they end up who can afford not to be involved in which way they are going.
Part III. Advancing the Field: Opportunities and New Directions

The world around us is changing at an exponential rate – so must the way schools approach factors producing behavior, learning, and emotional problems. This means being proactive in taking advantage of various opportunities arising at this time when the field is going through a transformation. It means finding ways to enhance participation at decision making and planning tables. It means greater involvement in improving how problems are addressed in the classroom and school-wide. And, it means establishing more effective ways for working together in schools and with the community.

As the chapters in Part III indicate, a broadened view of mental health in schools emphasizes that the work involves much more than providing mental health services. Such a narrow service orientation contributes to the marginalization of efforts to develop a comprehensive approach. A comprehensive approach encompasses systematic and institutionalized interventions that can (1) enhance the role schools play in promoting healthy social and emotional development, (2) help schools minimize the ways they contribute and respond to mental health and psychosocial problems, and (3) provide an integrated school-community system of special assistance for mental health problems.

It is time to move forward in ensuring that all youngsters have an equal opportunity to succeed at school. To these ends, this section highlights opportunities and new directions in moving forward.

8. A Period of Transition and Possible Transformation

9. Expanding School Improvement Policy and Planning

10. Challenges and Opportunities in the Classroom

11. About Behavior Problems and Social and Emotional Learning

12. Mental Health Assistance for Students at School

13. Focusing on the Well-being of School Staff

Expanded Contents Outline

Part III. Advancing the Field: Opportunities and New Directions

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   Schools and the Transformation of the MH System in the U.S.
   An Interconnected Set of Systems and Programs
     Supportive Evidence
     Mapping and Analysis of Resources
   Concluding Comments
   Addendum:
     Guidelines for an Enabling or Learning Supports Component

9. Expanding School Improvement Policy and Planning
   Integrating a Continuum of School-community Intervention Subsystems
   A Multifaceted and Cohesive Set of Content Arenas
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   A Note About Mental Health Screening
   What Might a Fully Functioning Enabling or Learning Supports Component
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      Enhancing Motivation is a Core Concern
      Personalize First; Add Special Assistance if Necessary
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      Response to Intervention
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      Reacting to Misbehavior
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   Promoting Social and Emotional Learning
      What is Social and Emotional Learning?
      Natural Opportunities to Promote Social and Emotional Learning
      The Promise of Promoting Social and Emotional Learning
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      Open-enrollment Programs
      Direct Instruction
      Psychosocial Guidance and Support
      Psychosocial Counseling
      Highly Specialized Interventions for Severe Problems
   About Psychological First Aid: Responding to a Student in Crisis
   About Mental Health Education as a Contributor to Prevention
   Connecting a Student with the Right Mental Health Assistance
      Identifying and Clarifying Need
      Triage
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      Monitoring/Managing Care
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   Concluding Comments
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      B. Resources Containing Practical Tools & Materials of Specific Relevance to Mental Health in Schools Developed by the UCLA Center
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   An Intrinsic Motivational Perspective of Burnout
   What Needs to Change?
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   Learning to Address Barriers to Teaching and Learning
   Concluding Comments

   What is Collaboration?
   Why is a Family, Community, & School Collaboration Important?
   Defining Collaboration and its Processes
   Collaboration: A Growing Movement Across the Country
   Family-Community-School Collaboration: Emerging Promise
   Understanding Key Facets of Collaboration
   Barriers to Collaboration
   Building and Maintaining Effective Collaboratives
   Getting From Here to There
8. A Period of Transition and Possible Transformation

Prediction is a risky business. When it comes to thinking about the future of the mental health and education fields, a few matters are evident. For one, it is clear that the fields are in flux. For another, practitioners working in the schools are realizing that changes are needed and are afoot. There is widespread agreement that a great deal needs to be done to improve what is taking place (Center for Mental Health in Schools, 2007; Doll & Cummings, 2008). However, no specific perspective or agenda are dominating policy, practice, research, or training.

It is also evident that schools and communities increasingly are being called on to meet the needs of all youngsters, especially those experiencing behavior, learning, and emotional problems.

All this provides both an opportunity and challenge to rethink mental health in ways that involve schools and communities working together to develop comprehensive, multifaceted, and cohesive systems for intervention.

One perspective on the future comes from the New Freedom Initiative’s efforts to follow-up on the work of the President’s New Freedom Commission on Mental Health. The Commission’s recommendations are designed to transform the mental health system.

As the Commission’s report notes, this is a time of sparse resources for public enterprises. With this in mind, the report stresses the importance of “policy and program changes that make the most of existing resources by increasing cost effectiveness and reducing unnecessary and burdensome regulatory barriers, coupled with a strong measure of accountability.” The aim is to more wisely invest and use sparse resources. One set of relevant resources certainly are those already committed to special education and mental health in schools. However, because of the Commission’s limited focus on these matters, this venue is unlikely to play a major role in immediate efforts to transform the mental health system, never mind enhancing what schools do to address mental health and psychosocial concerns.

Approaching mental health in schools from a different perspective a variety of stakeholders are pushing to enhance policy and practice in ways that directly connect various mental health agenda with the mission of schools and with the mandates for special education.

As illustrated in Exhibit 18, this emerging view calls for developing, over time, a full continuum of systemically interconnected school and
Interconnected Systems for Meeting the Needs of All Children

» Providing a *Continuum of School-community Programs & Services*
» Ensuring use of the *Least Intervention Needed*

**School Resources**
(facilities, stakeholders, programs, services)

- General health education
- Drug and alcohol education
- Enrichment programs
- Support for transitions
- Conflict resolution
- Home involvement

- Drug counseling
- Pregnancy prevention
- Violence prevention
- Dropout prevention
- Suicide prevention
- Learning/behavior accommodations and response to intervention
- Work programs

- Special education for learning disabilities, emotional disturbance, and other health impairments

**Community Resources**
(facilities, stakeholders, programs, services)

- Public health & safety programs
- Prenatal care
- Immunizations
- Pre-school programs
- Recreation & enrichment
- Child abuse education

- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization
- Drug treatment

Systemic collaboration* is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among systems of *prevention*, *systems of early intervention*, and *systems of care*.

*Such collaboration involves horizontal and vertical restructuring of programs and services
(a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)
(b) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies
community interventions that encompasses a

> *system* for promoting healthy development and preventing problems
> *system* for responding to problems as soon after onset as is feasible
> *system* for providing intensive care

In most discussions, the continuum is conceived as encompassing a holistic and developmental emphasis. The focus is on individuals, families, and the contexts in which they live, learn, work, and play. And, a basic assumption underlying intervention application is that the least restrictive and nonintrusive forms of intervention required to address problems and accommodate diversity would be used initially. Another assumption is that problems are not discrete, and therefore, interventions that address root causes whenever feasible.

For further emphasis, we have transcribed the interconnected systems in Exhibit 18 into an array of programmatic examples (see Exhibit 19). Moving through the continuum, the emphasis is on (1) public health protection, promotion, and maintenance that foster positive development and wellness, (2) preschool-age support and assistance to enhance health and psychosocial development, (3) early-schooling targeted interventions, (4) improvement and augmentation of ongoing regular support, (5) other interventions prior to referral for intensive and ongoing targeted treatments, and (6) intensive treatments.

In support of specific programs, a little bit of data can be gleaned from various facets of the research literature, often project evaluations and dissertations. This literature reports positive outcomes (for school and society) associated with a wide range of practices. Because of the fragmented nature of available research, the findings are best appreciated in terms of the whole being greater than the sum of the parts, and implications are best derived from a broad conceptual framework. When such a broad perspective is adopted, schools have a large research-base to draw upon in addressing barriers to learning and enhancing healthy development. Examples of how to organize and use this research-base have been developed by our Center (Adelman & Taylor, 2006; Center for Mental Health in Schools, 2004). Additional data will be forthcoming from efforts to implement and validate the effectiveness of prototypes (Adelman & Taylor, 2003; Elias, Zins, Graczyk, & Weissberg, 2003).

Research on comprehensive approaches is still in its infancy. For obvious reasons, no study has ever looked at the impact of implementing the full continuum in any one geographic catchment area. However, inferences can be made from the daily evidence of what takes place in every wealthy and most upper middle income
Exhibit 19  From Primary Prevention to Treatment of Serious Problems: a Continuum of Community-School Programs to Address Barriers to Learning and Enhance Healthy Development

**Examples of Focus and Types of Intervention**
(Programes and services aimed at system changes and individual needs)

1. **Public health protection, promotion, and maintenance to foster opportunities, positive development, and wellness**
   - economic enhancement of those living in poverty (e.g., work/welfare programs)
   - safety (e.g., instruction, regulations, lead abatement programs)
   - physical and mental health (incl. healthy start initiatives, immunizations, dental care, substance abuse prevention, violence prevention, health/mental health education, sex education and family planning, recreation, social services to access basic living resources, and so forth)

2. **Preschool-age support and assistance to enhance health and psychosocial development**
   - systems’ enhancement through multidisciplinary team work, consultation, and staff development
   - education and social support for parents of preschoolers
   - quality day care
   - quality early education
   - appropriate screening and amelioration of physical and mental health and psychosocial problems

3. **Early-schooling targeted interventions**
   - orientations, welcoming and transition support into school and community life for students and their families (especially immigrants)
   - support and guidance to ameliorate school adjustment problems
   - personalized instruction in the primary grades
   - additional support to address specific learning problems
   - parent involvement in problem solving
   - comprehensive and accessible psychosocial and physical and mental health programs (incl. a focus on community and home violence and other problems identified through community needs assessment)

4. **Improvement and augmentation of ongoing regular support**
   - enhance systems through multidisciplinary team work, consultation, and staff development
   - preparation and support for school and life transitions
   - teaching "basics" of support and remediation to regular teachers (incl. use of available resource personnel, peer and volunteer support)
   - parent involvement in problem solving
   - resource support for parents-in-need (incl. assistance in finding work, legal aid, ESL and citizenship classes, and so forth)
   - comprehensive and accessible psychosocial and physical and mental health interventions (incl. health and physical education, recreation, violence reduction programs, and so forth)
   - Academic guidance and assistance
   - Emergency and crisis prevention and response mechanisms

5. **Other interventions prior to referral for intensive, ongoing targeted treatments**
   - enhance systems through multidisciplinary team work, consultation, and staff development
   - short-term specialized interventions (including resource teacher instruction and family mobilization; programs for suicide prevention, pregnant minors, substance abusers, gang members, and other potential dropouts)

6. **Intensive treatments**
   - referral, triage, placement guidance and assistance, case management, and resource coordination
   - family preservation programs and services
   - special education and rehabilitation
   - dropout recovery and follow-up support
   - services for severe-chronic psychosocial/mental/physical health problems
Mapping and Analysis of Resources

communities. These natural “experiments” clearly show that families who have financial resources, or who can avail themselves of such resources when necessary, will purchase any of the interventions listed in Exhibits 18 and 19 to ensure their children’s well-being. In a real sense, this represents empirical support for the value of such interventions that cannot be ignored. (As one wag put it: The range of interventions is supported by a new form of validation – market validity!) Moreover, this body of evidence dramatically underscores the promise of ensuring all youngsters have access to a comprehensive, multifaceted continuum of interventions.

Although schools cannot do everything, the frameworks outlined in Exhibits 18 and 19 provide a reasonable basis for beginning to map and conduct a variety of analyses of what is currently being done by and with schools. The focus of such mapping is on how well the current state of the art approximates the ideal of having a comprehensive, multifaceted, and cohesive approach for addressing barriers to learning. Chapter 9 provides a more extensive framework for such mapping and analyses.

To date, society’s policy makers have not committed to establishing the interconnected set of systems outlined in Exhibits 18 and 19. However, as discussed in the preceding section, work is underway to establish the type of policy and practice shift that can institutionalize such a comprehensive, multifaceted, and integrated approach in schools.

Two parables help differentiate the old and emerging views. The old view fits the starfish metaphor.

The day after a great storm had washed up all sorts of sea life far up onto the beach, a youngsters set out to throw back as many of the still-living starfish as he could. After watching him toss one after the other into the ocean, an old man approached him and said: It’s no use your doing that, there are too many. You’re not going to make any difference.

The boy looked at him in surprise, then bent over, picked up another starfish, threw it in, and then replied: It made a difference to that one!

This parable, of course, reflects all the important clinical efforts undertaken by staff alone and when they meet together to work on specific cases.

The emerging view is captured by what can be called the bridge parable.

In a small town, one weekend a group of school staff went fishing together down at the river. Not long after they got there, a child came floating down the rapids calling for help. One of the group on the shore quickly dived in and pulled the child out. Minutes later another, then another, and then many more children were coming down the river. Soon every one was diving in and dragging children to the shore and then jumping back in to save as many as they could. In the midst of all this frenzy,
one of the group was seen walking away. Her colleagues were irate. How could she leave when there were so many children to save? After long hours, to everyone’s relief, the flow of children stopped, and the group could finally catch their breath. At that moment, their colleague came back. They turned on her and angrily shouted: *How could you walk off when we needed everyone here to save the children?*

She replied: *It occurred to me that someone ought to go upstream and find out why so many kids were falling into the river. What I found is that the old wooden bridge had several planks missing, and when some children tried to jump over the gap, they couldn’t make it and fell through into the river. So I got someone to fix the bridge.*

Fixing and building better bridges is a good way to think about what the emerging view adds to previous thinking about mental health in schools. It underscores the importance of taking time to improve and enhance resources, programs, and systems in schools.

Both metaphors are embedded in the emerging view. A transformed system is build on the recognition that schools must be concerned with all, not just some students and with preventing problems and promoting development.

In keeping with a commitment to all students, emerging trends are to

- **define mental health broadly** – i.e., encompass the agenda for mental health in schools within the broad context of the psychosocial and mental health concerns encountered each day at schools – including an emphasis on strengths as well as deficits and on the MH of students’ families and school staff

- **enhance collaboration among schools, communities, and the home** – e.g., coalesce and enhance the roles of schools/communities/homes in addressing emotional, behavioral, and learning problems

- **confront equity considerations** – e.g., stress the role mental health in schools can play in ensuring all students have an equal opportunity to succeed at school; equity of access and availability

- **address the related problems of marginalization, fragmentation, and counterproductive competition for sparse resources** – i.e., work to coalesce policy, agencies, organizations, and daily practice

- **designing and implementing appropriate interventions** (e.g., accommodating diversity, using science-based theory and evidence to enhance results, applying high standards to improve quality and guide evaluation and accountability)

Relatedly, there is growing recognition of the drawbacks to framing MH in schools and special education in terms of (a) screening and diagnosing problems, (b) providing clinical and other specialized
services, and (c) connecting community providers to schools to expand and integrate, school-linked services. These, indeed, are all fundamental to improving the fields, but they don’t connect well enough to a school’s mission to make the case that the work is an imperative (and not just a mandate or a good thing to do).

The emerging view emphasizes connecting in major ways with the mission of schools and integrating with the full range of student learning supports designed to address barriers to learning. It also emphasizes the importance of taking advantage of the natural opportunities at schools for countering behavior, learning, and emotional problems and promoting personal and social growth that arise each day, over the school year, during every transition, and as soon as a student is identified as having problems.

The emerging view has been translated into a set of guidelines for student support (see the Addendum to this chapter). The type of comprehensive approach reflected in the guidelines, of course, requires unifying frameworks and major systemic changes. Such changes involve strategic collaborations focused on weaving school owned and community owned resources together to develop comprehensive, multifaceted, and integrated systems for addressing barriers to learning and enhancing healthy development.

In sum, the emerging view takes the position that school improvement planning must encompass a comprehensive system of interventions that includes a focus on MH and psychosocial concerns (Center for Mental Health in Schools, 2005a and b). In that context, mental health in schools can be conceived both as (a) part of essential learning supports systems that enable students to learn so that schools can achieve their mission and (b) a fundamental facet of the initiative to transform special education and the mental health system. Moreover, existing resources can be deployed and redeployed in ways that enhance equity with respect to availability, access, and effectiveness.

Concluding Comments

Before leaving discussion of where the field is going, we want to highlight the following as some of the basic considerations that will arise if the field moves toward connecting with school improvement planning.

The field must be ready to propose how schools should

- promote social-emotional development, preventing mental health and psychosocial problems, and enhancing resiliency and protective buffers
- intervene as early after the onset of emotional, behavior, and learning problems as is feasible and to address severe and chronic problems

8-7
• address systemic matters at schools that affect student and staff well-being, such as practices that engender bullying, alienation, and student disengagement from classroom learning

• establish guidelines, standards, and accountability for mental health in schools in ways that confront equity considerations

• build the infrastructure for and the capacity of all school staff to address emotional, behavioral, and learning problems and promote healthy social-emotional development

• draw on all empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive continuum of school-community interventions to address emotional, behavioral, and learning problems

• implement and validate prototypes of systems for addressing barriers to learning and teaching.

Finally, as suggested above, efforts to enhance mental health in schools should encompass a focus on promoting the well-being of teachers and other school staff so that they can do more to promote the well-being of students. Teachers, principals, student support personnel, office staff, bus drivers all impact learning outcomes at a school. How staff work together and support each other makes a crucial difference. As is the case for students, staff need supports that enhance protective buffers, reduce risks, and promote well-being. From this perspective, the field needs to be ready to specify how every school can foster staff and student resilience and create a school climate that encourages mutual support, caring, and sense of community (see Exhibit 20). In a real sense, concerns about school climate focus us not just on mental health in schools, but on the mental health of schools.

Any effort to enhance interventions for children's mental health must involve schools. Schools already provide a wide range of programs and services relevant to MH and psychosocial concerns. And, schools can and need to do much more if the mandates of the No Child Left Behind Act and the Individuals with Disabilities Education Act and the recommendations of the President’s New Freedom Commission on Mental Health are to be achieved.

The emerging view seems to be that MH in schools must be embedded into the basic mission of schools. To this end, all of us must help develop well-integrated, comprehensive, multifaceted support systems that enable students to learn in ways that assure schools achieve their mandates. By doing so, we will ensure that MH in schools is understood as essential to the aim of leaving no child behind.

There are many policy implications related to all this. At the core is the need to ensure that policy proceeds within the context of a full continuum of intervention – ranging from the Public Health agenda for developing systems to promote healthy development and prevent problems to the treatment agenda focusing on systems of care for treating individuals with severe and chronic problems.
Exhibit 20

About Enhancing a Positive School Climate

The concept of *climate* plays a major role in shaping the quality of school life, learning, and the mental health of all who are involved. (School/classroom climate sometimes is referred to as the learning environment, as well as by terms such as atmosphere, ambience, ecology, and milieu.) The advocated ideal is to create an atmosphere that fosters smooth transitions, positive informal encounters, and social interactions; facilitates social support; provides opportunities for ready access to information and for learning how to function effectively in the school culture; and encourages involvement in decision making.

Research indicates a range of strategies for enhancing a positive climate (Adelman & Taylor, 2006; Fraser, 1998; Freiberg, 1999; Moos, 1979). School climate is not created through a few direct strategies (e.g., through morale building activities); rather, it is a quality that emerges from the general psychological reactions stakeholders have to classroom and school-wide interventions, including those designed to enhance a positive work culture. All who work in schools have a role to play in ensuring that such strategies are in place. Proactive efforts to develop a positive school climate require careful attention to (1) enhancing the quality of life at school and especially in the classroom for students and staff, (2) pursuing a curriculum that promotes not only academic, but also social, and emotional learning, (3) enabling teachers and other staff to be effective with a wide range of students, and (4) fostering intrinsic motivation for learning and teaching. With respect to all this, the literature advocates

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

For any school, a welcoming induction and ongoing support are critical elements both in creating a positive sense of community and in facilitating staff and student school adjustment and performance. School-wide strategies for welcoming and supporting staff, students, and families at school *every day* are part of creating a mentally healthy school – one where staff, students, and families interact positively with each other and identify with the school and its goals.
References


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*I find the great thing in this world is not so much where we stand,
as in which direction we are moving.*
Oliver W. Holmes

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*Can you tell me what “status quo” means?*
*Sure. It’s a fancy name for the mess were in.*
Addendum

Guidelines for an Enabling or Learning Supports Component*

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

1.1 Addressing common educational and psychosocial problems (e.g., learning problems; language difficulties; attention problems; school adjustment and other life transition problems; attendance problems and dropouts; social, interpersonal, and familial problems; conduct and behavior problems; delinquency and gang-related problems; anxiety problems; affect and mood problems; sexual and/or physical abuse; neglect; substance abuse; psychological reactions to physical status and sexual activity; physical health problems)

1.2 Countering external stressors (e.g., reactions to objective or perceived stress/demands/crises/deficits at home, school, and in the neighborhood; inadequate basic resources such as food, clothing, and a sense of security; inadequate support systems; hostile and violent conditions)

1.3 Teaching, serving, and accommodating disorders/disabilities (e.g., Learning Disabilities; Attention Deficit Hyperactivity Disorder; School Phobia; Conduct Disorder; Depression; Suicidal or Homicidal Ideation and Behavior; Post Traumatic Stress Disorder; Anorexia and Bulimia; special education designated disorders such as Emotional Disturbance and Developmental Disabilities)

2. Timing and Nature of Problem-Oriented Interventions

2.1 Primary prevention

2.2 Intervening early after the onset of problems

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

3. General Domains for Intervention in Addressing Students’ Needs and Problems

3.1 Ensuring academic success and also promoting healthy cognitive, social, emotional, and physical development and resilience (including promoting opportunities to enhance school performance and protective factors; fostering development of assets and general wellness; enhancing responsibility and integrity, self-efficacy, social and working relationships, self-evaluation and self-direction, personal safety and safe behavior, health maintenance, effective physical functioning, careers and life roles, creativity)

3.2 Addressing external and internal barriers to student learning and performance

3.3 Providing social/emotional support for students, families, and staff

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

4.1 Assessment for initial (first level) screening of problems, as well as for diagnosis and intervention planning (including a focus on needs and assets)

4.2 Referral, triage, and monitoring/management of care

4.3 Direct services and instruction (e.g., primary prevention programs, including enhancement of wellness through instruction, skills development, guidance counseling, advocacy, school-wide programs to foster safe and caring climates, and liaison connections between school and home; crisis intervention and assistance, including psychological and physical first-aid; prereferral interventions; accommodations to allow for differences and disabilities; transition and follow-up programs; short- and longer-term treatment, remediation, and rehabilitation)

(cont.)
4.4 Coordination, development, and leadership related to school-owned programs, services, resources, and systems – toward evolving a comprehensive, multifaceted, and integrated continuum of programs and services

4.5 Consultation, supervision, and inservice instruction with a transdisciplinary focus

4.6 Enhancing connections with and involvement of home and community resources (including but not limited to community agencies)

5. **Assuring Quality of Intervention**

5.1 Systems and interventions are monitored and improved as necessary

5.2 Programs and services constitute a comprehensive, multifaceted continuum

5.3 Interveners have appropriate knowledge and skills for their roles and functions and provide guidance for continuing professional development

5.4 School-owned programs and services are coordinated and integrated

5.5 School-owned programs and services are connected to home & community resources

5.6 Programs and services are integrated with instructional and governance/management components at schools

5.7 Program/services are available, accessible, and attractive

5.8 Empirically-supported interventions are used when applicable

5.9 Differences among students/families are appropriately accounted for (e.g., diversity, disability, developmental levels, motivational levels, strengths, weaknesses)

5.10 Legal considerations are appropriately accounted for (e.g., mandated services; mandated reporting and its consequences)

5.11 Ethical issues are appropriately accounted for (e.g., privacy & confidentiality; coercion)

5.12 Contexts for intervention are appropriate (e.g., office; clinic; classroom; home)

6. **Outcome Evaluation and Accountability**

6.1 Short-term outcome data

6.2 Long-term outcome data

6.3 Reporting to key stakeholders and using outcome data to enhance intervention quality

* Adapted from: *Mental Health in Schools: Guidelines, Models, Resources, and Policy Considerations* a document developed by the Policy Leadership Cadre for Mental in Schools. This document is available from the Center for Mental Health in Schools at UCLA; downloadable from the Center’s website at: http://smhp.psych.ucla.edu/pdfdocs/policymakers/guidelinesexecsumm.pdf A separate document providing the rationale and science-base for the version of the guidelines adapted for learning supports is available at http://smhp.psych.ucla.edu/summit2002/guidelinesupportdoc.pdf*
9. Expanding School Improvement Policy and Planning

The complexity of factors interfering with learning and teaching underscore the need for a comprehensive, multifaceted, and cohesive system to address behavior, learning, and emotional problems. School improvement efforts require a comprehensive and unifying intervention framework to guide development of such a comprehensive system. To this end, we offer a framework that encompasses (1) an integrated and systemic continuum of interventions and (2) a multifaceted and cohesive set of intervention content arenas. Then, we meld the two together in (3) a comprehensive Enabling or Learning Supports Component.

Integrating a Continuum of School-community Intervention Subsystems

Over time, schools can develop their fragmented and marginalized student and learning support activities into fully integrated continuum of

- systems for promoting healthy development and preventing problems
- systems for intervening early to address problems as soon after onset as is feasible
- systems for assisting with chronic and severe problems.

As illustrated in Exhibit 18 in Chapter 8, the desired intervention systems can be conceived along a continuum. In keeping with public education and public health perspectives, such a continuum encompasses one aspect of efforts to enable academic, social, emotional, and physical development and address behavior, learning, and emotional problems at every school.

Most schools have some programs and services that fit along the entire continuum. However, as stressed, the interventions are not coalesced into integrated systems. Moreover, the tendency to focus mostly on the most severe problems has skewed the process so that too little is done to prevent and intervene early after the onset of a problem. As a result, public education has been characterized as a system that “waits for failure.”

The continuum spans the full spectrum of prevention efforts and incorporates a holistic and developmental emphasis that envelops individuals, families, and the contexts in which they live, work, and play. The continuum also provides a framework for adhering to the principle of using the least restrictive and nonintrusive forms of intervention needed to appropriately respond to problems and accommodate diversity.
Moreover, given the likelihood that many problems are not discrete, the continuum can be designed to address root causes, thereby minimizing tendencies to develop separate programs for each observed problem. In turn, this enables increased coordination and integration of resources which can increase impact and cost-effectiveness.

As graphically illustrated by the tapering of the three levels of intervention in the Exhibit 18 (in Chapter 8), development of a fully integrated set of systems is meant to reduce the number of individuals who require specialized supports. That is, the aim in developing such a comprehensive approach is to prevent the majority of problems, deal with another significant segment as soon after problem onset as is feasible, and end up with relatively few needing specialized assistance and other intensive and costly interventions. For individual youngsters, this means preventing and minimizing as many problems as feasible and doing so in ways that maximize engagement in productive learning. For the school and community as a whole, the intent is to produce a safe, healthy, nurturing environment/culture characterized by respect for differences, trust, caring, support, and high expectations.

In our work, we operationalize the continuum as part of the concept of an enabling or learning supports component. This helps to coalesce and enhance programs to ensure all students have an equal opportunity to succeed at school. A critical matter is defining what the entire school must do to enable all students to learn and all teachers to teach effectively. School-wide approaches are especially important where large numbers of students are affected and at any school that is not yet paying adequate attention to equity and diversity concerns.

To capture a second facet of a comprehensive Enabling or Learning Supports Component, pioneering efforts have grouped their various interventions at each level of the continuum into six programmatic arenas that serve as a defined content or "curriculum" blueprint. The six arenas capture the essence of the multifaceted ways schools must address barriers to learning.

As illustrated in Exhibit 21 and highlighted in Exhibit 22, the six arenas encompass interventions for

- **enhancing regular classroom strategies to enable learning**
  (e.g., improving instruction for students with mild to moderate leaning and behavior problems and for those who have become disengaged from learning at school)

- **responding to, and where feasible, preventing crises**
• supporting transitions (e.g., assisting students and families as they negotiate school and grade changes and many other transitions)

• increasing home and school connections

• increasing community involvement and support (e.g., outreach to develop greater community involvement and support, including enhanced use of volunteers)

• facilitating student and family access to effective services and special assistance as needed.

Exhibit 21
Categories of Basic Content Arenas for Learning Supports Intervention

Note: All categorical programs can be integrated into these six content arenas. Examples of initiatives, programs, and services that can be unified into a system of learning supports include positive behavioral supports, programs for safe and drug free schools, programs for social and emotional development and learning, full service community schools and family resource and school based health centers, Safe Schools/Healthy Students projects, CDC’s Coordinated School Health Program, bi-lingual, cultural, and other diversity programs, compensatory education programs, special education programs, mandates stemming from the No Child Left Behind Act, and many more.

Exhibit 22

Major examples of Activity in Each Content Arena

(1) Classroom-Based Approaches encompass
- Opening the classroom door to bring available supports in (e.g., peer tutors, volunteers, aids trained to work with students-in-need; resource teachers and student support staff work in the classroom as part of the teaching team)
- Redesigning classroom approaches to enhance teacher capability to prevent and handle problems and reduce need for out of class referrals (e.g. personalized instruction; special assistance as necessary; developing small group and independent learning options; reducing negative interactions and over-reliance on social control; expanding the range of curricular and instructional options and choices; systematic use of prereferral interventions)
- Enhancing and personalizing professional development (e.g., creating a Learning Community for teachers; ensuring opportunities to learn through co-teaching, team teaching, and mentoring; teaching intrinsic motivation concepts and their application to schooling)
- Curricular enrichment and adjunct programs (e.g., varied enrichment activities that are not tied to reinforcement schedules; visiting scholars from the community)
- Classroom and school-wide approaches used to create and maintain a caring and supportive climate

Emphasis at all times is on enhancing feelings of competence, self-determination, and relatedness to others at school and reducing threats to such feelings.

(2) Crisis Assistance and Prevention encompasses
- Ensuring immediate assistance in emergencies so students can resume learning
- Providing Follow up care as necessary (e.g., brief and longer-term monitoring)
- Forming a school-focused Crisis Team to formulate a response plan and take leadership for developing prevention programs
- Mobilizing staff, students, and families to anticipate response plans and recovery efforts
- Creating a caring and safe learning environment (e.g., developing systems to promote healthy development and prevent problems; bullying and harassment abatement programs)
- Working with neighborhood schools and community to integrate planning for response and prevention
- Capacity building to enhance crisis response and prevention (e.g., staff and stakeholder development, enhancing a caring and safe learning environment)

(3) Support for Transitions encompasses
- Welcoming & social support programs for newcomers (e.g., welcoming signs, materials, and initial receptions; peer buddy programs for students, families, staff, volunteers)
- Daily transition programs for (e.g., before school, breaks, lunch, afterschool)
- Articulation programs (e.g., grade to grade – new classrooms, new teachers; elementary to middle school; middle to high school; in and out of special education programs)
- Summer or intersession programs (e.g., catch-up, recreation, and enrichment programs)
- School-to-career/higher education (e.g., counseling, pathway, and mentor programs; Broad involvement of stakeholders in planning for transitions; students, staff, home, police, faith groups, recreation, business, higher education)
- Broad involvement of stakeholders in planning for transitions (e.g., students, staff, home, police, faith groups, recreation, business, higher education)
- Capacity building to enhance transition programs and activities

(cont.)
(4) Home Involvement in Schooling encompasses

- Addressing specific support and learning needs of family (e.g., support services for those in the home to assist in addressing basic survival needs and obligations to the children; adult education classes to enhance literacy, job skills, English-as-a-second language, citizenship preparation)
- Improving mechanisms for communication and connecting school and home (e.g., opportunities at school for family networking and mutual support, learning, recreation, enrichment, and for family members to receive special assistance and to volunteer to help; phone calls and/or e-mail from teacher and other staff with good news; frequent and balanced conferences – student-led when feasible; outreach to attract hard-to-reach families – including student dropouts)
- Involving homes in student decision making (e.g., families prepared for involvement in program planning and problem-solving)
- Enhancing home support for learning and development (e.g., family literacy; family homework projects; family field trips)
- Recruiting families to strengthen school and community (e.g., volunteers to welcome and support new families and help in various capacities; families prepared for involvement in school governance)
- Capacity building to enhance home involvement

(5) Community Outreach for Involvement and Support encompasses

- Planning and implementing outreach to recruit a wide range of community resources (e.g., public and private agencies; colleges and universities; local residents; artists and cultural institutions, businesses and professional organizations; service, volunteer, and faith-based organizations; community policy and decision makers)
- Systems to recruit, screen, prepare, and maintain community resource involvement (e.g., mechanisms to orient and welcome, enhance the volunteer pool, maintain current involvements, enhance a sense of community)
- Reaching out to students and families who don't come to school regularly – including truants and dropouts
- Connecting school and community efforts to promote child and youth development and a sense of community
- Capacity building to enhance community involvement and support (e.g., policies and mechanisms to enhance and sustain school-community involvement, staff/stakeholder development on the value of community involvement, “social marketing”)

(6) Student and Family Assistance encompasses

- Providing extra support as soon as a need is recognized and doing so in the least disruptive ways (e.g., prereferral interventions in classrooms; problem solving conferences with parents; open access to school, district, and community support programs)
- Timely referral interventions for students & families with problems based on response to extra support (e.g., identification/screening processes, assessment, referrals, and follow-up – school-based, school-linked)
- Enhancing access to direct interventions for health, mental health, and economic assistance (e.g., school-based, school-linked, and community-based programs and services)
- Care monitoring, management, information sharing, and follow-up assessment to coordinate individual interventions and check whether referrals and services are adequate and effective
- Mechanisms for resource coordination and integration to avoid duplication, fill gaps, garner economies of scale, and enhance effectiveness (e.g., braiding resources from school-based and linked interveners, feeder pattern/family of schools, community-based programs; linking with community providers to fill gaps)
- Enhancing stakeholder awareness of programs and services
- Capacity building to enhance student and family assistance systems, programs, and services
Combining the six content arenas with the continuum of interventions provides a unifying intervention framework for a comprehensive component to enable learning by addressing barriers and re-engaging students in classroom instruction. This component is referred to as an Enabling or a Learning Supports Component. The resultant matrix is shown in Exhibit 23.

This unifying framework facilitates mapping and analyzing the current scope and content of how a school, a family of schools (e.g., a feeder pattern of schools) a district, and the community at each level addresses barriers to learning and teaching.

The framework is designed to guide and unify school improvement planning for developing a comprehensive system of learning supports. To accomplish this, existing support programs must be reframed and efforts must be made over time to braid school, community, and home resources. Toward these ends, the framework facilitates mapping and analyzing the current scope and content of how a school, a family of schools (e.g., a feeder pattern of schools) a district, and the community at each level addresses barriers to learning and teaching and how it intervenes to re-engage students in classroom instruction.

In applying the framework, planners need to focus on classroom-based and school-wide approaches. This requires

- addressing barriers and re-engagement through a broader view of "basics" and through effective accommodation of individual differences and disabilities
- enhancing the focus on motivational considerations with a special emphasis on intrinsic motivation as it relates to individual readiness and ongoing involvement with the intent of fostering intrinsic motivation as a basic outcome
- adding remediation, treatment, and rehabilitation as necessary, but only as necessary.

For individual youngsters, the intent is to prevent and minimize as many problems as feasible and to do so in ways that maximize engagement in productive learning. For the school and community as a whole, the intent is to produce a safe, healthy, nurturing environment/culture characterized by respect for differences, trust, caring, support, and high expectations. In accomplishing all this, the focus is on reframing support programs and melding school, community, and home resources.

Finally, note in Exhibit 24 that addressing barriers to learning involves two major processes: (1) helping students around barriers and (2) engaging/re-engaging them in classroom instruction. It should be evident that interventions that do not accomplish the second consideration generally are insufficient in sustaining, over time, student involvement, good behavior, and effective learning at school.
Exhibit 23

Combined Continuum and Content Arenas
Provides the Framework for a Comprehensive System of Learning Supports
(an Enabling Component)*

<table>
<thead>
<tr>
<th>Intervention Content Arenas</th>
<th>Levels of Intervention</th>
<th>Systems of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Systems for Promoting Healthy Development &amp; Preventing Problems</td>
<td>Systems for Early Intervention (Early after problem onset)</td>
</tr>
<tr>
<td>Classroom-Focused Enabling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis/Emergency Assistance &amp; Prevention</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support for transitions</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Home Involvement in Schooling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Outreach/ Volunteers</td>
<td></td>
<td></td>
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<tr>
<td>Student and Family Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Accommodations for differences &amp; disabilities</td>
<td>Specialized assistance &amp; other intensified interventions (e.g., Special Education &amp; School-Based Behavioral Health)</td>
</tr>
</tbody>
</table>

*The matrix creates a unifying guide for rethinking and restructuring the daily work of all staff at a school who focus on providing student/learning supports. It can be used to map the current scope and content of how a school, a family of schools, and a school district address behavior, learning, and behavior problems. This information then can be used to generate a gap analysis as a basis for school improvement planning and evaluation. A range of tools for mapping and analyzing the scope and content of efforts to address barriers is available online in a Rebuilding Kit – http://smhp.psych.ucla.edu/summit2002/resourceaids.htm

Note also that various venues, concepts, and initiatives will fit into several cells of the matrix. Examples include venues such as day care centers, preschools, family centers, and school-based health centers, concepts such as social and emotional learning and development, and initiatives such as positive behavior support, response to interventions, and the coordinated school health program. Most of the work of the considerable variety of personnel who provide student supports also fits into one or more cells.
Exhibit 24

An Enabling Component to Address Barriers and Re-engage Students in Classroom Instruction*

*In some places, an Enabling Component is called a Learning Supports Component. Whatever it is called, the component is to be developed as a comprehensive system of learning supports at the school site.
While screening and diagnosing problems and providing clinical services are fundamental to any mental health system, a public health approach requires more. Building on the broadest definitions discussed in Chapter 2, a comprehensive approach calls for interventions that assist youngsters and their support systems in preventing problems and dealing with those that can’t be avoided. And, of course, this includes assuring there are interventions designed for universal application, with access to anyone interested.

In general, from the perspective of health promotion and problem prevention, a comprehensive framework for mental health in schools must address risk factors, protective buffers, and promotion of full development related to youngsters, families, schools, and communities. Promotion interventions encompass efforts to enhance knowledge, skills, and attitudes to foster social and emotional development, a healthy life-style, and personal well-being. Promoting healthy development, well-being, and a value-based life are important ends unto themselves and are keys to preventing mental health and psychosocial problems. Such interventions focus not only on strengthening individuals, but also on enhancing nurturing and supportive conditions at school, at home, and in the neighborhood. All this includes a particular emphasis on increasing opportunities for personal development and empowerment by promoting conditions that foster and strengthen positive attitudes and behaviors (e.g., enhancing motivation and capability to pursue positive goals, resist negative influences, and overcome barriers). For more on this, see Chapter 11.

While prevention encompasses efforts to promote well-being, the primary focus is on interventions to reduce risks and enhance buffers through programs designed for the general population (often referred to as universal interventions) or for selected groups designated as at risk. With respect to risk factors, again the intervention focus not only is on individuals, but on conditions at home, in the neighborhood, and at school. This recognizes that the primary causes for most youngsters’ emotional, behavior, and learning problems are external factors (e.g., related to neighborhood, family, school, and/or peer factors such as extreme economic deprivation, community disorganization, high levels of mobility, violence, drugs, poor quality or abusive caretaking, poor quality schools, negative encounters with peers, inappropriate peer models, immigrant status). At the same time, there is continuing concern for problems stemming from individual disorders and differences (e.g., medical problems, low birth weight/neurodevelopmental delay, psychophysiological problems, difficult temperament and adjustment problems). For more on this see *A Good Beginning: Sending America’s Children to School with the*
Social and Emotional Competence They Need to Succeed – (Peth-Pierce, 2000.)

Protective factors are conditions that buffer against risk factors. Such conditions may prevent or counter risk producing conditions by fostering individual, neighborhood, family, school, and/or peer strengths, assets, and coping mechanisms. The intervention focus is on developing special relationships and providing special assistance and accommodations. The term resilience usually refers to an individual’s ability to cope in ways that buffer.

Public health professionals can encourage youngsters and their families to take advantage of opportunities in the schools and community to prevent problems and enhance protective buffers (e.g., resilience). Examples include enrollment in

- direct instruction designed to enhance specific areas of knowledge, skills, and attitudes on mental health matters
- enrichment programs and service learning opportunities at school and/or in the community
- after school youth development programs

In addition, public health professionals have a role to play in public health initiatives designed to strengthen families and communities. For example, the National Strategy for Suicide Prevention (http://mentalhealth.samhsa.gov/suicideprevention/) has as its first goal promoting awareness that suicide is a public health problem that is preventable. The emphasis is on developing public education campaigns, sponsoring national conferences on suicide prevention, organizing special-issue forums, and disseminating information. (Also see Mazza & Reynolds, 2008.)

Each year a great many parents and teachers identify large numbers of children soon after the onset of a problem. This natural screening can be helpful in initiating supportive accommodations that can be incorporated into regular school and home practice. Then, by assessing the response of these children to such interventions (e.g., “response to intervention”), it can be determined whether more specialized intervention is needed to overcome a problem. (More on this in Chapter 10.)

In contrast to natural screening, formal screening to identify students who have problems or who are "at risk" is accomplished through individual or group procedures. Most such procedures are first-level screens and are expected to over-identify problems. That is, they identify many students who do not really have significant problems (false positive errors). This certainly is the case for screens used with infants and primary grade children, but false
positives are not uncommon when adolescents are screened. Errors are supposed to be detected by follow-up assessments. Because of the frequency of false positive errors, serious concerns arise when screening data are used to diagnose students and prescribe remediation and special treatment (see Chapter 5).

Screening data primarily are meant to sensitize responsible professionals. No one wants to ignore indicators of significant problems. At the same time, there is a need to guard against tendencies to see normal variations in students' development and behavior and other facets of human diversity as problems. First level screens do not allow for definitive statements about a student's problems and need. At best, most such screening procedures provide a preliminary indication that something may be wrong. In considering formal diagnosis and prescriptions for how to correct the problem, one needs data from assessment procedures that have greater validity. It is essential to remember that many factors found to be symptoms of problems also are common characteristics of young people, especially in adolescence.

Clearly, extreme caution must be exercised to avoid misidentifying and inappropriately stigmatizing children and adolescents. It is easy to overestimate the significance of a few indicators. Moreover, many formal screening instruments add little predictive validity to natural screening.

Hawai`i has legislated what it calls a Comprehensive Student Support System (CSSS). CSSS is intended to ensure that every school develops a comprehensive, multifaceted, and integrated component to address barriers to learning and promote healthy development as primary and essential facets of school improvement (Center for Mental Health in Schools, 2007). Adapted from a description developed for use by CSSS, the following outlines what a fully functioning Enabling or Learning Supports Component might look like at a school.

First, the school integrates the component as a primary and essential facet of school improvement. The aim is to ensure the school develops a comprehensive, multifaceted, and cohesive approach to address barriers to learning and promote healthy development. Given limited resources, such a component is established by deploying, redeploying, and weaving all existing learning support resources together.

The school has redesigned its infrastructure to establish an administrative leader who guides the component’s development and is accountable for daily implementation, monitoring, and problem solving. There is a team (e.g., a Learning Supports Resource Team) focused on ensuring that all relevant resources are
woven together to install a comprehensive, multifaceted, and integrated continuum of interventions over a period of years. The team maps and analyzes available resources, sets priorities, and organizes work groups to plan program development. As has been emphasized in the preceding discussion, the goal is to establish effective

- systems for promoting healthy development and preventing problems
- systems for responding to problems as soon after onset as is feasible
- systems for providing specialized assistance and care

And the work involves creating the continuum in keeping with the content or “curriculum” framework the school has adopted for its enabling or learning supports component (e.g., see the six areas illustrated in Exhibit 21 and outlined in Exhibit 22).

While the focus of the team is on resource use and program development, it also ensures that effective mechanisms are in operation for responding rapidly when specific students are identified as having mild to moderate learning, behavior, and emotional problems. For most students, the problems are resolved through relatively straightforward situational and program changes and problem solving strategies. Based on analyses of their response to such interventions, additional assistance in the classroom is provided those for whom these first methods are insufficient. Those whose problems persist are referred for additional and sometimes specialized assistance. Before such interventions are set in motion, in depth analyses are made of the reasons for their problems in order to ensure appropriate assistance is planned. All special interventions are carefully monitored and coordinated. Through a sequential strategy that begins with the least intervention needed and that gauges students’ responses to intervention at every stage, there is a significant reduction in the number requiring intensive help and referral for specialized assistance.

Because there is an emphasis on programs and activities that create a school-wide culture of caring and nurturing, students, families, staff, and the community feel the school is a welcoming and supportive place, accommodating of diversity, and committed to promoting equal opportunities for all students to succeed at school. When problems arise, they are responded to positively, quickly, and effectively. Morale is high.

See Exhibit 25 for some more specifics.
Exhibit 25

Some Examples of a School’s Use of a Learning Supports Component

The following should be understood as examples of the types of interventions that might be used with any student who experiences barriers to learning. Remember the point is to ensure a full continuum is available at schools so that least intervention needed strategies are implemented and students’ responses to intervention can be used to gauge whether more intensive help and referrals for specialized assistance are required. When such a sequential approach is followed, schools can expect a significant reduction in the flow of referrals for specialized assistance

Focusing on helping the teacher with student re-engagement, rather than overemphasizing discipline and referral for services

The third grade teacher has several students who are not been doing well at school. They often are in trouble on the school playground before school and during lunch. Before the Learning Supports Component was established, the teacher constantly had to discipline and send them to the principal’s office. They had been referred to the “Student Success Team” but were just put on a long list waiting to be reviewed. Now, the focus is on how to enhance what goes on in the classroom and on school-wide changes that minimize negative encounters; this minimizes the need for classroom management, discipline, and referral out for expensive special services.

The focus on enhancing teacher capacity to re-engage students in daily learning activities is helping the teacher learn more about matching individual interests and skills and how to design the instructional day to provide additional supports from peers and community volunteers. Rather than seeing the solution in terms of discipline, she learns how to understand what is motivating problems and is able to provide more a personalized approach to instruction and extra in-classroom support that will re-engage the students in learning. Over time, all student support staff (all professional staff who are not involved in classroom instruction) will be trained to go into the classroom to help the teacher learn and implement new approaches designed not just for a few, but for all students who are not well-engaged in classroom learning.

At the same time, the focus on enhancing support for transition times (such as before school and lunch) increases the recreational and enrichment opportunities available for all students so that they have positive options for interaction. Staff involved in playground supervision are specifically asked to help engage the students in an activity that interests them (e.g., a sport’s tournament, an extramural club activity). They will monitor involvement to ensure the students are truly engaged, and along with one of the student support staff (e.g., school psychologist, counselor, social worker, nurse). The playground staff will use the opportunity to help these and other students learn any interpersonal skills needed to interact well with peers.

(cont.)
Newcomers: One Example of Support for Transitions and Home Involvement

To increase family involvement in schooling, special attention is placed on enhancing welcoming and social support strategies for new students and families. Student support staff work with office staff to develop welcoming programs and establish social support networks (e.g., peer buddy systems for students; parent-parent connections). As a result, newcomers (and all others) are greeted promptly and with an inviting attitude when they come into the school. Those without correct enrollment records are helped to access what they need. Parents are connected with another parent who helps them learn about school and neighborhood resources. Upon entering the new classroom, teachers connect the newcomer with a trained peer buddy who will stick with the newcomer for a few weeks while they learn the ropes.

Support staff work with each teacher to identify any student who hasn’t made a good transition. Together they will determine why and work with the family to turn things around.

Crisis prevention

To reduce the number of crises, student support staff analyze what is preventable (usually related to human relations problems) and then design a range of school-wide prevention approaches. Among these are strategies for involving all school personnel (credentialed and classified) in activities that promote positive interactions and natural opportunities for learning prosocial behavior and mutual respect.

Fewer Referrals, Better Response

As the in-classroom and school-wide approaches emerge, the need for out-of-classroom referrals declines. This allows for rapid and early response when a student is having problems, and it enables student support staff to work more effectively in linking students up with community services when necessary.
Concluding Comments

Given the tremendous pressure on schools to improve academic indicators, it is not surprising that so much attention centers around instructional improvements. For too many students, however, teachers are finding the educational mission is thwarted because of multifaceted factors that interfere with youngsters' learning and performance. A comprehensive classroom and school-wide system for addressing such factors is essential for teachers and students to succeed and for their well-being.

Everyone seems to understand these matters, but too little thought and less action has been directed at rethinking what schools do with respect to student/learning supports and how they are doing it. Indeed, with the increasing focus on test scores and decreasing budgets, the tendency is to layoff student support staff, rather than understanding that such personnel could be used in ways that are essential to the aim of leaving no child behind. In this chapter, we have laid a foundation for understanding new directions for such support staff and others who come to the school to address mental health and psychosocial concerns.

It should be re-emphasized here that a well-designed and supported infrastructure is needed to establish, maintain, and evolve the type of a comprehensive approach outlined above. We discussed infrastructure considerations at the school level in Chapter 7. In general, an infrastructure includes mechanisms for “big picture” steering, administrative and staff leadership, and work groups. The mechanisms are essential for coordinating among subsystems and specific interventions, for enhancing resources by developing direct linkages between school and community programs, for moving toward increased integration of school and community resources (see Chapter 13), and for integrating the instructional/developmental, enabling, and management components. A self-study survey providing an overview related to developing an enabling or learning supports component at a school is included as an addendum to this chapter. For more on infrastructure concerns at school, feeder pattern, and district levels, see Notes on Infrastructure for Learning Supports at District, Regional, and State Offices

Let the main object . . . be as follows:
To seek and to find a method of instruction, by which teachers may teach less, but learners learn more; by which schools may be the scene of less noise, aversion, and useless labour, but of more leisure, enjoyment, and solid progress.
Comenius (1632)
References


For more on the matters covered in this chapter, see the Resources and Publications section on the Center’s website – http://smhp.psych.ucla.edu/selection.html
Survey of Learning Supports System Status

As a school sets out to enhance the usefulness of learning supports designed to address barriers to learning, it helps to clarify what you have in place as a basis for determining what needs to be done. You will want to pay special attention to

- clarifying what resources already are available
- how the resources are organized to work in a coordinated way
- what procedures are in place for enhancing resource usefulness

This survey provides a starting point.

The first form provides a template which you can fill in to clarify the people and their positions at your school who provide services and programs related to addressing barriers to learning. This also is a logical group of people to bring together in establishing a resource-oriented team for learning supports at the school.

Following this is a survey designed to help you review how well systems for Learning Supports have been developed and are functioning.

The other self-study surveys are online at: http://smhp.psych.ucla.edu/pdfdocs/Surveys/Set1.pdf
Learning Supports Staff at the School

In a sense, each staff member is a special resource for each other. A few individuals are highlighted here to underscore some special functions.

**Administrative Leader for Learning Supports**

---

**School Psychologist**

times at the school ________________

- Provides assessment and testing of students for special services. Counseling for students and parents. Support services for teachers. Prevention, crisis, conflict resolution, program modification for special learning and/or behavioral needs.

**School Nurse**

times at the school ________________

- Provides immunizations, follow-up, communicable disease control, vision and hearing screening and follow-up, health assessments and referrals, health counseling and information for students and families.

**Pupil Services & Attendance Counselor**

times at the school ________________

- Provides a liaison between school and home to maximize school attendance, transition counseling for returnees, enhancing attendance improvement activities.

**Social Worker**

times at the school ________________

- Assists in identifying at-risk students and provides follow-up counseling for students and parents. Refers families for additional services if needed.

**Counselors**

times at the school ________________

- General and special counseling/guidance services. Consultation with parents and school staff.

**Dropout Prevention Program Coordination**

times at the school ________________

- Coordinates activity designed to promote dropout prevention.

---

**Title I and Bilingual Coordinators**

---

**Title I and Bilingual Coordinators**

- Coordinates categorical programs, provides services to identified Title I students, implements Bilingual Master Plan (supervising the curriculum, testing, and so forth)

**Resource and Special Education Teachers**

- times at the school ________________

- Provides information on program modifications for students in regular classrooms as well as providing services for special education.

**Other important resources:**

**School-based Crisis Team (list by name/title)**

- ________________________________
- ________________________________
- ________________________________

**School Improvement Program Planners**

- ________________________________
- ________________________________
- ________________________________

**Community Resources**

- Providing school-linked or school-based interventions and resources

<table>
<thead>
<tr>
<th>Who</th>
<th>What they do</th>
<th>When</th>
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<tbody>
<tr>
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9-18
### Survey of Learning Supports System Status

Items 1-9 ask about what processes are in place.

Use the following ratings in responding to these items.

<table>
<thead>
<tr>
<th>Rating</th>
</tr>
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<tbody>
<tr>
<td>DK = don't know</td>
</tr>
<tr>
<td>1 = not yet</td>
</tr>
<tr>
<td>2 = planned</td>
</tr>
<tr>
<td>3 = just recently initiated</td>
</tr>
<tr>
<td>4 = has been functional for a while</td>
</tr>
<tr>
<td>5 = well institutionalized (well established with a commitment to maintenance)</td>
</tr>
</tbody>
</table>

1. Is someone at the school designated as the administrative leader for activity designed to address barriers to learning (e.g., learning supports, health and social services, the Enabling Component)?

2. Is there a time and place when personnel involved in activity designed to address barriers to learning meet together?

3. Is there a resource-oriented team (e.g., a Learning Supports Resource Team) – as contrasted to a case-oriented team?

   (a) Does the team analyze data trends at the school with respect to

<table>
<thead>
<tr>
<th>Attendance</th>
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<tbody>
<tr>
<td>DK 1 2 3 4 5</td>
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<table>
<thead>
<tr>
<th>Drop outs</th>
</tr>
</thead>
<tbody>
<tr>
<td>DK 1 2 3 4 5</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>DK 1 2 3 4 5</td>
</tr>
</tbody>
</table>

   (b) Does the team map learning supports programs to determine whether

   | Identified priorities are being addressed adequately |
   | DK 1 2 3 4 5 |

   | Program quality is up to standards |
   | DK 1 2 3 4 5 |

   | Gaps have been identified and priorities for the future are set |
   | DK 1 2 3 4 5 |

   (c) Which of the following areas of learning support are reviewed regularly?

   | Classroom-based Approaches to Enable and Re-engage Students in Classroom Learning |
   | DK 1 2 3 4 5 |

   | Crisis Assistance and Prevention |
   | DK 1 2 3 4 5 |

   | Support for Transitions |
   | DK 1 2 3 4 5 |

   | Home Involvement in Schooling |
   | DK 1 2 3 4 5 |

   | Community Outreach for Involvement and Support |
   | DK 1 2 3 4 5 |

   | Student and Family Assistance |
   | DK 1 2 3 4 5 |
Survey of Learning Supports System Status (cont.)

4. Are there written descriptions of learning supports programs available to give
   >staff                               DK 1 2 3 4 5
   >families                            DK 1 2 3 4 5
   >students                            DK 1 2 3 4 5
   >community stakeholders             DK 1 2 3 4 5

5. Are there a case-oriented systems in place for
   (a) concerned parties to use in making referrals?     DK 1 2 3 4 5
   (b) triage (to decide how to respond when a referral is made)? DK 1 2 3 4 5
   (c) case monitoring and management?                   DK 1 2 3 4 5
   (d) a student review team?                         DK 1 2 3 4 5
   (e) a crisis team?                                  DK 1 2 3 4 5

6. Are there written descriptions available to give to staff and others about
   >how to make referrals                      DK 1 2 3 4 5
   >the triage process                        DK 1 2 3 4 5
   >the process for case monitoring and management DK 1 2 3 4 5
   >the process for student review            DK 1 2 3 4 5

7. Are there systems in place to support staff wellness?   DK 1 2 3 4 5

8. Are there processes by which staff and families learn
   (a) What is available in the way of programs/services at school? DK 1 2 3 4 5
   (b) What is available in the way of programs/services in the community? DK 1 2 3 4 5
   (c) How to access programs/services they need?        DK 1 2 3 4 5

9. Has someone at the school been designated as a representative to meet with the other schools in the feeder pattern to enhance coordination and integration of learning supports among the schools and with community resources? DK 1 2 3 4 5
Survey of Learning Supports System Status (cont.)

The following items ask about effectiveness of existing processes.

Use the following ratings in responding to these items.

DK = don’t know
1 = hardly ever effective
2 = effective about 25% of the time
3 = effective about half the time
4 = effective about 75% of the time
5 = almost always effective

10. How effective are the processes for

(a) planning, implementing, and evaluating learning supports system improvements?

(b) enhancing learning supports resources (e.g., through budget decisions, staff development; developing or bringing new programs/services to the site; making formal linkages with programs/services in the community)?

11. How effective are the processes for ensuring that

(a) resources are properly allocated and coordinated?

(b) community resources linked with the school are effectively coordinated/integrated with related school activities?

12. How effective are the processes for ensuring that resources available to the whole feeder pattern of schools are properly allocated and shared/coordinated?

13. How effective is the

(a) referral system?

(b) triage system?

(c) case monitoring and management system?

(d) student review team?

(e) crisis team?

14. List community resources with which you have formal relationships.

(a) Those that bring program(s) to the school site

(b) Those not at the school site but which have made a special commitment to respond to the school’s referrals and needs.
10. Challenges and Opportunities in the Classroom*

... there's no bigger challenge than trying to insert kids in a one-size-fits-all [classroom] and then having to deal with the spillover of emotional and behavioral reactions. If kids are not in a place where they can learn, they let us know loud and clear.

Patricia Woodin-Weaver

Effectively addressing students’ behavior, learning, and emotional problems requires greater attention to transforming what transpires in classrooms. To this end, student support staff and others who can help need to spend more time teaming with teachers in the classroom.

One frequently mentioned challenge and opportunity for doing so stems from the interest in “Response to Intervention” (RtI) initiatives. Wisely such initiatives stress the unacceptability of waiting for students to fail. However, as with so many other efforts concerned with students’ behavior, learning, and emotional problems, this budding movement often is pursued as just another piecemeal approach (Samuels, 2008).

Fragmentary endeavors cannot address the complex realities confronting teachers and student support staff. A fact of life in too many classrooms is that a significant proportion of students lack enthusiasm about engaging in the day’s lesson plans. Moreover, a chilling number of students have become disengaged from classroom instruction, are behaving in disruptive ways, and are dropping out. To facilitate such students to succeed at school, staff must enable them to (1) get around interfering barriers and (2) re-engage in classroom instruction. Properly designed, the Response to Intervention movement can help, but it represents only one facet of what it takes to transform struggling classrooms into effective learning environments.

Breakthroughs in battling behavior, learning, and emotional problems probably can be achieved only when school improvement policy, planning, implementation, and accountability expand to focus on developing a comprehensive system of student/learning supports. One major facet of such a system involves redesigning and transforming a wide range of regular classroom strategies to enable learning. These encompass:

- Opening the classroom door (a) to bring in more help (e.g., volunteers trained to work with students-in-need; resource teachers and student support staff to team up with the teacher in the classroom) and (b) to facilitate personalized professional development

- Ensuring what goes on in the classroom (and school-wide) establishes and maintains a stimulating, caring, and supportive climate

- Redesigning classroom strategies to enhance teacher capability to prevent and handle problems and reduce the need for out of class referrals (e.g. personalizing instruction; expanding the range of curricular and instructional options and choices; systematic use of pre-referral interventions, response to intervention, and in class special assistance; turning big classes into smaller units; reducing over-reliance on social control)
Opening the Classroom Door

Opening the classroom door allows for many forms of assistance, mentoring, partnership, and other collegial practices. Teachers, especially new teachers, need as much in-classroom support and personalized on-the-job education as can be provided. All teachers need to learn more about how to enable learning among students, especially those with problems. All school staff need support from each other in enhancing outcomes for such students. Given their shared agenda, it seems evident that staff not only should work closely with each other, but also with parents, volunteers, professionals-in-training, and so forth. And, a large part of the work should take place in the classroom (see sidebar below).

Using Aides and Volunteers in Targeted Ways

Every teacher has had the experience of planning a wonderful lesson and having the class disrupted by one or two unengaged students (who often are more interested in interacting with a classmate than pursuing the lesson). The first tendency usually is to use some simple form of social control to stop the disruptive behavior (e.g., using proximity and/or a mild verbal intervention). Because so many students today are not easily intimidated, teachers often find such strategies don’t work. So, the control efforts are escalated. The teacher reprimands, warns, and finally sends the student to “time-out” or to the front office for discipline. In the process, the other students start to titter about what is happening and learning is disrupted.

In contrast to this scenario, teachers can train qualified volunteers to work in ways that help all concerned by minimizing disruptions and re-engaging an errant student. The objective is to train volunteers to watch for and move quickly at the first indication that a student needs special guidance and support. For instance, a volunteer is taught to go and sit next to the student and quietly try to re-engage the youngster in the lesson. If this proves undoable, the volunteer takes the student to a quiet area in the classroom and initiates another type of activity or, if necessary and feasible, goes out for a brief walk. It is true that this means the student won’t get the benefit of instruction during that period, but s/he wouldn’t anyway.

None of this is a matter of rewarding student bad behavior. Rather, it is a strategy for avoiding the tragedy of disrupting the whole class while the teacher reprimands the culprit and in the process increases that student's negative attitudes toward teaching and school. This use of a volunteer allows teaching to continue, and as soon as time permits, it makes it possible for staff to explore with the student ways to make the classroom a mutually satisfying place to be. Moreover, by handling the matter in this way, the teacher is likely to find the student more receptive to discussing things than if the usual "logical consequences" have been administered (e.g., loss of privileges, sending the student to time-out or to the assistant principal).

Using this approach and not having to shift into a discipline mode has multiple benefits. For one, the teacher is able to carry out the day’s lesson plan. For another, the other students do not have the experience of seeing the teacher having a control contest with a student. (Even if the teacher wins such contests, it may have a negative effect on how students perceive them; and if the teacher somehow “loses it,” that definitely conveys a wrong message. Either outcome can be counterproductive with respect to a caring climate and a sense of community.) Finally, the teacher has not had a negative encounter with the targeted student. Such encounters build up negative attitudes on both sides which can be counterproductive with respect to future teaching, learning, and behavior. Because there has been no negative encounter, the teacher can reach out to the student after the lesson is over and start to think about how to use an aide or volunteers to work with the student to prevent future problems.

For more on volunteers as an invaluable resource, see Addendum B at the end of this chapter.
Collaboration and teaming are key facets of (1) addressing barriers to learning and teaching and (2) promoting engagement, learning, performance, and healthy development. For instance, an open classroom door allows student support staff to do much more than “consult” with teachers (i.e., go beyond just recommending what teachers should do about student behavior, learning, and emotional problems). But, before support staff can go into classrooms to team with teachers, they must learn much more about classroom life and teaching. And, they must especially learn about what it takes to engage and re-engage students in classroom instruction.

It is evident that how classrooms are arranged and how instruction is organized helps or hinders learning and teaching. The ideal is to have an environment where students and teachers feel positively stimulated, well-supported, and engaged in pursuing the learning objectives of the day. Student engagement is especially important in preventing problems. Thus, minimally, classroom practices must enhance motivation to learn by facilitating active learning in ways that promote a climate and culture of mutual caring and respect (see Exhibit 26).

Simply stated, active learning is learning by doing, listening, looking, and asking; but it is not just being active that counts. It is the mobilization of the student to seek out and learn. Specific activities are designed to capitalize on student interests and curiosity, involve them in problem solving and guided inquiry, and elicit their thinking through reflective discussions and appropriate products. Moreover, the activities can be designed to do all this in ways that minimize threats to and enhance feelings of competence, self-determination, and relatedness to others.

There are many examples of ways to facilitate active learning at all grade levels. It can take the form of class discussions, problem-based and discovery learning, a project approach, involvement in “learning centers” at school, experiences outside the classroom, and independent learning in or out of school. Obviously, computers and the world wide internet can be valuable tools in all this.

Stimulating, caring, and supportive classrooms do much more than motivate learning of subject matter and academic skills. They provide conditions for social and emotional learning. Students learn to cooperate, share responsibility, develop understanding and skills related to conflict resolution and mediation, and much more. For staff, such classrooms provide a context for collaborating with colleagues and with a variety of volunteers to ensure mutual support and counter staff burn out. The mental health implications of all this are clear.
Exhibit 26

About School and Classroom Climate

The concept of *climate* plays a major role in shaping the quality of school life, teaching, learning, and support. School and classroom climate are temporal, and somewhat fluid, perceived qualities of the immediate setting which emerge from the complex transaction of many factors. In turn, the climate reflects the influence of the underlying, institutionalized values and belief systems, norms, ideologies, rituals, and traditions that constitute the school culture. And, of course, the climate and culture at a school also are shaped by the surrounding political, social, cultural, and economic contexts (e.g., home, neighborhood, city, state, country).

School and classroom climate sometimes are referred to as the learning environment, as well as by terms such as atmosphere, ambience, ecology, and milieu. Depending on quality, the impact on students and staff can be beneficial for or a barrier to learning.

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

Research has indicated a range of strategies for enhancing a positive climate. All school staff have a significant role to play in ensuring that such strategies are well-implemented and maintained.

Importance of Classroom Climate

Classroom climate is seen as a major determinant of classroom behavior and learning. Understanding the nature of classroom climate is a basic element in improving schools.

The concept of classroom climate implies the intent to establish and maintain a positive context that facilitates classroom learning, but in practice, classroom climates range from hostile or toxic to welcoming and supportive and can fluctuate daily and over the school year. Moreover, because the concept is a psychological construct, different observers may have different perceptions of the climate in a given classroom. Therefore, for purposes of his early research, Moos (1979) measured classroom environment in terms of the shared perceptions of those in the classroom. Prevailing approaches to measuring classroom climate use (1) teacher and student perceptions, (2) external observer’s ratings and systematic coding, and/or (3) naturalistic inquiry, ethnography, case study, and interpretative assessment techniques (Fraser, 1998; Freiberg, 1999).

(continues)
Analyses of research suggest significant relationships between classroom climate and matters such as student engagement, behavior, self-efficacy, achievement, and social and emotional development, principal leadership style, stages of educational reform, teacher burnout, and overall quality of school life. For example, studies report strong associations between achievement levels and classrooms that are perceived as having greater cohesion and goal-direction and less disorganization and conflict. Research also suggests that the impact of classroom climate may be greater on students from low-income homes and groups that often are discriminated against.

Given the correlational nature of classroom climate research, cause and effect interpretations remain speculative. The broader body of organizational research does indicate the profound role accountability pressures play in shaping organizational climate (Mahoney & Hextall, 2000). Thus, it seems likely that the increasing demands for higher achievement test scores and control of student behavior contribute to a classroom climate that is reactive, over-controlling, and over-reliant on external reinforcement to motivate positive functioning.

**Promoting a Positive School and Classroom Climate**

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

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

Small, personalized learning communities foster productive learning both by removing developmentally hazardous conditions that may be present in the school context and by providing opportunities to learn, opportunities to teach, and learning supports that enable a school to become a positive, developmentally enhancing context (Felner, et al., 2007).
Redesigning Classroom Strategies

The old adage: *Meet learners where they are* captures the commonsense view of good classroom practices. Unfortunately, this adage often is interpreted only as a call for matching a student’s current capabilities (e.g., knowledge and skills). The irony, of course, is that most school staff know that motivational factors (e.g., attitudes) play a key role in poor instructional outcomes. One of the most frequent laments about students is: “They could do it, if only they wanted to!”

We all also know that good abilities are more likely to emerge when students are motivated not only to pursue assignments, but also are interested in using what they learn. The point for emphasis is that good classroom practices involve matching motivation (especially *intrinsic* motivation), and this often involves overcoming avoidance motivation (Adelman & Taylor, 2006; Deci & Ryan, 1985; 2002).

With respect to facilitating learning, the desire to meet learners where they are sometimes is referred to as the concept of the “match” or the problem of “fit.” Schools strive to design instruction that fits, but the reality is that they can only approximate an optimal fit. And, a close approximation probably requires **personalizing instruction.**

Personalization

For some time, efforts to improve instructional fit in the classroom have revolved around the concepts of individualized or personalized instruction. The two concepts overlap in emphasizing developmental differences. That is, most *individualized* approaches stress individual differences in developmental capability. Personalization, however, is defined as the process of accounting for individual differences in both capability and motivation.

Personalization needs to be understood as a psychological construct. From a motivational perspective, the learner's perception is a critical factor in defining whether the environment is a good fit. Given this, it is important to ensure learning opportunities are perceived by learners as good ways to reach their goals. Thus, a basic assessment concern is that of eliciting learners' perceptions of how well what is offered matches both their interests and abilities.

Outlined in Exhibit 27 are underlying assumptions and major elements of personalized classrooms. Properly designed and carried out, personalizing instruction can be sufficient in facilitating classroom learning for most students, and this reduces the need for specialized assistance.

Personalizing regular classroom programs also can improve the effectiveness of prevention, inclusion, and prereferral interventions. In such classrooms, personalization represents a regular classroom application of the principle of using the least intervention that is needed (which encompasses the concept of "least restrictive environment").
Underlying Assumptions and Major Program Elements of a Personalized Program

I. Underlying Assumptions

The following are basic assumptions underlying personalized programs as we conceive them.

• Learning is a function of the ongoing transactions between the learner and the learning environment.
• Optimal learning is a function of an optimal match between the learner’s accumulated capacities and attitudes and current state of being and the program’s processes and context.
• Matching both learner motivation and capacities must be primary procedural objectives.
• The learner’s perception is the critical criterion for evaluating whether a good match or fit exists between the learner and the learning environment.
• The wider the range of options that can be offered and the more the learner is made aware of the options and has a choice about which to pursue, the greater the likelihood that he or she will perceive the match as a good one.
• Besides improved learning, personalized programs enhance intrinsic valuing of learning and a sense of personal responsibility for learning. Furthermore, such programs increase acceptance and even appreciation of individual differences, as well as independent and cooperative functioning and problem solving.

II. Program Elements

Major elements of personalized programs as we have identified them are:

• turning large classes into small units (many small group and individual learning opportunities – see Addendum A)
• in-classroom collaboration and teaming
• regular use of informal and formal conferences for discussing options, making decisions, exploring learners’ perceptions, and mutually evaluating progress;
• a broad range of options from which learners can make choices with regard to types of learning content, processes, needed support and guidance, and desired outcomes;
• active decision making by learners in making choices (with appropriate guidance and support) and in evaluating how well the chosen options match their motivation and capability;
• establishment of program plans and mutual agreements about the ongoing relationships between the learners and the program personnel;
• regular reevaluations of decisions, reformulation of plans, and renegotiation of agreements based on mutual evaluations of progress, problems, and learners’ perceptions of the "match."
Enhancing Motivation is a Core Concern

Student support staff can contribute greatly by helping ensure that classrooms address motivation as a primary consideration. Instruction should be based on an appreciation of what is likely to affect a student's positive and negative motivation to learn (Vansteenkiste, Lens, & Deci, 2006). The emphasis on motivation has fundamental intervention implications. In particular, it calls for offering a broad range of content, outcome, and procedural options, including a personalized structure to facilitate learning. With real options comes real opportunities for involving learners in decision making. A motivational focus also stresses development of nonthreatening ways to provide information about learning and performance.

Many instructional approaches are effective when a student is motivated to learn what is being taught. For students with behavior, learning, and emotional problems, however, motivation for classroom learning often is the primary concern. The seeds of significant problems are planted when instruction is not a good fit. For example, learning problems generate an emotional overlay and usually behavior problems. Thus, while motivation is a fundamental concern for all students, for those with problems a classroom focus on motivation is essential.

In transforming classrooms, the following points about motivation warrant particular attention:

1. **Optimal performance and learning require motivational readiness.** Motivation is a key antecedent condition in any learning situation. Readiness is understood in terms of offering stimulating and supportive environments where learning can be perceived as vivid, valued, and attainable. It is a prerequisite to student attention, involvement, and performance. Poor motivational readiness may be a cause of poor learning and a factor maintaining learning, behavior, and emotional problems. Thus, the need for strategies that can produce a high level of motivational readiness (and reduce avoidance motivation and reactance) so students are mobilized to participate.

2. **Motivation represents both a process and an outcome concern.** Individuals may value learning something, but may not be motivated to pursue the processes used. Many students are motivated to learn when they first encounter a topic but do not maintain that motivation. Processes must elicit, enhance, and maintain motivation so that students stay mobilized. Programs must be designed to maintain, enhance, and expand intrinsic motivation so that what is learned is not limited to immediate lessons and is applied in the world beyond the schoolhouse door.

Negative motivation and avoidance reactions and any conditions likely to generate them must be circumvented or at least minimized. Of particular concern are activities students perceive as unchallenging, uninteresting, overdemanding, or overwhelming. Most people react against structures that seriously limit their range of options or that are overcontrolling and coercive. Examples of conditions that can have a
negative impact on a person's motivation are sparse resources, excessive rules, and a restrictive day-in, day-out emphasis on drill and remediation.

Students experiencing problems at school usually have extremely negative perceptions of and avoidance tendencies toward teachers and activities that look like "the same old thing." Major changes in approach must be made if such students are to change these perceptions. Ultimately, success may depend on the degree to which the students view the adults at school and in the classroom as supportive, rather than indifferent or controlling and the program as personally valuable and obtainable.

(3) School staff not only need to try to increase motivation – especially intrinsic motivation – but also to avoid practices that decrease it. Although students may learn a specific lesson at school (e.g., some basic skills), they may have little or no interest in using the new knowledge and skills outside of the classroom. Increasing such interest requires procedures that can reduce negative and increase positive feelings, thoughts, and coping strategies.

With behavior, learning, and emotional problems, it is especially important to identify and minimize experiences that maintain or may increase avoidance motivation. Of particular concern is the need to avoid overreliance on extrinsics to entice and reward since such strategies can decrease intrinsic motivation.

The point is to enhance stable, positive, intrinsic attitudes that mobilize ongoing pursuit of desired ends, throughout the school, and away from school. Developing intrinsic attitudes is basic to increasing the type of motivated practice, for example reading for pleasure, that is essential for mastering and assimilating what has just been learned.

A sequential and hierarchical framework can guide efforts to provide a good match and determine the most appropriate and least disruptive intervention needed for individuals with learning and behavior problems. (See Exhibit 28). The first step focuses on personalizing instruction in regular classrooms. The intent is to ensure the program is highly responsive to learner differences in both motivation and development and, in the process, to enhance a caring context for learning.

With personalized instruction in place, the next step involves providing special assistance as needed. Note that this second step is introduced only if learners continue to have problems. As outlined in Exhibit 28, step 2 involves three levels of focus.
Exhibit 28
Learning Sequence and Levels

Modify programs

Regular programs
(nonpersonalized)

(Personalized programs
(If it is not feasible to change a particular teacher's program, move students who manifest problems learning to another classroom that can make accommodations.
(Students who have learned effectively can transition back if desired.)

Step 1. Personalizing the environment and program
(Step 2 is added only for students who continue to have problems)

Step 2. Special assistance*
(maintained only as long as needed;* see below)

*Step 2. If necessary: *Best special practices* (special assistance, such as remediation, rehabilitation, treatment) are used differentially for minor and severe problems

if needs are minor

Level A

Observable factors required for performing contemporary tasks (e.g., basic knowledge skills, and attitudes)

As soon as feasible, move back to Level A

If necessary, move to Level B

Level B

Prerequisite factors required for surface level functioning

As soon as feasible, move to Level B

If necessary, move to Level C

Level C

Underlying interfering factors (e.g., serious external barriers, incompatible behavior and interests, faulty learning mechanisms that may interfere with functioning at higher levels)

Adapted from: H. S. Adelman & L. Taylor (1993)
To be a bit more specific:

Step 1 involves personalizing instruction. The intent is to ensure a student perceives instructional processes, content, and outcomes as a good match with his or her interests and capabilities. The first emphasis is on motivation. Thus: Step 1a stresses use of motivation-oriented strategies to (re)engage the student in classroom instruction. This step draws on the broad science-base related to human motivation, with special attention paid to research on intrinsic motivation and psychological reactance. The aim is to enhance student perceptions of significant options and involvement in decision making.

The next concern is developmental capabilities. Thus: Step 1b stresses use of teaching strategies that account for current knowledge and skills. In this respect, the emphasis on tutoring (designated as “Supplemental Services” in Title I) can be useful if the student perceives the tutoring as a good fit for learning. Then, if necessary, the focus expands to encompass special assistance. Thus: Step 2 stresses use of special assistance strategies to address any major barriers to learning and teaching, with an emphasis on the principle of using the least intervention needed (i.e., doing what is needed, but no more than that). In this respect, the range of strategies referred to as “Prereferral Interventions” (see Exhibit 29) and the programs and services that constitute student/learning supports are of considerable importance. (Again, the impact depends on the student’s perception of how well an intervention fits his or her needs.)

Through this sequential approach, students who have not responded sufficiently to the regular classroom interventions would next receive supportive assistance designed to help them remain in the regular program, and only when all this is found not to be sufficiently effective would there be a referral for special education assessment. (If the problem proves to be severe and disruptive, an alternative setting may be necessary on a temporary basis to provide more intensive and specialized assessments and assistance.)

Most students do not have learning and behavior problems. The few children with significant disabilities usually are identified even prior to kindergarten. Others who manifest behavior, learning, and/or emotional problems are identified soon after they begin school. Some students may make a reasonable start, but it is not long before their problems become evident.
Exhibit 29

Prereferral Intervening

Prereferral interventions identify regular classroom problems, identify the source of the problems (student, teacher, curriculum, environment, etc.), and take steps to resolve the problems within the regular classroom.

School violence, poor academic performance, misbehavior in class -- with increasing numbers of students identified as troubled or in trouble, schools must design systems for intervening prior to referral for special assistance. Otherwise, the system will grind to a halt. A prereferral intervention process delineates steps and strategies to guide teachers. The following is one example:

(1) **Formulate an initial description of the problem.**

(2) **Get the youngster's view of what’s wrong and, as feasible, explore the problem with the family.**

As every teacher knows, the causes of learning, behavior, and emotional problems are hard to analyze. What looks like a learning disability or an attentional problem may be emotionally-based. Misbehavior often arises in reaction to learning difficulties. What appears as a school problem may be the result of problems at home. The following are some things to consider in seeking more information about what may be causing a youngster's problem.

(a) Through enhanced personal contacts, build a positive working relationship with the youngster and family.

(b) Focus first on assets (e.g. positive attributes, outside interests, hobbies, what the youngster likes at school and in class).

(c) Ask about what the youngster doesn’t like at school.

(d) Explore the reasons for “dislikes” (e.g., Are assignments seen as too hard? as uninteresting? Is the youngster embarrassed because others will think s/he does not have the ability to do assignments? Is the youngster picked on? rejected? alienated?)

(e) Explore other possible causal factors.

(f) Explore what the youngster and those in the home think can be done to make things better (including extra support from a volunteer, a peer, friend, etc.).

(g) Discuss some new things the youngster and those in the home would be willing to try to make the situation better.

(3) **Try new strategies in the classroom** -- based on the best information about what is causing the problem.
**Prereferral Interventions Some Things to Try**

- Make changes to (a) improve the match between a youngster's program and his/her interests and capabilities and (b) try to find ways for her/him to have a special, positive status in class, at the school, and in the community. Talk and work with other staff in developing ideas along these lines.

- Add resources for extra support (aide, volunteers, peer tutors) to help the youngster's efforts to learn and perform. Create time to interact and relate with the youngster as an individual.

- Discuss with the youngster (and those in the home) why the problems are occurring.

- Specifically focus on exploring matters with the youngster that will suggest ways to enhance positive motivation.

- Change aspects of the program (e.g., materials, environment) to provide a better match with his/her interests and skills.

- Provide enrichment options (in and out of class).

- Use resources such as volunteers, aides, and peers to enhance the youngster's social support network.

- Specifically focus on exploring ways those in the home can enhance their problem-solving efforts.

- If necessary include other staff (e.g., counselor, principal) in a special discussion with the youngster exploring reasons for the problem and ways to enhance positive involvement at school and in class.

(4) **If the new strategies don't work, talk to others** at school to learn about approaches they find helpful (e.g., reach out for support/mentoring/coaching, participate with others in clusters and teams, observe how others teach in ways that effectively address differences in motivation and capability, request additional staff development on working with such youngsters).

(5) **If necessary, use the school’s referral processes** to ask for additional support services.

(6) **Work with referral resources to coordinate your efforts with theirs** for classroom success.
Schools have long been accused of a “waiting for failure” policy. Clearly needed are strategies for effectively intervening as soon after problem onset as is feasible. Such strategies can be readily build on the foundation of interventions established to address school adjustment problems. And, as we have stressed, particular attention needs to be paid to developing classroom strategies for (re)engaging students.

For many years, the impetus for identifying problems was so that referrals could be made for special assistance. This led to increasing numbers of referrals, many of which led to assessment for special education. As it became evident that too many students were being inappropriately diagnosed, efforts were made to ensure that intervention steps were taken to resolve the problems within the regular classroom. As noted, this process is commonly referred to as prerereferral intervening (again see Exhibit 29).

To strengthen the process and ensure responding early after the onset of problems occurs systematically, the last reauthroization of the federal Individuals with Disabilities Education Act (IDEA) called for “Early Intervening” and what has been dubbed “Response to Intervention” In addition, the emphasis with respect to prerereferral strategies is to embed them into these efforts.

*Early Intervening Services.* IDEA Regulations call for a district to use up to 15 percent of the amount it receives each year under Part B of IDEA to develop and implement coordinated, early intervening services, which may include interagency financing structures, for students in kindergarten through grade 12 (with a particular emphasis on students in kindergarten through grade three) who are not currently identified as needing special education or related services, but who need additional academic and behavioral support to succeed in a general education environment.

*Response to Intervention.* As Sprague (2006) notes: “Response to intervention (RTI) has become a major stimulus for discussion and action. ...schools are increasingly adopting an RTI logic to organize and deliver both academic and behavioral support for all students.”

*The concept.* Response to Intervention is finding its way into schools with a significant push from the federal government and with a particular emphasis on reducing inappropriate diagnoses for special education. For example, as stated in the 4/20/06 U.S. Department of Education Request for Special Education Research Grants, “RTI holds significant promise when it is conceptualized as a multi-tiered (typically three-tiers) systems approach that integrates general and special education.” Federal support has led to creation of the National Center on Response to Intervention (http://www.rti4success.org/).
Properly conceived and implemented, the strategy is expected to improve the learning opportunities for many students and reduce the number who are *inappropriately* diagnosed with learning disabilities and behavioral disorders, thereby minimizing identification of students who don’t need expensive special education. As noted, the approach overlaps ideas about prereferral interventions but is intended to be more systematically implemented with special attention to enhancing teacher capability to carry out "well-designed and well-implemented early intervention" in the regular classroom to address a student’s problems. It also provides a way to enhance the assessment of whether more intensive and perhaps specialized assistance (and perhaps diagnosis) is required.

Response to Intervention has the potential to build teacher capacity so that similar problems are prevented in the future. Implied in all this is that someone is working to ensure (1) classroom teachers have or are learning how to implement "well-designed early intervention" in the classroom, and (2) support staff are learning how to play a role, sometimes directly in the classroom, to expand intervention strategies as needed.

*The process.* Essentially, the process involves making changes in the classroom designed to improve the student’s learning and behavior as soon as problems are noted and using the information gleaned from the student's responses to make further modifications if needed. This work continues until it is evident that problems cannot be resolved through efforts in the classroom alone. Clearly, the process reflects the sequential and hierarchical approach illustrated in Exhibit 28. (It is important to emphasize that the tactic involves specific and well-monitored plans for "identified" students and is not to be used as a delaying tactic related to getting students the interventions they need.)

A core difficulty here is that of mobilizing unmotivated students (and particularly those who have become actively disengaged from classroom instruction). If motivational considerations are not effectively addressed, there is no way to validly assess whether a student has a true disability or disorder.

Response to Intervention is currently being operationalized across the country. While there will be variability in practice, the tendency is to proceed as if all that is needed is more and better instruction. Clearly, this is necessary. And, at the same time, intervention needs to go beyond direct instruction.

If the Response to Intervention initiative is pursued simplistically as a matter of providing more and better instruction, it is unlikely to be effective for a great many students. However, if the strategies are
If *Response to Intervention* is treated simply as a matter of providing more and better instruction, it is unlikely to be effective for a great many students.

By themselves, Response to Intervention strategies, especially if narrowly conceived, do not address major barriers to student learning. Instruction must be supported by interventions focusing on matters such as enhancing supports for transitions and crisis events and home and community involvement. And, because there will be students for whom even these interventions are insufficient, other forms of supportive assistance must be added to the mix – inside and, as necessary, outside the classroom. Referral for special education assessment only comes after all this is found inadequate.

The need, then, is for a broad-based system to reduce behavior, learning, and emotional problems, promote social/emotional development, and effectively re-engage students in classroom learning. Such a system should not only reduce the number of students inappropriately referred for special education or specialized services, but also should enhance attendance, reduce misbehavior, close the achievement gap, and increase graduation rates.

**Building Capacity for RTI.** Implied in all this is capacity building. There must be a process that ensures teachers have or are learning how to implement "well-designed early interventions" in the classroom. And, support staff must learn how to play a role directly in the classroom to expand the nature and scope of interventions.

Two capacity building concerns are particularly essential. One is professional development on how to implement the Step 1 and 2 interventions described above and illustrated in Exhibit 28; the other involves ensuring classrooms and student support programs are designed in ways that allow enough time for implementation.

Central to all this is learning how to create a positive classroom climate. One that uses practices that enhance motivation to learn and perform, while avoiding practices that decrease motivation and/or produce avoidance motivation and that focuses on mobilizing unmotivated students (and particularly those who have become actively disengaged from classroom instruction). Such practices include:

- regular use of informal and formal conferences with students to discuss options, make decisions, explore learners’ perceptions, and mutually evaluate progress;
- a broad range of options from which learners can make choices about types of learning content, activities, and desired outcomes;
The point is to better accommodate individual needs and differences

- a broad range of options from which learners can make choices about their need for support and guidance during decision making and learning processes;
- active decision making by learners in making choices and in evaluating how well the chosen options match their motivation and capability;
- establishment of program plans and mutual agreements about the ongoing relationships between the learners and program personnel;
- regular reevaluations and reformulation of plans, and renegotiation of agreements based on mutual evaluations of progress, problems, and learners’ perceptions of how well instruction matches his or her interests and capabilities.

Teachers and support staff also must learn how to approach special assistance in a sequential and hierarchical manner. First, they must be able to use reteaching strategies to better accommodate individual needs and differences. They also must be prepared to teach prerequisite knowledge, skills, and attitudes the student may not have learned along the way. Finally, they must be able to play a role in addressing major barriers that are interfering with student learning and performance. And, to ensure RTI strategies can be implemented in a personalized way, schools must promote the type of collaborative classrooms and grouping strategies that have the effect of turning big classes into smaller units (see Addenda A and B).

Concluding Comments

Working in classrooms is a highly demanding job. It is particularly difficult in school settings where a large proportion of the student body are not performing well.

The problem of improving classrooms is exacerbated by the growing teacher shortage. More and more schools must employ novices, including individuals with little or no preservice teacher preparation. And many of these newcomers are placed in schools where a large proportion of students come to class each day not particularly enthusiastic about what they are expected to do and often without the background of knowledge and skills to connect with the day’s lesson plans.

The reality is that increasing numbers of teachers have not had the opportunity to learn how to teach students who manifest commonplace learning, behavior, and emotional problems.

Given this state of affairs, it is essential to transform classrooms into settings where many are working with the teacher in the classroom to enable students to get around barriers that interfere with learning and teaching and (re)engage in classroom instruction. This, of course, involves creating a caring context for learning. And, this requires considerable commitment on the part of all concerned.
From a psychological perspective, learning and teaching are experienced most positively when the learner cares about learning and the teacher cares about teaching. Moreover, the whole process benefits greatly when all the participants care about each other. Thus, good schools and good teachers work diligently to create an atmosphere that encourages mutual support, caring, and a sense of community. Such an atmosphere can play a key role in preventing learning, behavior, emotional, and health problems and promoting social and emotional learning and well-being.

Caring has moral, social, and personal facets. And when all facets of caring are present and balanced, they can nurture individuals and facilitate the process of learning. At the same time, caring in all its dimensions should be a major focus of what is taught and learned. This means a focus throughout on fostering positive socio-emotional and physical development.

Caring begins when students (and their families) first arrive at a school. Classrooms and schools can do their job better if students feel they are truly welcome and have a range of social supports. A key facet of welcoming encompasses effectively connecting new students with peers and adults who can provide social support and advocacy.

On an ongoing basis, caring is best maintained through use of personalized instruction, regular student conferences, activity fostering social and emotional development, and opportunities for students to attain positive status. Efforts to create a caring classroom climate benefit from programs for cooperative learning, peer tutoring, mentoring, advocacy, peer counseling and mediation, human relations, and conflict resolution. Clearly, a myriad of strategies can contribute to students feeling positively connected to the classroom and school.

Given the importance of home involvement in schooling, attention also must be paid to creating a caring atmosphere for family members. Increased home involvement is more likely if families feel welcome and have access to social support at school. Thus, teachers and other school staff need to establish a program that effectively welcomes and connects families with school staff and other families to generate ongoing social support and greater participation in home involvement efforts.

Also, just as with students and their families, school staff need to feel truly welcome and socially supported. Rather than leaving this to chance, a caring school develops and institutionalizes a program to welcome and connect new staff with those with whom they will be working. And it does so in ways that effectively incorporates newcomers into the organization.
A Few Relevant References


Tomlinson, C.A. (1999). The differentiated classroom: Responding to the needs of all learners. VA: ASCD.


Also note: The journal Educational Psychologist devoted all of volume 42 (2007) to motivational interventions. See contents at http://www.leaonline.com/toc/ep/42/4

From the Center for Mental Health in Schools at UCLA

> Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling http://smhp.psych.ucla.edu/pdfdocs/contedu/cfe.pdf


> Leadership Training: Moving in New Directions for Student Support http://smhp.psych.ucla.edu/pdfdocs/contedu/movinginnewdirections.pdf

> Volunteers to help Teachers and Schools Address Barriers to Learning. http://smhp.psych.ucla.edu/pdfdocs/volunteer/volunt.pdf

For more on the topic of motivation, see the Center’s Quick Find Online Clearinghouse http://smhp.psych.ucla.edu/qf/motiv.htm
Addendum A

Turning Big Classes into Smaller Units

Just as it is evident that we need to turn schools with large enrollments into sets of small schools, we must do the same in the classroom everyday. As a report in 2000 from the American Youth Policy Forum states:

“The structure and organization of a High School of the Millennium is very different than that of the conventional high school. First and foremost, [the school] is designed to provide small, personalized, and caring learning communities for students . . . . The smaller groups allow a number of adults . . . to work together with the students . . . as a way to develop more meaningful relationships and as a way for the teachers to better understand the learning needs of each student.”

The Key is Grouping

Aside from times when a learning objective is best accomplished with the whole class, the general trend should be to create small classes out of the whole. This involves grouping students in various ways, as well as providing opportunities for individual activity. At a fundamental level, grouping is an essential strategy in turning classrooms with large enrollments into a set of simultaneously operating small classes.

Clearly, students should never be grouped in ways that harm them (e.g., putting them in low ability tracks, segregating those with problems). But grouping is essential for effective teaching. Appropriate grouping facilitates student engagement, learning, and performance. Besides enhancing academic learning, it can increase intrinsic motivation by promoting feelings of personal and interpersonal competence, self-determination, and positive connection with others. Moreover, it can foster autonomous learning skills, personal responsibility for learning, and healthy social-emotional attitudes and skills.

A well-designed classroom enables teachers to spend most of their time rotating among small self-monitored groups (e.g., two to six members) and individual learners. With team teaching and staff collaboration, such grouping can be done across classrooms.

Effective grouping is facilitated by ensuring teachers have adequate resources (including space, materials, and help). The key to effective grouping, however, is to take the time needed for youngsters to learn to work well with each other, with other resource personnel, and at times independently. Students are grouped and regrouped flexibly and regularly based on individual interests, needs, and for the benefits to be derived from diversity. Small learning groups are established for cooperative inquiry and learning, concept and skill development, problem solving, motivated practice, peer- and cross-age tutoring, and other forms of activity that can be facilitated by peers, aides, and/or volunteers. In a small group, students have more opportunities to participate. In heterogeneous, cooperative learning groups, each student has an interdependent role in pursuing a common learning goal and can contribute on a par with their capabilities.

Three types of groupings that are common are:

- **Needs-Based Grouping:** Short-term groupings are established for students with similar learning needs (e.g., to teach or reteach them particular skills and to do so in keeping with their current interests and capabilities).
• **Interest-Based Grouping**: Students who already are motivated to pursue an activity usually can be taught to work together well on active learning tasks.

• **Designed-Diversity Grouping**: For some objectives, it is desirable to combine sets of students who come from different backgrounds and have different abilities and interests (e.g., to discuss certain topics, foster certain social capabilities, engender mutual support for learning).

All three types provide opportunities to enhance interpersonal functioning and an understanding of working relationships and of factors effecting group functioning. And, in all forms of grouping, approaches such as cooperative learning and computer-assisted instruction are relevant.

### Recognize and Accommodate Diversity

Every classroom is diverse to some degree. Diversity arises from many factors: gender, ethnicity, race, socio-economic status, religion, capability, disability, interests, and so forth. In grouping students, it is important to draw on the strengths of diversity. For example, a multi-ethnic classroom enables teachers to group students across ethnic lines to bring different perspectives to the learning activity. This allows students not only to learn about other perspectives, it can enhance critical thinking and other higher order conceptual abilities. It also can foster the type of intergroup understanding and relationships essential to establishing a school climate of caring and mutual respect. And, of course, the entire curriculum and all instructional activities must incorporate an appreciation of diversity, and teachers must plan ways to appropriately accommodate individual and group differences.

### Collaborative or Team Teaching

As Hargreaves notes:

> “The way to relieve the uncertainty and open-endedness that characterizes classroom teaching is to create communities of colleagues who work collaboratively [in cultures of shared learning and positive risk-taking] to set their own professional limits and standards, while still remaining committed to continuous improvement. Such communities can also bring together the professional and personal lives of teachers in a way that supports growth and allows problems to be discussed without fear of disapproval or punishment.”

Obviously, it helps to have multiple collaborators in the classroom. An aide and/or volunteers, for example, can assist with establishing and maintaining well-functioning groups, as well as providing special support and guidance for designated individuals. As teachers increasingly open their doors to others, assistance can be solicited from paid tutors, resource and special education teachers, pupil services personnel, and an ever widening range of volunteers (e.g., tutors, peer buddies, parents, mentors, and any others who can bring special abilities into the classroom and offer additional options for learning). And, of course, team teaching offers a potent way to expand the range of options for personalizing instruction. Not only can teaming benefit students, it can be a great boon to teachers. A good collaboration is one where colleagues mesh professionally and personally. It doesn’t mean that there is agreement about everything, but there must be agreement about what constitutes good classroom practices.

Collaborations can take various forms. For example, teaming may take the form of:

• **Parallel Work** – team members combine their classes or other work and teach to their strengths. This may involve specific facets of the curriculum (e.g., one person covers math, another reading; they both cover different aspects of science) or different students (e.g., for specific activities, they divide the students and work with those to whom each relates to best or can support in the best way).
• *Complementary Work* – one team member takes the lead and another facilitates follow-up activity.

• *Special Assistance* – while one team member provides basic instruction, another focuses on those students who need special assistance.

Usually, the tendency is to think in terms of two or more teachers teaming to share the instructional load. We stress, however, the value of expanding the team to include support staff, aides, volunteers, and designated students to help in creating small groupings. Teachers and support staff can work together to recruit and train others to join in the collaborative effort. And, with access to the Internet and distance learning, the nature and scope of collaboration has the potential to expand in dramatic fashion.

**A Note About Students as Collaborative Helpers**

Besides the mutual benefits students get from cooperative learning groups and other informal ways they help each other, formal peer programs can be invaluable assets. Students can be taught to be peer tutors, group discussion leaders, role models, and mentors. Other useful roles include: peer buddies (to welcome, orient, and provide social support as a new student transitions into the class and school), peer conflict mediators, and much more. Student helpers benefit their peers, themselves, and the school staff, and enhance the school’s efforts to create a caring climate and a sense of community.
Addendum B

Volunteers as an Invaluable Resource

Volunteers can be a multifaceted resource in a classroom and throughout a school. For this to be the case, however, the school staff must value volunteers and learn how to recruit, train, nurture, and use them effectively. When implemented properly, school volunteer programs can enable teachers to personalize instruction, free teachers and other school personnel to meet students’ needs more effectively, broaden students’ experiences, strengthen school-community understanding and relations, enhance home involvement, and enrich the lives of volunteers. In the classroom, volunteers can provide just the type of extra support needed to enable staff to conference and work with students who require special assistance.

Volunteers may help students on a one-to-one basis or in small groups. Group interactions are especially important in enhancing a student’s cooperative interactions with peers. One-to-one work is often needed to develop a positive relationship with a particularly aggressive or withdrawn student, in re-engaging a student who has disengaged from classroom learning, and in fostering successful task completion with a student easily distracted by peers. Volunteers can help enhance a student's motivation and skills and, at the very least, can help counter negative effects that arise when a student has difficulty adjusting to school. Working under the direction of the teacher and student support staff, they can be especially helpful in establishing a supportive relationship with students who are having trouble adjusting to school.

The Many Roles for Volunteers in the Classroom and Throughout the School

I. Welcoming and Social Support
   A. In the Front Office
      1. Greeting and welcoming
      2. Providing information to those who come to the front desk
      3. Escorting guests, new students/families to destinations on the campus
      4. Orienting newcomers
   B. Staffing a Welcoming Club
      1. Connecting newly arrived parents with peer buddies
      2. Helping develop orientation and other information resources for newcomers
      3. Helping establish newcomer support groups

II. Working with Designated Students in the Classroom
    A. Helping to orient new students
    B. Engaging disinterested, distracted, and distracting students
    C. Providing personal guidance and support for specific students in class to help them stay focused and engaged

III. Providing Additional Opportunities and Support in Class and on the Campus
     A. Recreation
     B. Enrichment
     C. Tutoring
     D. Mentoring

IV. Helping Enhance Positive Climate Throughout the School – including assisting with "chores"
    A. Assisting with Supervision in Class and Throughout the Campus
    B. Contributing to Campus "Beautification"
    C. Helping to Get Materials Ready

(cont.)
Volunteers can be recruited from a variety of sources: parents and other family members; others in the community such as senior citizens and workers in local businesses; college students; and peers and older students at the school. There also are organized programs that can provide volunteers, such as local service clubs. And, increasingly, institutions of higher education are requiring students to participate in learning through service. Schools committed to enhancing home and community involvement in schooling can pursue volunteer programs as a productive element in their efforts to do so.

Few teachers have the time to recruit and train a cadre of volunteers. Teachers can work with student support staff and the school administration to set up a volunteer program for the school. Initially, a small group of volunteers can be recruited and taught how to implement and maintain the volunteer program (e.g., how to recruit a large pool of volunteers, help train them, nurture them, work with them to recruit replacements).

*The cost of volunteer programs is relatively small compared to the impact they can have on school climate and the quality of life for students and school staff.*
11. About Behavior Problems, Social and Emotional Learning, & Promotion of Mental Health

The essence of the teaching process is to create an environment that first can mobilize the learner to pursue the curriculum and then can maintain that mobilization, while effectively facilitating learning.

Behavior problems clearly get in the way of all this. Misbehavior disrupts. In some forms, such as bullying and intimidating others, it is hurtful. And, observing such behavior may disinhibit others.

Thus, discipline and classroom management are daily topics at every school.

At the same time, a fundamental goal of schools is to turn out good citizens. While many terms are used, the underlying concern is facilitating positive social and emotional development/learning.

The concerns about responding to behavior problems and promoting social and emotional learning are related and are embedded into the six content (“curriculum”) arenas discussed in the preceding chapters. How these concerns are addressed is critical to the type of school and classroom climate that emerges and to student engagement and re-engagement in classroom learning.

Responding to Behavior Problems

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, a considerable amount of time at schools is devoted to discipline; for teachers, this means a constant focus on “classroom management.” Unfortunately, in their efforts to deal with deviant and devious behavior and to create safe environments, too many schools overrely on negative consequences and plan only for social control. Such practices model behavior that can foster rather than counter the development of negative values and often produce other forms of undesired behavior. Moreover, the tactics often make schools look and feel more like prisons than community treasures.

Disengaged Students, Misbehavior, and Social Control

After an extensive review of the literature, Fredricks, Blumenfeld, and Paris (2004) conclude: Engagement is associated with positive academic outcomes, including achievement and persistence in school; and it is higher in classrooms with supportive teachers and peers, challenging and authentic tasks, opportunities for choice, and sufficient structure. Conversely, for many students, disengagement is associated with behavior problems, and behavior and learning problems eventual dropout. The degree of concern about student engagement varies depending on school population (see Exhibit 13 in Chapter 3).
In general, teaching involves being able to apply strategies focused on content to be taught and knowledge and skills to be acquired – with some degree of attention given to the process of engaging students. All this works fine in schools where most students come each day ready and able to deal with what the teacher is ready and able to teach. Indeed, teachers are fortunate when they have a classroom where the majority of students show up and are receptive to the planned lessons. In schools that are the greatest focus of public criticism, this certainly is not the case. What most of us realize, at least at some level, is that teachers in such settings are confronted with an entirely different teaching situation. Among the various supports they absolutely must have are ways to re-engage students who have become disengaged and often resistant to broad-band (non-personalized) teaching approaches. To the dismay of most teachers, however, strategies for re-engaging students in learning rarely are a prominent part of pre or in-service preparation and seldom are the focus of interventions pursued by professionals whose role is to support teachers and students (National Research Council and the Institute of Medicine, 2004).

It is commonplace to find that, when a student is not engaged in the lessons at hand, they tend to pursue other activity. As teachers and other staff try to cope, with those who are disruptive, the main concern usually is “classroom management.” At one time, a heavy dose of punishment was the dominant approach. Currently, the stress is on more positive practices designed to provide “behavior support” in and out-of-the-classroom. For the most part, however, the strategies are applied as a form of socialization and social control aimed directly at minimizing disruptive behavior and stop short of helping teachers learn how to re-engage students in classroom learning.

An often stated assumption is that stopping the behavior will make the student amenable to teaching. In a few cases, this may be so. However, the assumption ignores all the work that has led to understanding psychological reactance and the need to restore one’s sense of self-determination (Deci & Ryan, 2002; Deci & Ryan, 1985). Moreover, it belies two painful realities: the number of students who continue to manifest poor academic achievement and the staggering dropout rate in too many schools.

For years, schools have been criticized for overemphasizing punishment. To move schools beyond over-reliance on punishment, there is ongoing advocacy for initiating social skills training, asset development, character education, and positive behavior interventions and supports (Bear, 2008). The move from punishment to positive approaches is a welcome one. However, most of the new initiatives have not focused enough on a basic system failure that must be addressed if improved behavior is to be maintained. That is,
there has been too little attention to helping teachers deal with student engagement problems and other related motivational concerns (Wigfield & Wentzel, 2007).

Student engagement encompasses not only engaging and maintaining engagement, but also re-engaging those who have disengaged. Of particular concern is what teachers do when they encounter a student who has disengaged and is misbehaving. Viewing misbehavior in this way suggests there are many instances when the intervention emphasis shouldn’t end with implementing social control techniques and eliminating situational triggers.

Indeed, from a prevention perspective, it seems clear that a substantial focus must be on ways to re-engage students who have become disengaged and resistant to standard instruction. It is terribly ironic, then, that strategies that have the greatest likelihood of re-engage students in learning tend to be ignored in pre or in-service preparation. And, such strategies seldom are the focus of interventions applied by professionals whose role is to support teachers and students.

Because of the frequency with which a student may be misbehaving, teachers often feel they must deal with the behavior problem before they can work on the matters of engagement and accommodation. Therefore, let’s take a close look at this matter. Unfortunately, too many people see punishment as the only recourse in dealing with 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.

In their effort to deal with deviant and devious behavior and create safe environments, teachers and other school staff increasingly have adopted social control strategies. These include some discipline and classroom management practices that often model behavior that fosters (rather than counters) development of negative values. See Exhibit 30 for an overview of prevailing discipline practices.

It is worth noting that 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 domestic abuse.
Exhibit 30

Defining and Categorizing Discipline Practices

The two mandates that shape much of current practice are: (1) schools must teach self-discipline to students; and (2) teachers must learn to use disciplinary practices effectively to deal with misbehavior.

Knoff 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 inappropriate 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 categorize models shaping disciplinary practices into 5 groups: psychodynamic-interpersonal models, behavioral models, sociological models, eclectic-ecological models, and human-potential models.

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

- relationship-listening models
- confronting-contracting models
- rules/rewards-punishment

Bear 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)
In schools, short of suspending the individual, punishment essentially 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. 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. These attitudes often lead to more behavior problems, 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.

Most school guidelines for managing misbehavior stress that discipline should be reasonable, fair, and nondenigrating (e.g., should be experienced by recipients as legitimate reactions that neither denigrate one's sense of worth nor reduce one's sense of autonomy).

With this in mind, classroom management practices usually emphasize establishing and administering logical consequences. Such an idea is generalized from situations where there are naturally-occurring consequences, such as touching a hot stove causes a burn. (See the Exhibit 31 for more on the topic of logical consequences.)

Specific discipline practices ignore the broader picture that every classroom teacher must keep in mind. The immediate objective of stopping misbehavior must be accomplished in ways that maximize the likelihood that the teacher can engage/re-engage the student in instruction and positive learning.

From a prevention viewpoint, there is widespread awareness that program improvements that engage and re-engage students can reduce behavior (and learning) problems significantly. It also is recognized that the application of consequences is an insufficient step in preventing future misbehavior. Therefore, as outlined in Exhibit 32, interventions for misbehavior should be conceived in terms of:

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

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 eyes 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 things they want and/or making them experience something they don't want. Consequences take the form of (a) removal/deprivation (e.g., loss of privileges, removal from an activity), (b) reprimands (e.g., public censure), (c) reparations (e.g., to compensate for losses caused by 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 nondisabled, 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.

If discipline is 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 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 publicly 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).
Exhibit 32

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 (comprising 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. 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)

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
   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)
One reaction to all the negative approaches to discipline has been the development of initiatives for using positive behavioral interventions and supports. For various reasons, the first emphasis on this in schools came in the field of special education. As noted by the U.S. Department of Education:

“Students who receive special education as a result of behavior problems must have individualized education programs that include behavior goals, objectives, and intervention plans. While current laws driving special education do not require specific procedures and plans for these students, it is recommended that their IEPs be based on functional behavioral assessments and include proactive positive behavioral interventions and supports” (PBS).

PBS encompasses a range of interventions that are implemented in a systematic manner based on a student’s demonstrated level of need. It is supposed to address factors in the environment that are relevant to the causes and correction of behavior problems.

While the focus was first on special education, the initiative has expanded into school-wide applications of behavioral techniques, with an emphasis on teaching specific social skills (Bear, 2008). Here is how the U.S. Department of Education emphasizes use of School-Wide Positive Behavioral Support (PBS) including universal, group, and individual interventions.

“In the past, school-wide discipline has focused mainly on reacting to specific student misbehavior by implementing punishment-based strategies including reprimands, loss of privileges, office referrals, suspensions, and expulsions. Research has shown that the implementation of punishment, especially when it is used inconsistently and in the absence of other positive strategies, is ineffective. Introducing, modeling, and reinforcing positive social behavior is an important of a student’s educational experience. Teaching behavioral expectations and rewarding students for following them is a much more positive approach than waiting for misbehavior to occur before responding.”

“The purpose of school-wide PBS is to establish a climate in which appropriate behavior is the norm. A major advance in school-wide discipline is the emphasis on school-wide systems of support that include proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments. Instead of using a patchwork of individual behavioral management plans, a continuum of positive behavior support for all students within
a school is implemented in areas including the classroom and nonclassroom settings (such as hallways, restrooms). Positive behavior support is an application of a behaviorally-based systems approach to enhance the capacity of schools, families, and communities to design effective environments that improve the link between research-validated practices and the environments in which teaching and learning occurs. Attention is focused on creating and sustaining primary (school-wide), secondary (classroom), and tertiary (individual) systems of support that improve lifestyle results (personal, health, social, family, work, recreation) for all children and youth by making problem behavior less effective, efficient, and relevant, and desired behavior more functional.”

“The school-wide PBS process emphasizes the creation of systems that support the adoption and durable implementation of evidence-based practices and procedures, and fit within ongoing school reform efforts. An interactive approach that includes opportunities to correct and improve four key elements is used in school-wide PBS focusing on:

- Outcomes: academic and behavior targets that are endorsed and emphasized by students, families, and educators.
- Practices: interventions and strategies that are evidence based.
- Data: information that is used to identify status, need for change, and effects of interventions.
- Systems: supports that are needed to enable the accurate and durable implementation of the practices of PBS.

“All effective school-wide systems have seven major components in common a) an agreed upon and common approach to discipline, b) a positive statement of purpose, c) a small number of positively stated expectations for all students and staff, d) procedures for teaching these expectations to students, e) a continuum of procedures for encouraging displays and maintenance of these expectations, f) a continuum of procedures for discouraging displays of rule-violating behavior, and g) procedures for monitoring and evaluation the effectiveness of the discipline system on a regular and frequent basis.”

With the growing emphasis on Response to Intervention (RtI) initiatives, efforts are being made to tie PBS and RtI together into a shared problem solving approach. The intent is to correct existing problems and to enhance prevention.
Moving beyond socialization, social control, and behavior modification and with an emphasis on engagement, there 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 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.

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 reactive and proactive behavior 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 motivation theory suggests that corrective interventions for those misbehaving reactively requires steps designed to reduce reactance and enhance positive motivation for participation. 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. 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.

One facet of addressing misbehavior proactively is the focus on promoting healthy social and emotional development. This emphasis meshes well with a school’s goals related to enhancing students’ personal and social well being. And, it is essential to efforts to transform classrooms and schools through creation of an atmosphere of "caring," "cooperative learning," and a "sense of community" (including greater home involvement). An agenda for promoting social and emotional learning encourages a holistic and family-centered orientation and approaches that increases positive engagement in learning at school and enhances personal responsibility (social and moral), integrity, self-regulation (self-discipline), a work ethic, diverse talents, and positive feelings about self and others.

In some form or another, every school has goals that emphasize a desire to enhance students’ personal and social functioning. Such goals reflect an understanding that social and emotional growth plays an important role in

- enhancing the daily smooth functioning of schools and the emergence of a safe, caring, and supportive school climate
For most individuals, learning social skills and emotional regulation are part of normal development and socialization. Thus, social and emotional learning is not primarily a formal training process. This can be true even for some individuals who are seen as having behavior and emotional problems. (While poor social skills are identified as a symptom and contributing factor in a wide range of educational, psychosocial, and mental health problems, it is important to remember that symptoms are correlates.)

As formulated by the Collaborative for Academic, Social, and Emotional Learning (CASEL), social and emotional learning (SEL) “is a process for helping children and even adults develop the fundamental skills for life effectiveness. SEL teaches the skills we all need to handle ourselves, our relationships, and our work, effectively and ethically. These skills include recognizing and managing our emotions, developing caring and concern for others, establishing positive relationships, making responsible decisions, and handling challenging situations constructively and ethically. They are the skills that allow children to calm themselves when angry, make friends, resolve conflicts respectfully, and make ethical and safe choices.”

CASEL also views SEL as “providing a framework for school improvement. Teaching SEL skills helps create and maintain safe, caring learning environments. The most beneficial programs provide sequential and developmentally appropriate instruction in SEL skills. They are implemented in a coordinated manner, school-wide, from preschool through high school. Lessons are reinforced in the classroom, during out-of-school activities, and at home. Educators receive ongoing professional development in SEL. And families and schools work together to promote children’s social, emotional, and academic success.”

Because of the scope of SEL programming, the work is conceived as multi-year. The process stresses adult modeling and coaching and student practice to solidify learning related to social and emotional awareness or self and others, self-management, responsible decision making, and relationship skills.
Natural Opportunities to Promote Social and Emotional Learning

Sometimes the agenda for promoting social and emotional learning takes the form of a special curriculum (e.g., social skills training, character education, assets development) or is incorporated into the regular curricula. In addition, efforts to enhance classroom and schoolwide practices can and need to do much more to (a) capitalize on natural opportunities at schools to promote social and emotional development and (b) minimize transactions that interfere with positive growth in these areas. Natural opportunities are one of the most authentic examples of “teachable moments.”

An appreciation of what needs attention at a school can be garnered readily by looking at the school day and school year through the lens of goals for personal and social functioning. Is instruction carried out in ways that strengthen or hinder development of interpersonal skills and connections and student understanding of self and others? Is cooperative learning and sharing promoted? Is counterproductive competition minimized? Are interpersonal conflicts mainly suppressed or are they used as learning opportunities? Are roles provided for all students to be positive helpers throughout the school and community?

Particular attention needs to be paid to:

- **Daily opportunities.** Schools are social milieus. Each day in the classroom and around the school students interact with their peers and various adults in formal and informal ways. Every encounter, positive and negative, represents a potential learning experience. All school staff, and especially teachers, can be taught ways to capitalize on these to enhance social-emotional learning and minimize transactions that work against positive growth.

- **Yearly patterns.** The culture of most schools yields fairly predictable patterns over the course of the year. The beginning of the school year, for example, typically is a period of hope. As the year progresses, a variety of stressors are encountered. Examples include homework assignments that are experienced as increasingly difficult, interpersonal conflicts, and testing and grading pressures. There also are special circumstances associated with holidays, social events, sports, grade promotions, and graduation.

  Each month strategies can be implemented that encourage school staff to enhance coping and minimize stressors through social-emotional learning and shared problem solving. The point is to establish a focus each month and build the capacity of school staff to evolve the school culture in ways that reduce unnecessary stressors and naturally
promote social and emotional development. (Monthly themes are readily generated; a few examples are listed in section II of Exhibit 33. For resources to pursue these monthly themes, go to the Center for Mental Health in Schools at UCLA – http://smhp.psych.ucla.edu)

• **Transitions.** As is evident, students are regularly confronted with a variety of transitions – changing schools, changing grades, and encountering a range of other minor and major transitory demands. Every transition can exacerbate problems or be used to promote positive learning and attitudes and reduce alienation. However, institutionalized efforts to support students through such transitions often are neglected. Examples of school-wide and classroom-specific opportunities to address transitions proactively include a focus on welcoming new arrivals (students, their families, staff); providing ongoing social supports as students adjust to new grades, new schools, new programs; and using before and after-school and inter-session activities as times for ensuring generalization and enrichment of such learning.

• **Early after a problem arises.** Stated simply, every student problem represents a need and an opportunity for learning – and often what needs to be learned falls into the social-emotional arena. A theme throughout this volume has been that, whatever the first response, the second response to such problems should be a focus on promoting personal and social growth.

Exhibit 33 offers examples of natural opportunities for promoting personal and social growth related to each of the above groupings.

I told her the dog ate my homework.
So she gave my dog and F and sent me to the doghouse!
Exhibit 33

Examples of Natural Opportunities at School to Promote Social-Emotional Learning

I. Using Natural Daily Opportunities

A. In the classroom (e.g., as students relate to each other and to staff during class and group instruction; as essential aspects of cooperative learning and peer sharing and tutoring; as one facet of addressing interpersonal and learning problems)

B. School-wide (e.g., providing roles for all students to be positive helpers and leaders throughout the school and community; engaging students in strategies to enhance a caring, supportive, and safe school climate; as essential aspects of conflict resolution and crisis prevention)

II. In Response to Yearly Patterns – Schools have a yearly rhythm, changing with the cycle and demands of the school calendar. The following are examples of monthly themes the Center has developed for schools to draw upon and go beyond. The idea is to establish focal points for minimizing potential problems and pursuing natural opportunities to promote social-emotional learning.

September – Getting off to a Good Start
October – Enabling School Adjustment
November – Responding to Referrals in Ways That Can "Stem the Tide"
December – Re-engaging Students: Using a student's time off in ways that pay off!
January – New Year's Resolutions — A Time for Renewal; A New Start for Everyone
February – The Mid-Point of a School Year - Report Cards & Conferences: Another Barrier or a Challenging Opportunity
March – Reducing Stress; Preventing Burnout
April – Spring Can Be a High Risk Time for Students
May – Time to Help Students and Families Plan Successful Transitions to a New Grade or School
June – Summer and the Living Ain't Easy
July – Using "Down Time" to Plan Better Ways to Work Together in Providing Learning Supports
August – Now is the Time to Develop Ways to Avoid Burnout

III. During Transitions

A. Daily (e.g., capturing opportunities before school, during breaks, lunch, afterschool)

B. Newcomers (e.g., as part of welcoming and social support processes; in addressing school adjustment difficulties)

C. Grade-to-grade (e.g., preparing students for the next year; addressing adjustment difficulties as the year begins)

IV. At the First Indication that a Student is Experiencing Problems – Enhancing social and emotional functioning is a natural focus of early-after-onset interventions for learning, behavior, and emotional 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 so many studies have found the range of skills acquired are quite limited and so is the generalizability and maintenance of outcomes. 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). Conclusions based on reviews of social skills training over several decades are that individual studies show effectiveness, but outcome studies often have shown lack generalizability and social validity. However, the focus has been mainly on social skills training for students with emotional and behavior disorders.

Recent analyses by researchers involved with the Collaborative for Academic, Social, and Emotional Learning (CASEL) suggest that “students who receive SEL programming academically outperform their peers, compared to those who do not receive SEL. Those students also get better grades and graduate at higher rates. Effective SEL programming drives academic learning, and it also drives social outcomes such as positive peer relationships, caring and empathy, and social engagement. Social and emotional instruction also leads to reductions in problem behavior such as drug use, violence, and delinquency” (CASEL, 2007).

Promotion of mental health encompasses efforts to enhance knowledge, skills, and attitudes in order to foster social and emotional development, a healthy lifestyle, and personal well-being. Promoting healthy development, well-being, and a value-based life are important ends unto themselves and overlap primary, secondary, and tertiary interventions to prevent mental health and psychosocial problems.

Interventions to promote mental health encompass not only strengthening individuals, but also enhancing nurturing and supportive conditions at school, at home, and in the neighborhood. All this includes a particular emphasis on increasing opportunities for personal development and empowerment by promoting conditions that foster and strengthen positive attitudes and behaviors (e.g., enhancing motivation and capability to pursue positive goals, resist negative influences, and overcome barriers). It also includes efforts to maintain and enhance physical health and safety and inoculate against problems (e.g., providing positive and negative information, skill instruction, and fostering attitudes that build resistance and resilience). Exhibit 34 outlines a synthesis of major areas of focus relevant to mental health promotion.
Areas of Focus in Enhancing Healthy Psychosocial Development

Responsibility and integrity (e.g., understanding and valuing of societal expectations and moral courses of action)

Self-esteem (e.g., feelings of competence, self-determination, and being connected to others)

Social and working relationships (e.g., social awareness, empathy, respect, communication, interpersonal cooperation and problem solving, critical thinking, judgement, and decision making)

Self-evaluation/self-direction/self-regulation (e.g., understanding of self and impact on others, development of personal goals, initiative, and functional autonomy)

Temperament (e.g., emotional stability and responsiveness)

Personal safety and safe behavior (e.g., understanding and valuing of ways to maintain safety, avoid violence, resist drug abuse, and prevent sexual abuse)

Health maintenance (e.g., understanding and valuing of ways to maintain physical and mental health)

Effective physical functioning (e.g., understanding and valuing of how to develop and maintain physical fitness)

Careers and life roles (e.g., awareness of vocational options, changing nature of sex roles, stress management)

Creativity (e.g., breaking set)

While schools alone are not responsible for all that is outline in the Exhibit, they do play a significant role, albeit sometimes not a positive one, in social and emotional development. School improvement plans need to encompass ways the school will (1) **directly facilitate** social and emotional (as well as physical) development and (2) **minimize threats** to positive development (CASEL, 2007; Graczyk, Domitrovich, & Zins, 2003; Gray, Young, Barnekow, 2006; Jané-Llapis & Barry, 2005; Power, DuPaul, Shapiro, & Kazak, 2003; Stewart-Brown, 2006; Weare, 2000; World Health Organization, 2004).

In doing so, appreciation of differences in levels of development and developmental demands at different ages is fundamental, and
personalized implementation to account for individual differences is essential.

From a mental health perspective, helpful guidelines are found in research clarifying normal trends for school-age youngsters’ efforts to feel competent, self-determining, and connected with significant others (Deci & Ryan, 2002). And, measurement of such feelings can provide indicators of the impact of a school on mental health. Positive findings can be expected to correlate with school engagement and academic progress. Negative findings can be expected to correlate with student anxiety, fear, anger, alienation, a sense of losing control, a sense of impotence, hopelessness, powerlessness. In turn, these negative thoughts, feelings, and attitudes can lead to externalizing (aggressive, "acting out") or internalizing (withdrawal, self-punishing, delusional) behaviors.

Clearly, promoting mental health has payoffs both academically and for reducing problems at schools. Therefore, it seems evident that an enhanced commitment to mental health promotion must be a key facet of the renewed emphasis on the whole child by education leaders (Association for Supervision and Curriculum, 2007).

Concluding Comments

By this point, it should be clear that responding to behavior problems and promoting social and emotional development and learning needs to be done in the context of a comprehensive system designed to address barriers to learning and (re)engage students in classroom learning. In this respect, the developmental trend in thinking about how to respond to misbehavior must be toward practices that embrace an expanded view of engagement and human motivation and that includes a focus on social and emotional learning (see Exhibit 35).

Relatedly, motivational research and theory are guiding the development of interventions designed to enhance student’s motivation and counter disengagement (Adelman & Taylor, 2006; Brophy, 2004; National Research Council and the Institute of Medicine, 2004; Vansteenkiste, Lens, & Deci, 2006; Wentzel & Wigfield, 2007). And, there is growing appreciation for power of intrinsic motivation (Deci & Ryan, 2002). As John Holt noted half seriously: I suspect that many children would learn arithmetic, and learn it better, if it were illegal.
Exhibit 35
Developmental Trend in Intervention Thinking: Behavioral Initiatives and Beyond

<table>
<thead>
<tr>
<th>Application of Motivational Thinking</th>
<th>Intervention Approach</th>
<th>Proportion of Students Addressed</th>
<th>Focus of Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanded Views of Human Motivation</td>
<td>Comprehensive, Multifaceted Approach (incorporating a focus on intrinsic motivation &amp; re-engagement)</td>
<td>Mostly Reactive</td>
<td>Mostly Reactive</td>
</tr>
<tr>
<td>Positive Behavior Modification &amp; Prevailing Behavioral Initiatives</td>
<td>Assets Development/ Character Education/ Positive Behavior Support</td>
<td>Mostly Reactive</td>
<td>Mostly Reactive</td>
</tr>
<tr>
<td></td>
<td>Functional Behavior Analysis &amp; interventions (skills training/ behavioral health)</td>
<td>Mostly Reactive</td>
<td>Mostly Reactive</td>
</tr>
<tr>
<td>Negative Behavior Modification</td>
<td>Punishment</td>
<td>Mostly Reactive</td>
<td>Mostly Reactive</td>
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References


Also note: The journal *Educational Psychologist* devoted all of volume 42 (2007) to motivational interventions. See contents at http://www.leaonline.com/toc/ep/42/4

11-21
12. Mental Health Assistance for Students at School

Society defines what is exceptional or deviant, and appropriate treatments are designed quite as much to protect society as they are to help the child. . . . “To take care of them” can and should be read with two meanings: to give children help and to exclude them from the community.

Nicholas Hobbs

No one is certain of the exact number of students whose behavior, learning, and emotional problems could benefit from mental health assistance. There is consensus, however, that there are many students who need such supports, and it is evident that their needs are not well addressed by most schools. While the need is clear, there is no consensus when it comes to the question: What is the appropriate role for schools in assisting society with addressing mental health problems?

As has been stressed throughout this book, focusing only on the problems of specific students and pursuing clinical interventions tends to limit thinking about this question. That is, it biases perceptions and attributions of what has caused the problems and what needs to change. Adopting a broader, transactional perspective suggests that efforts often should be directed at changing environments and improving programs as a necessary and sometimes sufficient step, and it is a step that schools not only can but need to take (see Chapters 5 and 10).

From this perspective, we stress that when students are identified as having problems, the first question that must be asked is not What's wrong with the students? Rather, the question should be What external factors may be causing the problems? Asking that question encourages assessment of whether the environment needs attention.

Of course, whether or not the problem resides with the environment, students may require some special assistance and can benefit from other interventions designed to prevent mental health problems. Such practices and processes are the focus of this chapter. Before highlighting each of these interventions, we want to emphasize the importance of adopting a consumer orientation to the work.

A Consumer Orientation

In the helping professions, there has long been concern about processes that inappropriately distance, depersonalize, and desensitize practitioners from those they serve. There also is concern about power imbalances that disempower individuals and groups and increase dependency on professionals. The complexity of these matters increases for those working with minors and in schools. Questions about What is in a youngster's best interest? and Who should decide? arise daily when a student is having difficulties.

In school settings, adults tend to make many decisions for students, often without involving the youngster's caregivers. As professionals know all too well, decisions made related to triage, referral, and "case" management often have profound, life-shaping effects. And, even the best interventions have potential negative "side effects."
In school settings, adults tend to make many decisions for students. From another perspective, it is evident that decisions made about—rather than with—individuals often don't work out.

Because of all this, a basic principle underlying the following discussion is that students must be involved in major decisions designed to provide them with special assistance. Relatedly, except in rare instances, parents or guardians also must be involved.

Obviously, there are significant exceptions to this principle. However, as a general guideline, the benefits of its application for most young people and for society are likely to far outweigh the costs involved.

After adopting this principle, it is a short leap to adopting the stance that school-based assistance for students and families should be consumer-oriented. In a real sense, school personnel and the families and students they serve are all consumers.

In the United States, federal guidelines stress the obligation of schools to identify certain problems, inform parents of their rights related to special programs, and ensure that proper assistance is provided. Among other practices, such mandates involve schools in a range of activity related to triage, referral, consultation, and management of care. For the most part, schools carry out such interventions in ways that are not consumer-oriented.

For example, referrals tend to be made in a rather directive manner, without much information and discussion. Moreover, systematically gathered consumer feedback is virtually nonexistent.

It is generally the case that good intervention depends less on the intervener's perspective and preferences than on the match between the intervention and the practical and psychological requirements of the client (financial costs, geographical location, intervener and intervention characteristics). Thus, even if professionals could adequately and objectively evaluate and ensure the quality of an intervention, they would still be confronted with the complex problem of determining that the intervention-client match is a good one. As a general guideline, then, we propose that the more a profession is consumer-oriented, the greater the likelihood of good practice.

The goal of consumer-oriented practices is to

- clarify the range of relevant intervention options
- provide good information about each (cost, location, intervention rationale and features, evidence about positive and negative effects, and, where feasible, previous consumer evaluations)
- provide good information about each (cost, location, intervention rationale and features, evidence about positive and negative effects, and, where feasible, previous consumer evaluations)
- use consultation processes that effectively involve clients in decisions.

The best consumer protection, of course, is a good professional (see Exhibit 36)

Schools provide a particularly good place for students who are experiencing problems to seek help. A challenge for school staff is how to create an environment that encourages students (and families) to seek help when they need it. In order to create such an environment students need information on what programs and services are available, how to access them, confidence in those providing services, assurance of privacy and confidentiality.

### Exhibit 36

**The Best Consumer Protection is a Good Professional**

All professionals, of course, mean to do good. But what constitutes a "good" professional? For consumer advocates, a consumer orientation is at the heart of the matter. Indeed, such an orientation is found in a set of professional guidelines formulated by the American Psychological Association. These guidelines state that members of a good profession:

1. Guide their practices and policies by a sense of social responsibility;
2. Devote more of their energies to serving the public interest than to "guild" functions and to building ingroup strength;
3. Represent accurately to the public their demonstrable competence;
4. Develop and enforce a code of ethics primarily to protect the client and only secondarily to protect themselves;
5. Identify their unique pattern of competencies and focus their efforts to carrying out those functions for which they are best equipped;
6. Engage in cooperative relations with other professions having related or overlapping competencies and common purposes;
7. Seek an adaptive balance among efforts devoted to research, teaching, and application;
8. Maintain open channels of communication among "discoverers," teachers, and appliers of knowledge;
9. Avoid nonfunctional entrance requirements into the profession, such as those based on race, nationality, creed, or arbitrary personality considerations;
10. Insure that their training is meaningfully related to the subsequent functions of the members of the profession;
11. Guard against premature espousal of any technique or theory as a final solution to substantive problems;
12. Strive to make their services accessible to all persons seeking such services, regardless of social and financial considerations.
Types of Mental Health Assistance at Schools

A 2008 report done for the Centers for Disease Control and Prevention reviews school laws and policies concerning child and adolescent health (Centers for Law and the Public’s Health, 2008). It stresses the following with respect to mental health assistance provided by schools:

All states allow for the provision of counseling, psychological, and social services in school settings, but the scope and content of these services vary across states, school districts, and individual schools. State laws do not typically require that all students have access to specific services at school or outline how services should be provided. Nevertheless, access to and eligibility for mental health services in schools are widespread. A recent report by SAMHSA concluded that all students were eligible to receive mental health services in 87% of schools surveyed. ... These services include individual and group assessments, interventions, and referrals. ...

Students may need treatment for mental health conditions ranging from depression and suicidality to attention deficit/hyperactivity disorder (ADHD) and stress. Schools may also provide a number of other counseling and social services, such as counseling and treatment for eating disorders, substance abuse, tobacco use, and physical, sexual, or emotional abuse. ...

Schools may facilitate counseling, psychological, and social services through multiple mechanisms, including on-site services by a variety of professionals employed by the school (e.g., school counselors, psychologists, nurses, and social workers), delivery of services by SBHCs, and referrals to off-site health providers (with appropriate prior written consent if personal information is disclosed). ...

Treatment services or referrals are widely available in schools. Some states have initiated proactive measures to expand access to school mental health services. ... Others mandate that schools implement programs to detect and treat substance abuse. ...

Recommending the use of psychotropic drugs has been a contentious issue at the state level. Several states, including Connecticut, Illinois, Texas, and Virginia, prohibit school officials from recommending that students use psychotropic drugs.

In our work, we think in terms of types of assistance needed and provided rather than labeling all the practices as services. By way of
overview, Exhibit 37 outlines some specific practices related to providing special assistance interventions at a schools. We begin by discussing the types of help students might need and then explore what is involved in connecting students with such special assistance. The types of help outlined are: (1) open-enrollment programs, (2) direct instruction, (3) psychosocial guidance and support, (4) psychosocial counseling, and (5) highly specialized interventions for severe problems. After briefly discussing each of these forms of help, we highlight the importance of psychological first-aid in response to crises and mental health education as a contributor to prevention.

Open-enrollment Programs

Schools can offer a variety of open-enrollment programs designed to foster and enhance positive mental health and socio-emotional functioning. These encompass a host of recreation, community service, and work opportunities. Examples include after school clubs and intramural sports; service learning and job shadowing programs; music, drama, art, and crafts classes. Students can take leadership roles in welcoming programs for new students and families and in peer tutoring, mediation, counseling, and mentoring programs. They can also help establish strategies to change the school environment in ways that make it safer, more inviting, and accommodating.

Direct Instruction

To enhance coping with mental health problems, this form of intervention uses didactic approaches to teach specific knowledge, skills, and attitudes and compensatory strategies. This work can be done individually or in a small group in or out of the classroom. While manualized cognitive and metacognitive strategies are available, it is essential to attend to student motivation.

Essentially, good direct instruction reflects the old maxim of "starting where the student is." But more is involved than matching the student's current capabilities. Attending to a student's motivational levels is also critical. Thus, it is the intervener's responsibility to create a process that will be a good fit with the student's capabilities and motivation as key antecedent conditions. And, it also is essential to focus on motivation as critical process and outcome concerns.

To review from an earlier chapter, all instruction must attend to:

- **Motivation is a key antecedent condition** -- That is, it is a prerequisite to functioning. Poor motivational readiness may be (a) a cause of inadequate and problem functioning, (b) a factor maintaining such problems, or (c) both. Thus, strategies are called for that can result in enhanced motivational readiness (including reduction of avoidance motivation) -- so that the student we are trying to help is mobilized to participate.
Exhibit 37

Special Assistance Practices and Processes

- **Initial Problem Identification by Self or Others**
  (In schools, some kind of informal or formal screening occurs leading to problem identification. If there is not enough available information to understand the problem, it is necessary to decide whether to ask for an in-depth assessment – including testing.)

- **Formal Assessment**
  (As appropriate. And, given limited school resources for testing, there may be a need for a triage process to prioritize the most pressing problems)

- **Review of Available Information and Collection of Additional Data Through Informal Observations and Interviews**

- **Triage**
  (Decisions to proceed based on analysis of how pressing the problem is)

- **Consultation and Referral**

- **Initial Management of Care to Ensure Access & Follow-through**

- **Direct Instruction**
- **Psychosocial Guidance & Support**
- **Psychosocial Counseling**

- **Open-Enrollment Programs**
  (e.g., social, recreational, and other enrichment programs; self-help and mutual support programs)

- **Highly Specialized Interventions for Severe Problems**
  (e.g., special educ.)

*The various types of special assistance are not mutually exclusive. Problems that are mild often can be addressed through participation in open-enrollment programs that do not require special referral and triage for admission.
Motivation is a key ongoing process concern – Processes must elicit, enhance, and maintain motivation so that the student we are trying to help stays mobilized. For instance, a student may value a hoped for outcome but may get bored with the processes we tend to use.

With respect to both readiness and ongoing motivation, conditions likely to lead to negative motivation and avoidance reactions must be avoided or at least minimized. Of particular concern are activities students perceive as unchallenging, uninteresting, over-demanding, or overwhelming and a structure that seriously limits their range of options or that is overcontrolling and coercive. Examples of conditions that can have a negative impact on a student's motivation are excessive rules, criticism, and confrontation.

Enhancing intrinsic motivation is a basic outcome concern – A student may be motivated to work on a problem during counseling but not elsewhere. Responding to this concern requires strategies to enhance stable, positive attitudes that mobilize the student to act outside the intervention context and after the intervention is terminated.

The less one understands the background and experiences that have shaped a student, the harder it may be to create a good fit. This problem is at the root of concerns about working with students who come from different cultures. And, it is, of course, a concern that arises around a host of individual differences.

Each day many students require a small dose of personalized guidance and support to enhance their motivation and capability for coping with stressors. Others who are involved in therapeutic treatment (e.g., personal counseling, psychotherapy, psychotropic medication) need someone who understands the treatment and can deal with related concerns that arise at school.

Personalized guidance and support is best provided on a regular basis in the classroom and at home. Student support staff can (a) help teachers function in ways where they directly provide such support or do so through use of various activities and peer support strategies and (b) mobilize and enhance support from those in the home.

Student support staff also are logical persons for a student to contact if something is amiss between what is happening at school and the student's therapeutic regimen. And, they are good resources to interface with a student's personal counselor or therapist and to act as a school-site case manager so that there is coordination between the school's efforts to teach and any treatment the student is receiving.
Guidance and support involves a range of potential activity:

- advising
- advocacy and protection
- providing support for transitions (e.g., orienting new students and connecting them with social support networks, facilitating students with special needs as they transition to and from programs and services)
- mediation and conflict resolution
- promoting and fostering opportunities for social and emotional development
- being a liaison between school and home.
- being a liaison between school and other professionals serving a student

Note: Special considerations and concerns arise related to students taking psychotropic medications (see end of the chapter for Center resources on this topic).

Good counseling builds on the type of caring which is fundamental to all helping relationships. It also encompasses the basics of any good working relationship—and a bit more. Some basics are highlighted here.

In general, counseling requires the ability to carry on a productive dialogue, that is, to talk with, not at, others. This begins with the ability to be an active (good) listener and to avoid prying and being judgmental. It also involves knowing when to share information and relate one's own experiences as appropriate and needed.

Counseling also requires the ability to create a working relationship that quickly conveys to the student

- *positive value and expectation* (that something of value can and will be gained from the experience)

- *personal credibility* (that the counselor is someone who can help and can be trusted to be keep his or her word, be fair, and be consistent, yet flexible)

- *permission and protection to engage in exploration and change* (that the situation is one where there are clear guidelines saying it is okay and safe to say what's on one's mind).

All this enables the counselor to elicit a student's concerns.
Then, the process requires the ability to respond with

- **empathy, warmth, and nurturance** (e.g., the ability to understand and appreciate what others are thinking and feeling, transmit a sense of liking, express appropriate reassurance and praise, minimize criticism and confrontation)
- **genuine regard and respect** (e.g., the ability to transmit real interest, acceptance, and validation of the other's feelings and to interact in a way that enables others to maintain a feeling of integrity and personal control).

Personal counseling for students aims at enabling them to increase their sense of competence, personal control, and self-direction – all with a view to enhancing ability to relate better to others and perform better at school. When a counseling relationship is established with a student, care must be taken not to undermine these aims by allowing the student to become dependent and overrely on you. Ways to minimize such dependency include

- giving advice rarely, if at all
- ensuring that the student takes personal responsibility for her or his efforts to deal with problems and assumes credit for progress
- ensuring that the student doesn't misinterpret your efforts to help or lose sight of the limits on your relationship
- helping the student identify when it is appropriate to seek support and clarifying a wide range of ways to do so.
- planning a careful transition for termination

Most counseling at a school site is short-term. Some will be informal – brief encounters with students who drop-in or are encountered somewhere on campus. All encounters have the potential to be productive as long as one attends to student motivation as key antecedent and process conditions and as an important outcome concern.

Regardless of how long a student is seen for counseling, if a relationship has been established, it eventually must end. In effect, such termination is a transition. It involves discussing the fact that the counseling is coming to an end, exploring any anxiety the student has about this, and reassuring the student about how s/he can deal with subsequent problems (e.g., by establishing a connection with staff, peers, family who agree to be a support network). If feasible, an invitation should be extended asking the student to share periodically how things are going.

If the student is being referred for more counseling, it is important to provide support for a smooth transition, including clarifying what should be share with the new counselor and by whom.
Highly Specialized Interventions for Severe Problems

Any and all of the above can apply to students who have severe mental health problems. In addition, such students require extensive accommodations and specialized, intensive help.

Legislation spells out the rights and entitlements of such students to ensure appropriate special assistance is provided them. For example, Section 504 of the 1973 Rehabilitation Act (anti-discrimination, civil rights legislation) provides a basis for a school not only to provide special accommodations for students who are eligible under the Individuals with Disabilities Education Act (IDEA) but for any who are identified as having some physical or mental impairment that affects a major life activity, such as learning at school. Section 504 protects all school-age children who qualify as disabled: (1) has or (2) has had a physical or mental impairment which substantially limits a major life activity or (3) is regarded as disabled by others. The disabling condition need only limit one major life activity in order for the student to be eligible. Children receiving special education services under the Individual's with Disabilities Act (IDEA) are also protected by Section 504.

Accommodations should be considered when

- a student shows a pattern of not benefiting from the instruction being provided
- retention is being considered
- a student exhibits a chronic health or mental health condition
- a student returns to school after being hospitalized
- long-term suspension or expulsion is being considered
- a student is evaluated and found not eligible for Special Education services or is transitioning out of Special Education
- substance abuse is an issue
- when a student is "at risk" for dropping out
- when a student is taking medication at school

Accommodations to meet educational needs may focus on the curriculum, classroom and homework assignments, testing, grading, and so forth. Such accommodations are primarily offered in regular classrooms.

A school’s student review team provides a major mechanism for ensuring that appropriate accommodations are planned (see Exhibit 38). A 504 plan provides:

- an evaluation based on current levels of performance, teacher reports, and documentation of areas of concern
• the development/implementation of an accommodation plan which specifies "reasonable" modifications in order for the student to benefit from his/her educational program;
• procedural safeguards for students and parents including written notification of all District decisions concerning the student’s evaluation or educational placement and
• due process
• review and re-evaluation of modifications and placement on a regular basis and prior to any change in placement.

If special education services and/or placements are considered, a school’s Individual Education Planning (IEP) team comes into play. When decisions are made to include psychotherapy or behavior change interventions, increasing attention is given to empirically supported treatments (see Chapters 4 and 16).

Whenever special education placements are considered, appropriate attention must be given to inclusion and transitions. Appropriate inclusion for students with special needs begins with ensuring that only those who cannot be helped effectively in the mainstream are referred to special placements. When data indicate that a person is not making appropriate progress, whatever the cause, the tendency is to consider use of special services and placements. Such a decision often includes the profound move of transferring an individual out of a mainstream setting into a special environment. The decision usually is based on whether the person's problem is viewed as mild to moderate or severe and pervasive, and whether it is related to learning, behavior, emotional, or physical functioning. Persons with severe and pervasive problems often are placed in specialized settings such as remedial classrooms, “alternative” schools, and institutions. Even when such placements are made, it is expected that significant efforts will be made to engage these students part of the time in regular classrooms and other “mainstream” programs in which they are able to function with appropriate accommodations.

And it is expected that most mild to moderate problems will be helped in mainstream settings – either through modifying the setting somewhat, instituting special accommodations, and/or adding extra (ancillary) services or both (see Chapter 10).

Ancillary assistance can involve a variety of interventions: (1) extra instruction such as tutoring, (2) enrichment opportunities such as pursuit of hobbies, arts and crafts, and recreation, (3) psychologically oriented treatments such as individual and family therapy, and (4) biologically oriented treatments such as medication. Placement decisions focus first on major intervention needs, then on which, if any, extra assistance seems indicated. In many cases, decisions about secondary ancillary activity are best made after primary interventions are given an adequate trial and found insufficient.
As discussed in Chapter 7, schools need both case- and resource-oriented teams to address student behavior, learning, and emotional problems. Many schools already have two case-oriented teams – a student review team and an individual education planning team. In addition to these mechanisms, schools need a resource-oriented mechanism (e.g., a Learning Supports Resource Team). Such a team is designed to bring together representatives from all major school and community co-located programs and services that focus on addressing barriers to learning and promoting healthy development.

A student review team mostly focus on students who teachers identify as having mild to moderate problems interfering with their classroom learning and/or performance. Different schools use different names for this team (e.g., Student Study or Success Team, Student Assistance Team, Teacher Assistance Team). It should be stressed that problems that are mild to moderate often can be addressed through participation in programs that do not require action by a student review team. Examples are regular curriculum programs designed to foster positive mental health and socio-emotional functioning; social, recreational, and other enrichment activities; and self-help and mutual support programs. Because anyone can apply directly, such interventions are designated open-enrollment programs in the design figure.

An individual education planning team, usually referred to as an IEP team, is responsible for determining eligibility for special education services and for establishing the general plan for meeting the student’s needs.

As we have stressed, from the time a student is first identified as having a problem, someone should be monitoring/managing the intervention(s). Such a role can be played by members of case-oriented teams.

The process encompasses a constant focus to evaluate the appropriateness and effectiveness of the various efforts. That is, case monitoring is the process of checking regularly to ensure that a student's needs are being met so that appropriate steps can be taken if they are not. Such monitoring continues until the student service needs are addressed. It takes the form of case management when there must be coordination among the efforts of others who are involved (e.g., other services and programs including the efforts of the classroom teacher and those at home).

Monitoring involves follow-ups with interveners and students/families. This can take a variety of formats (e.g., written communications, phone conversations, electronic communications). All such intervention monitoring and management require a system of record keeping designed to maintain an up-to-date record on the status of the student as of the last contact and that reminds staff when a contact should be made.

As previously discussed, a resource team differs from teams created to review individual students because it focuses on managing and enhancing systems to coordinate, integrate, and strengthen interventions. At the same time, many of the same staff usually are on both types of teams. Thus, initial creation of such a team often is best accomplished by broadening the scope of a student review team). In doing so, however, it is essential to separate the agenda and have the members change "hats." Because they often deal with the same families (e.g., families with children at each level of schooling) and link with the same community resources, complexes of schools (a high school and its feeder middle and elementary schools) should work collaboratively. A Complex Resource Council brings together representatives from each school's Resource Team to facilitate coordination and equity among schools in using school and community resources.
About Psychological First Aid: Responding to a Student in Crisis

School and community shootings, natural disasters, death of a family member or a friend, bullying – it is clear that students and their families (and school staff) are exposed to traumatic events and the school must be prepared to play a role in providing psychological first aid. Psychological first aid for students/staff/parents can be as important as medical aid.

As formulated by Pynoos and Nader (1988), psychological first aid is used during and in the immediate aftermath of a crisis. The immediate objective is to help individuals deal with troubling psychological reactions. The following outlines steps in the process; Exhibit 39 outlines some general principles for crisis response.

First: *Manage the situation* – A student who is upset can produce a form of *emotional contagion*. To counter this, staff must

- present a calm, reassuring demeanor
- clarify for classmates and others that the student is upset
- if possible indicate why (correct rumors and distorted information)
- state what can and will be done to help the student.

Second: *Mobilize Support* – The student needs *support and guidance*. Ways in which staff can help are to

- try to engage the student in a problem-solving dialogue
  - normalize the reaction as much as feasible
  - facilitate emotional expression (e.g., through use of empathy, warmth, and genuineness)
  - facilitate cognitive understanding by providing info
  - facilitate personal action by the student
    - (e.g., help the individual do something to reduce the emotional upset and minimize threats to competence, self-determination, and relatedness)
- encourage the student's buddies to provide social support
- contact the student's home to discuss what's wrong and what to do
- refer the student to a specific counseling resource.

Third: *Follow-up* – Over the following days (sometimes longer), it is important to check on how things are progressing.

- Has the student gotten the necessary support and guidance?
- Does the student need help in connecting with a referral resource?
• Is the student feeling better? If not, what additional support is needed and how can you help make certain that the student receives it?

Another form of "first aid" involves helping needy students and families connect with emergency services. This includes connecting with agencies that can provide emergency food, clothing, housing, transportation, and so forth. Such basic needs constitute major crises for too many students and are fundamental barriers to learning and performing and even to getting to school.

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Exhibit 39

A Few General Principles Related to Responding to Crises

Immediate Response -- Focused on Restoring Equilibrium

In responding:

- Be calm, direct, informative, authoritative, nurturing, and problem-solving oriented.
- Counter denial, by encouraging students to deal with facts of the event; give accurate information and explanations of what happened and what to expect -- never give unrealistic or false assurances.
- Talk with students about their emotional reactions and encourage them to deal with such reactions as another facet of countering denial and other defenses that interfere with restoring equilibrium.
- Convey a sense hope and positive expectation -- that while crises change things, there are ways to deal with the impact.

Move the Student from Victim to Actor

- Plan with the student promising, realistic, and appropriate actions they will pursue when they leave you.
- Build on coping strategies the student has displayed.
- If feasible, involve the student in assisting with efforts to restore equilibrium.

Connect the Student with Immediate Social Support

- Peer buddies, other staff, family -- to provide immediate support, guidance, and other forms of immediate assistance.

Take Care of the Caretakers

- Be certain that support systems are in place for staff in general
- Be certain that support (debriefing) systems are in place for all crisis response personnel.

Provide for Aftermath Interventions

- Be certain that individuals needing follow-up assistance receive it.
The Dilemma of Responding to School-wide Crises: Mental Health Considerations

Before schools respond to an individual student after a crisis that affects the whole school, there must a school-wide response. And, with respect to events such as a school shooting, schools must enhance security and violence prevention efforts. As a result, every school is confronted with the dilemma of how to do all this without too much cost to a positive school climate and to the mental health of students.

One facet of this dilemma is reflected in the following request sent to the Center:

"I am the coordinator of all crisis work in our school district. As part of this responsibility I am charged with making sure that all of our school continue to practice the districts crisis plans and procedures during our various and state required drills. We have a number of drills during our school year that consist but are not limited to: lock-down, lock-out, severe weather, fire, emergency evacuation etc. We have been doing both announced and unannounced drills to prepare students and staff in the event a crisis occurs. I am seeking information, research and advice on psychological effect, if any, these drills have on children and adolescents."

In responding to such an inquiry, it must be recognized that this as a true dilemma (i.e., there is no win-win answer, only strategies to balance costs and benefits).

And, it is also noteworthy that much more attention has been paid to the school safety and security side of the matter than to minimizing the negative consequences of this emphasis. Moreover, much of what is most observable in school security are physical changes to increase safety (e.g., metal detectors, uniformed security officers, crisis response drills).

For a quick look at some of this, see the Center's online Introductory Packet entitled Violence Prevention and Safe Schools –

and the Online Clearinghouse Quick Find on the topic
http://smhp.psych.ucla.edu/qf/p2108_03.htm

For various reasons, there has been little research on the effectiveness and possible unintended negative effects on students and on school climate.

The dearth of research, of course, is no excuse for not considering matters such as the psychological effects of multiple emergency drills. Indeed, it is essential to reflect on such questions as:

• Do the frequent drills set a tone in the school of heightened concern about personal safety for some students? Raise anxiety?
• Do frequent drills produce complacency on the part of some staff and students?
• Is there resentment on the part of the teaching staff because of the loss of time for instruction?
• Does the "excitement" of a drill disinhibit some students and result in deviant behaviors?
• Do some student view drills as an opportunity for disrupting the school day and thus initiate false fire alarms, hoax phone calls regarding bombs, etc.?"
Mental health education ranges from disseminating mental health information to actual course instruction related to positive social and emotional development and wellness. It also encompasses many open-enrollment programs.

Every school needs to contribute to educational efforts that can help protect, promote, and maintain the well-being of students with respect to both physical but mental health. School staff already play a major role in disseminating health related information. It does not take much imagination to see how important it is that such activity encompass mental health. This includes providing highly visible information about:

- positive opportunities for recreation and enrichment
- opportunities to earn money
- how to stay healthy -- physically and mentally (this includes instruction using curricula on special topics such as social skills and interpersonal relationships, substance abuse, violence prevention, physical and sexual abuse prevention, sex education, and so forth)
- early identification of problems
- what a student/parents should do when problems arise
- warm lines and hotlines
- services on- and off-campus.

During the instructional day, the curricula in many classes touches upon matters related to positive social and emotional development and wellness. In addition, some schools have incorporated mental health as a major facet of health education. And school staff are involved each day in dealing with concerns related to mental health and psychosocial concerns. On doing so, they are able to draw upon an increasing number of evidence based practices (see Chapters 4 and 16).

Related to these matters, efforts should be made to capitalize on the strengths of school staff by facilitating ways for them to play a role with students as part of a school's efforts to provide comprehensive physical and mental health education and by participating in developing the capacity of other staff to address these matters.

In addition, a wide variety of staff can play a role in a variety of open-enrollment programs designed to foster positive mental health and socio-emotional functioning. They can also help establish strategies to change the school environment in ways that make it more inviting and accommodating to students. This involves participation in staff development, but even more, it requires working with school staff to restructure the school so that it effectively promotes a sense of
community. Examples include establishing welcoming programs for new students and families and strategies to support other transitions, developing families of students and teachers to create schools within schools, and teaching peers and volunteer adults to provide support and mentoring. Intervening at this environmental level also encompasses working with community agencies and businesses to enhance the range of opportunities students have with respect to recreation, work, and community service.

Again, we stress that effective open-enrollment and prereferral intervention programs and environment change strategies can minimize the number of mild to moderate problems that develop into severe ones. This reduces the number in need of specialized interventions and helps reserve such help for those who inevitably require them.

School staff identify many mental health problems each day and requests for specialized assistance to address such problems are common. However, as we have stressed, before it will be clear how much of this is necessary, a great deal more needs to be done to improve what happens in the classroom (e.g., through response to intervention and prereferral strategies). For those students for whom special assistance is necessary, schools must have well-designed processes to connect them with the right help (review Exhibit 37).

By way of overview, Exhibit 40 highlights some specific practices involved in connecting a student with help and monitoring the efforts. In what follows, we explore these matters in terms of (1) identifying and clarifying need, (2) conducting triage, (3) providing client consultation and referral, and (4) monitoring/managing care. A resource list outlining relevant tools and materials available from the Center is provided at the end of the chapter.

In many instances, it is impossible to determine the primary cause(s) of a student’s behavior, learning, and emotional problems. Is the problem due to a central nervous dysfunction or some other biological disorder (e.g., true ADHD, LD, clinical depression)? Is it the result having been deprived of school readiness opportunities, living in an unhappy home environment, and/or the product of negative peer influences. It is especially hard to know the underlying cause of a problem at school after a student has become unmotivated to learn and perform.

Students are identified as candidates for special assistance through a formal or informal initial assessment – which, in essence, is a first level screening process. Formally done, such screening provides an initial set of data about the nature, extent, and severity of a problem. It also can help clarify the student’s motivation for addressing the problem. If
Exhibit 40

Some Specific Practices Involved in Connecting a Student with the Right Help and Monitoring the Processes

**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 to 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, additional prereferral interventions should be recommended. Some of these will reflect an analysis that suggests that the student's problem is really a system problem – the problem is more a function of the teacher or other environment factors. Other will reflect specific strategies that can address the students problem without referral for outside the class assistance. Such analyses indicate ways in which a site must be equipped to implement and monitor the impact of prereferral recommendations.
- b. When students/families need referral 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**

- 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 (1) ensure interventions are coordinated/integrated and appropriate, (2) continue problem analysis and determine whether appropriate progress is made, (3) 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.
Schools need a systematic process to ensure initial identification is done as validly as possible and with essential safeguards. It is a mistake to prematurely conclude the student has a pathological disorder. Significant others are involved, such as family members, this also can be explored. First level screening provides a foundation for more in-depth assessment and, if appropriate, a formal diagnosis.

At the same time, because of the deficiencies of first level screening (see chapter 5), schools need a systematic process to ensure initial identification is done as validly as possible and with essential safeguards. To this end, those requesting special assistance for a student should provide a detailed description about the nature and scope of the identified problem. This includes any information on the contributing role of environmental factors. And, to create a balanced picture, information should be provided on a student’s assets as well as weaknesses.

Once a request has been made, other available information on the matter should be gathered from several sources – including the student. Useful sources are teachers, administrators, school support staff, recreation supervisors, parents, and others who have made professional assessments. A home visit also may be of use. In gathering information from a student, a screening interview can be conducted. The nature of this interview varies depending on the age of the student and whether concerns raised are general ones about misbehavior and poor school performance or specific concerns about lack of attention, overactivity, major learning problems, suicidal ideation, or about physical, sexual, or substance abuse. (Because some students are reluctant to talk about their problems, a later section of this chapter highlights the matter of talking with and listening to students.)

In analyzing assessment findings, it is important to remember that a student’s behavior, learning, and emotional problems are symptoms (correlates). Unless there are valid signs of what is causing the problem(s), it is a mistake to prematurely conclude the student has a pathological disorder.

The seeds of a problem may be stressors in the classroom, home, and/or neighborhood. (It is always necessary to determine how well the student’s environment has been assessed as the possible cause.) Also, some behavioral and emotional symptoms may stem from physical problems (and, of course, a student may respond to stress with somatic symptoms). A student may just be a bit immature or exhibiting behavior that is fairly common at a particular development stage. As the examples outlined below indicate, age, severity, pervasiveness, and chronicity are important considerations in analyzing mental health problems. Depending on such matters, some problems are common and transient, others are low frequency and serious disorders.
### Common Transient Problem

<table>
<thead>
<tr>
<th>Age</th>
<th>Concern about monsters under the bed</th>
<th>Anxious about separating from parent</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-3</td>
<td>Disobedient, temper outbursts</td>
<td>Shy and anxious with peers (Sometimes with somatic complaints)</td>
</tr>
<tr>
<td></td>
<td>Very active and doesn’t follow directions</td>
<td>Has trouble learning at school</td>
</tr>
<tr>
<td>8-12</td>
<td>Low self-esteem</td>
<td></td>
</tr>
<tr>
<td>12-15</td>
<td>Defiant/reactive</td>
<td></td>
</tr>
<tr>
<td>15-18</td>
<td>Experimental substance use</td>
<td></td>
</tr>
</tbody>
</table>

### Low Frequency Serious Disorder

<table>
<thead>
<tr>
<th>Age</th>
<th>Sleep Behavior Disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-5</td>
<td>Separation Anxiety Disorder (crying &amp; clinging)</td>
</tr>
<tr>
<td>5-8</td>
<td>Reactive Attachment Disorder</td>
</tr>
<tr>
<td></td>
<td>Conduct Disorder</td>
</tr>
<tr>
<td></td>
<td>Attention Deficit-Hyperactivity Disorder</td>
</tr>
<tr>
<td></td>
<td>Learning Disorder</td>
</tr>
<tr>
<td>8-12</td>
<td>Depression</td>
</tr>
<tr>
<td>12-15</td>
<td>Oppositional Defiant Disorder</td>
</tr>
<tr>
<td>15-18</td>
<td>Substance Abuse</td>
</tr>
</tbody>
</table>

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The 2008 report done for the Centers for Disease Control and Prevention (Centers for Law and the Public’s Health, 2008) indicates that:

State laws set up a framework within which schools may conduct screening for mental health conditions among students. Screening may occur for a number of conditions, including depression, suicide, substance abuse, eating disorders, ADHD, and physical and emotional abuse. Research indicates that assessment of mental health problems or disorders (including behavioral observation, psychosocial assessment, and psychological testing) is offered in nearly 90% of schools....

If screening suggests the need for more in-depth assessment to prescribe specific forms of specialized assistance (either at the school or in the community), the next step is referral for such assessment. To be of value, such assessment must be able to lead to help; in the process, a diagnosis and recommendation for special education services may be generated.
Given a school never has enough resources for all those needing special assistance, it is inevitable that the processing of such students will involve a form of triage (or gatekeeping). A paradox related to this is that the better a school develops processes for problem identification and student review, the greater the number of students sent for review. We call this the "field of dreams" effect. (*Build it and they will come.*)

Ideally, a school will stem the tide of students sent for review by enhancing its prevention practices (e.g., welcoming and providing social supports and ensuring that students make a good adjustment to a new school and/or a new classroom). And, as discussed in Chapter 10, increasing emphasis on well-designed prereferral interventions and response to intervention strategies will cut down on the need for special assistance outside the classroom.

When referrals are made to on-site resources, it falls to the school to decide which students need immediate attention and which can be put on a waiting list. Working alone or on a team, student support staff usually play a key role in making this determination.

To further stem the tide of students sent for review, those who process the requests need to work as a resource-oriented team to:

- analyze the general nature of the problems being sent with a view to identifying changes in the classroom and school that could minimize the need for similar requests in the future
- help develop and implement the changes.

Using all information that has been gathered, it is time to sit down with those concerned (student, family, other school staff) and explore what seems to be wrong and what to do about it. This intervention is a consultation and referral process. The objective is to assist family and school staff problem solving and decision making in ways that enhance access to appropriate forms of help.

Referrals for special assistance are commonplace at school sites and relatively easy to make; the process of arriving at appropriate referrals is harder. And, ensuring access and follow-through is the most difficult thing of all. To these ends:

Schools need procedures in place for

- providing ready reference to information about appropriate school- or community-based referrals,
- maximizing follow-through by using a consumer oriented consultation process that involves students and families in all decisions and helps them deal with potential barriers.
For the process to be consumer oriented, it must be designed with full appreciation of the nature and scope of a student’s problems as perceived by the student, the family, and school staff.

The consultation process is designed as a problem solving approach. The steps involve:

- analyzing the problem (Are environmental factors a concern? Are there concerns about underlying disorders?)
- clarifying possible alternative ways to proceed given what’s available
- deciding on a course of action (evaluating costs vs. benefits of various alternatives for meeting needs)
- detailing the steps involved in connecting with potential resources and formulating a sound plan for access and follow-through on decisions
- following-up to be certain of access and follow-through.

The focus is on both external and internal factors related to the problem. This includes environmental concerns such as basic housing and daily survival needs, family and peer relations, and school experiences. For example, a student’s needs may range from not having adequate clothes to requiring protection from the harassment of gang members. In many instances, the need is not for a referral but for mobilizing the school staff to address how they might improve its programs to expand students' opportunities in ways that increase expectations about a positive future and thereby counter prevailing student frustration, unhappiness, apathy, and hopelessness.

In sum, a consumer-oriented, problem solving, consultation process:

- Provides readily accessible basic information about relevant resources to students, families, and school personnel
  This entails widespread circulation of general information about on- and off-campus programs and services and ways to readily access such resources.

- Helps students, families, and school staff appreciate whether a referral is necessary and, if so, clarifies the value of a potential resource
  This involves reviewing with the student, family, staff how referral options can assist. A resource file and handouts can be developed to aid in identifying and providing information about appropriate services and programs – on and off-campus – for specific types of concerns (e.g., individual/group/ family/ professional or peer counseling for psychological, drug and alcohol problems, hospitalization for suicide prevention). Many students benefit from group counseling. And, if a student's problems are based mainly in the home, one or both parents may need counseling – with or without the student's involvement as appropriate. Of course, if the parents won't pursue counseling for themselves, the student may need help to cope with and minimize the impact of the negative home situation.
• *Analyzes options with student, family, and staff and help with decision-making as to which are the most appropriate resources*

This involves evaluating the pros and cons of potential options (including location, fees, least restrictive and intrusive intervention needed) and, if more than one option emerges as promising, rank ordering them. For example, because students often are reluctant to follow-through with off-campus referrals, first consideration may be given to those on-campus, then to off-campus district programs, and finally to those offered by community agencies. Off-campus referrals are made with due recognition of school district policies.

• *Identifies and explores with the student/family/staff all factors that might be potential barriers to pursuing the most appropriate option*

Is there a financial problem? a transportation problem? a problem about parental consent? too much anxiety/fear/apathy? Concerns about language and cultural sensitivity? At this point, it is wise to be certain that the student (and where appropriate the family) truly feels an intervention will be a good way to meet her or his needs.

• *Works on strategies for dealing with barriers to follow-through*

The strategies must provide sufficient support and guidance to enable students/families to connect with resources. This often overlooked step is essential to follow-through. It entails taking the time to clarify specific ways to deal with apparent barriers.

• *Sends the student, family, and staff off with a written summary of what was decided including follow-through strategies*

A referral decision form can summarize (a) specific directions about enrolling in the first choice resource, (b) how to deal with problems that might interfere with successful enrollment, and (c) what to do if the first choice doesn’t work out. A copy of a referral decision form can be given to the student/family as a reminder of decisions made; the original can be kept on file for purposes of case monitoring. Before a student leaves, it is essential to evaluate the likelihood of follow-through. (Does s/he have a sound plan for how to get from here to there?) If the likelihood is low, the above tasks bear repeating.

• *Also sends them off with a follow-through status report form*

Such a form is intended to let the school know whether the referral worked out, and if not, whether additional help is called for in connecting the student/family to needed resources. Also, remember that teachers and other school staff who asked you to see a student will want to know that something was done. Without violating any confidentiality considerations, you can and should send them a quick response reassuring them that the process is proceeding.

• *Follow-through with student/family and other concerned parties to determine current status of needs and whether previous decisions were appropriate*

This requires establishing a reminder (tickler) system so that a follow-up is made after an appropriate period of time.
Obviously, the above processes may require more than one session to accomplish and may have to be repeated if there is a problem with follow-through. In many cases, one must take specific actions to help with follow through, such as making direct connections (e.g., by phone) to the intake coordinator for a program. Extreme cases may require extreme measures such as arranging for transportation or for someone to actually go along to facilitate enrollment. It is important to do an immediate check about follow-through (e.g., within 1-2 weeks) to see how well a student has connected with help. If the student hasn't, the contact can be used to find out what needs to be done next.

In using a consumer-oriented approach, the hope is that a positive side effect will be a higher degree of student, family, and teacher self-reliance in problem solving, decision making, and consumer awareness.

See Exhibit 41 for a brief summary outline of steps involved in the assessment and consultation process.
Exhibit 41
Examples of Some Specific Steps in Assessment and Consultation Processes

(1) Initial screening of student/family (initial contacts with the home may be via phone conversations)

(2) Filling out of questionnaires by each concerned party (parents and student) regarding his or her perception of the cause of identified problems and their correction

(3) Gathering records and reports from other professionals or agencies when consumers agree it might be useful

(4) Brief, highly circumscribed testing, if necessary and desired by consumers

(5) Initial review of assessment findings to determine if enough information is available to proceed with client consultation

(6) Holding problem solving conference(s) with immediately concerned parties to
  • analyze problems and in the process review again whether other information is needed (and if so arranging to gather it)
  • arrive at an agreement about how a problem will be understood for purposes of generating alternatives
  • generate, evaluate, and make decisions about which alternatives to pursue
  • formulate plans for pursuing alternatives (designating support strategies to ensure access and follow-through)

(7) Follow-up via telephone or conference to evaluate the success of each pursued alternative and determine satisfaction with the process

Problem analysis and decision making can be accomplished in a session. However, if additional assessment data are needed, one or two assessment sessions and a subsequent conference are required.

In supporting the process, school staff can cultivate referral resources to maximize their responsiveness to school referrals.

Note: Because some people have come to over-rely on experts, they may be a bit frustrated when they encounter an approach such as the one just described. They want professionals to give a battery of tests that will provide definitive answers, and they want decisions made for them. (They are convinced they cannot make good decisions for themselves.) These individuals often are a product of the negative side effects of professional practices that mystify consumers and make them feel totally dependent on professionals.
Monitoring/Managing Care

Common professional terminology designates student with problems as “cases.” Thus, processes for making certain that students connect with special assistance often are discussed as “case monitoring” and efforts to coordinate and integrate interventions for a student are designated “case management.”

Given that words profoundly shape the way people think, feel, and act, some professionals are arguing for use of the term “care” in place of “case.” Such a move is in keeping with the view that care is a core value of helping professionals. It also is consistent with the growing emphasis on ensuring that schools are “caring communities.” For these reasons, it seems appropriate to replace the term case management with that of management of care.

Management of care involves (1) initial monitoring, (2) ongoing management of the individual’s care, and (3) management within and across systems of care. As with any intervention, these activities must be implemented in ways that are developmentally and motivationally appropriate, as well as culturally sensitive.

(1) Initial Monitoring of Care. Stated simply, monitoring of care is the process by which it is determined whether a student is appropriately involved in needed special programs and services. Initial monitoring by school staff focuses on whether a student/family has connected with the program and/or service. Monitoring of care requires processes designed to gather information about follow-through and that the resource is indeed turning out to be an appropriate way for to meet student/family needs. When a student is involved with more than one intervener, management of care becomes a concern.

(2) Ongoing Management of Care. Subsequent monitoring as part of the ongoing management of student care focuses on coordinating interventions, improving quality (including revising interventions as appropriate), and enhancing cost-efficacy. This constant focus on evaluating the appropriateness and effectiveness of interventions is the essence of care management.

As indicated, it is important to do an immediate check on follow-through (e.g., within 1-2 weeks) to see if the student did connect effectively with help. Besides checking with the student and family, it is also a good idea to get a report on follow-through from those providing interventions.

If there has been no follow-through, the contact can be used to clarify next steps. If there has been follow-through, the contact can be used to evaluate whether the resource is meeting the need. The opportunity also can be used to determine if there is a need for
A focus on system resources requires attending to various arenas and levels of potential support with others who are involved with the student's welfare.

Follow-up checks are indicated periodically. If the student did not successfully connect with help or if the help isn't satisfactory, another consultation can be scheduled to determine next steps.

From the time a student is first identified as having a problem, there is a need for someone to monitor/manage the efforts to ensure the student gets appropriate help. Monitoring continues until the student's special assistance needs are addressed. Monitoring takes the form of care management to ensure coordination with the efforts of others who are involved (e.g., other services and programs including the efforts of the classroom teacher and those at home). The process encompasses a constant focus to evaluate the appropriateness and effectiveness of the various efforts. (see Exhibit 42).

(3) Systems of Care. The concept of a "system of care" is an evolving idea that is applied in a variety of ways. While management of care is focused on a given client, the concept of systems of care emphasizes the importance of coordinating, integrating, and enhancing systems and resources to ensure that appropriate programs are available, accessible, and adaptable to the needs of the many students who need help. Moreover, the aim is to ensure these resources are used effectively and efficiently.

A focus on system resources requires attending to various arenas and levels of potential support. A school has many programs and services that it owns and operates. A school district has additional resources. The surrounding community usually has public and private sector programs and a variety of other resources that may be of assistance. City, county, and state agencies also play a role in addressing certain needs.

In its initial application, the concept of systems of care focused on services to address clients with severe and well-established problems (e.g., youngsters with serious emotional disturbance). The intent of systems of care for such populations is to

- develop and provide a full array of community-based programs (including residential and non-residential alternatives to traditional inpatient and outpatient programs) to enhance what is available and reduce overreliance on out-of-home placements and overly restrictive treatment environments;
Exhibit 42

Ongoing Management of Care

At the core of the on-going process of care management are the following considerations:

- Enhanced monitoring of care with a specific focus on the appropriateness of the chosen interventions,
- Adequacy of client involvement;
- Appropriateness of intervention planning and implementation, and progress.

Such ongoing monitoring requires systems for:

- Tracking client involvement in interventions
- Amassing and analyzing data on intervention planning and implementation
- Amassing and analyzing progress data
- Recommending changes

Effective Care Management is based upon:

- Monitoring processes and outcomes using information systems that enable those involved with clients to regularly gather, store, and retrieve data.
- The ability to produce changes as necessary to improve quality of processes.
- Assembling a “management team” of interveners and clients, and assigning primary responsibility for management of care to one staff member or to several staff who share the role.
- Assuming a role that always conveys a sense of caring and a problem-solving orientation, and involves families as empowered partners.
- Facilitation of self-determination in clients by encouraging participation in decision-making and team reviews (particularly when clients are mandated or forced to enroll in treatment)
- Meeting as a management teams need to meet whenever analysis of monitoring information suggests a need for program changes or at designated review periods.

A few basic guidelines for primary managers of care are:

- Write up analyses of monitoring findings and recommendations to share with management team;
- Immediately after a team meeting, write up and circulate changes proposed by management team and emphasize who has agreed to do which tasks by when;
- Set-up a "tickler" system (e.g., a notation on a calendar) to remind you when to check on whether tasks have been accomplished;
- Follow-up with team members who have not accomplished agreed upon tasks to see what assistance they need.
increase interagency collaboration in planning, developing, and carrying out programs to enhance efficacy and reduce costly redundancy;

- establish ways that interventions can be effectively adapted to the individuals served.

To expand these goals to encompass prevention, there are increasing calls for incorporating primary and secondary prevention programs into all systems of care. As indicated in Chapter 3, we conceive three overlapping systems that encompass a continuum of caring: systems to promote health and prevent problem, intervene as early after onset of a problem as is feasible, and treatment of severe, pervasive, and chronic problems. The comprehensive nature of such a continuum requires concerted efforts to coordinate interventions at any given time as well as over the span of time (sometimes for many years) that students and their families are being assisted.

All interventions to address barriers to learning and promote healthy development must consider significant individual and group differences. In this respect, discussions of diversity and cultural competence offer some useful concerns to consider and explore. For example, a guide on enhancing cultural competence (developed by the Family Youth Services Bureau of the U.S. Department of Health and Human Services) states:

Racism, bigotry, sexism, religious discrimination, homophobia, and lack of sensitivity to the needs of special populations continue to affect the lives of each new generation. Powerful leaders and organizations throughout the country continue to promote the exclusion of people who are "different," resulting in the disabling by-products of hatred, fear, and unrealized potential. ... We will not move toward diversity until we promote inclusion ... Programs will not accomplish any of (their) central missions unless ... (their approach reflects) knowledge, sensitivity, and a willingness to learn.

The document outlines some baseline assumptions which can be broadened to read as follows:

- Those who work with youngsters and their families can better meet the needs of their target population by enhancing their competence with respect to the group and its intragroup differences.

- Developing such competence is a dynamic, on-going process – not a goal or outcome. That is, there is no single activity or event that will enhance such competence. In fact, use of a single activity reinforces a false sense of that the "problem is solved."
• Diversity training is widely viewed as important, but is not effective in isolation. Programs should avoid the "quick fix" theory of providing training without follow-up or more concrete management and programmatic changes.

• Hiring staff from the same background as the target population does not necessarily ensure the provision of appropriate services, especially if those staff are not in decision-making positions, or are not themselves appreciative of, or respectful to, group and intragroup differences.

• Establishing a process for enhancing a program's competence with respect to group and intragroup differences is an opportunity for positive organizational and individual growth. In the end, of course, it is essential to remember that individual differences are the most fundamental determinant of whether a good relationship is established.

Mason, Benjamin, and Lewis (1996) outline five cultural competence values which they stress are more concerned with behavior than awareness and sensitivity and should be reflected in staff attitude and practice and the organization's policy and structure. In essence, these five values are

(1) **Valuing Diversity** -- which they suggest is a matter of framing cultural diversity as a strength in clients, line staff, administrative personnel, board membership, and volunteers.

(2) **Conducting Cultural Self-Assessment** -- to be aware of cultural blind spots and ways in which one's values and assumptions may differ from those held by clients.

(3) **Understanding the Dynamics of Difference** -- which they see as the ability to understand what happens when people of different cultural backgrounds interact.

(4) **Incorporating Cultural Knowledge** -- seen as an ongoing process.

(5) **Adapting to Diversity** -- described as modifying direct interventions and the way the organization is run to reflect the contextual realities of a given catchment area and the sociopolitical forces that may have shaped those who live in the area.

The reality of schools is that direct or indirect accusations that "You don't understand" are common and valid. Indeed, they are givens.
After all, it is usually the case that one does not fully understand complex situations or what others have experienced and are feeling.

With respect to efforts to build working relationships, accusing someone of not understanding tends to create major barriers. This is not surprising since the intent of such accusations generally is to make others uncomfortable and put them on the defensive.

It is hard to build positive connections with a defensive person. Avoidance of "You don’t understand" accusations may be a productive way to reduce at least one set of major barriers to establishing working relationships. (For more on building working relationships, see Chapter 14.)

Concluding Comments

We conclude with a three cautionary notes.

First, all who intervene with students at schools should be aware that one dictionary definition of intervention is “An interference into another’s life.” As is widely acknowledged, all interventions have a downside and sometimes the benefits do not outweigh the costs. For example, it is essential to be aware of intervention dynamics in order to avoid such transactions as the "Rescue Trap" (see Exhibit 43). It is essential to avoid making students dependent, stigmatizing young people, creating self-fulfilling prophecies, and so forth.

Second, it is essential to keep up with the latest evidence about best practices, to appreciate concerns about such practices, and to help advance efforts to enhance the science-base for the field (see Chapters 4 and 16).

Finally, there is a need for focused efforts to protect and enhance the mental health of all who intervene at schools (see Chapter 14). Working to help students overcome problems is a noble profession, but the volume of need in most schools is a recipe for staff burnout.
Exhibit 43

The Rescue Trap

So you want to help! That's a nice attitude, but it can sometimes lead to trouble -- especially if you aren't aware of the interpersonal dynamics that can arise in helping relationships. Several concerns have been discussed in the psychotherapy literature. One that almost everyone has experienced has been described as a "rescue."

A rescue is helping gone astray. Rescues encompass a cycle of negative interpersonal transactions that too commonly arise when one person sets out to intervene in another's life in order to help the person.

Think about a time when someone you know told you about a problem she or he was having. Because the person seemed not to know how to handle the problem, you offered some suggestions. For each idea you offered, the person had an excuse for why it wouldn't work. After a while, you started to feel frustrated and maybe even a bit angry at the person. You may have thought or said to the individual, "You don't really want to solve this problem; you just want to complain about it."

In rescue terms, you tried to help, but the person didn't work with you to solve the problem. The individual's failure to try may have frustrated you, and you felt angry and wanted to tell the person off. And that may only have been the beginning of a prolonged series of unpleasant interpersonal transactions related to the situation.

If you were ever in such a situation, you certainly experienced the price a person pays for assuming the role of rescuer. Of course, you know you didn't mean to become involved in a negative set of transactions. You wanted to help, but you didn't realize fast enough that the individual with the problem wasn't about to work with you in order to solve it. And you didn't know what to do when things started going wrong with the process.

If you can't remember a time you were the rescuer, you may recall a time when someone tried to rescue you. Perhaps your parents, a teacher, or a good friend made the mistake of trying to help you when or in ways you didn't want to be helped. The person probably thought she or he was acting in your best interests, but it only made you feel upset -- perhaps increased your anxiety, frustration, anger, and maybe even made you feel rather inadequate.

Rescue cycles occur frequently between teachers and students and parents and their children. Well-intentioned efforts to help usually begin to go astray because someone tries to help at a time, in a way, or toward an end the person to be helped doesn't experience as positive.

Of course, interveners are unlikely to remain victims for very long if they can help it. If they do, "burn out" may well occur.

Sometimes, after the fighting stops, the parties make up, and the intervener starts to see the other person's behavior as part of the individual's problems and tries once more to help. However, if great care is not taken, this just begins the whole cycle again.

How can the cycle be avoided or broken? One of the essential ingredients in a good helping relationship is a person who wants to be helped. Thus, it is necessary to be sure that the person is ready and willing to pursue the type of help that is being offered.

If the person is not ready and willing, interveners are left with only a few options. For one, the intervener can choose to give up trying to help. Or if it is essential that the individual be forced to do something about the problem, the intervener can adopt a socialization strategy. Or effort can be made to explore with the individual whether he or she wants to think about accepting some help. In effect, this last approach involves trying to establish motivational readiness.
A Few Examples of the Many References
Related to Mental Health Assistance in Schools*


Mamlin, N., & Harris, K.R. (1998). Elementary teachers’ referral to special education in light of inclusion and prereferral: “Every child is here to learn...but some of these children are in real trouble”. Journal of Educational Psychology, 90, 385-396.


Ortega, A.N. & Rosenheck R.. (2002). Hispanic client-case manager matching: Differences in outcomes and services use in a program for homeless persons with sever mental illness. Journal of Nervous and Mental Disorders, 190, 315-23


*Several hundred references to published works of direct relevance to mental health in schools are provided on the Center’s website – see http://smhp.psych.ucla.edu/qf/references.htm

12-33
A Sample of Relevant Published Books, Chapters, and Articles by the UCLA Center


http://smhp.psych.ucla.edu/publications/53 mapping a schools resources to improve1.pdf


**Relevant Policy and Program Brief by the UCLA Center**

*Mental Health in Schools: Guidelines, Models, Resources & Policy Considerations*  
http://smhp.psych.ucla.edu/policy.htm

*Mental Health in Schools*  
http://smhp.psych.ucla.edu/pdfdocs/policyissues/shouldschoolsaddressmh.pdf

*Suicide Prevention in Schools*  

*Screening Mental Health Problems in Schools*  
http://smhp.psych.ucla.edu/pdfdocs/policyissues/mhscreeningissues.pdf

*The Current Status of Mental Health in Schools: A Policy and Practice Analysis*  
http://smhp.psych.ucla.edu/pdfdocs/currentstatusmh/currentstatus.pdf

*Integrating Agenda for Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health*  
http://smhp.psych.ucla.edu/pdfdocs/newfreedomcommission/newfreedbrief.pdf

*Gap Analysis of the Resource Synthesis Related to integrating Mental Health in Schools into the Recommendations of the President's New Freedom Commission on Mental Health*  
http://smhp.psych.ucla.edu/pdfdocs/newfreedomcommission/gapanalysisintro.pdf

*Integrating Mental Health in Schools: Schools, School-Based Centers, and Community Programs Working Together*  
http://smhp.psych.ucla.edu/pdfdocs/briefs/integratingbrief.pdf

*Mental Health in Schools: Reflections on the Past, Present, and Future*  

Also, see the section of the Center website entitled: *About Mental Health in Schools*  
http://smhp.psych.ucla.edu/aboutmh/aboutmhover.htm
Addendum A

This is one of a set of self-study instruments developed by the Center as aids for surveying what a school has in place and what it may want to enhance.

Student and Family Assistance Programs and Services: A Self-study Survey

Specialized assistance for students and their families is for the relatively few problems that cannot be handled without adding special interventions. The emphasis is on providing special services in a personalized way to assist with a broad-range of needs. To begin with, social, physical and mental health assistance available in the school and community are used. As community outreach brings in other resources, these are linked to existing activity in an integrated manner. Additional attention is paid to enhancing systems for triage, case and resource management, direct services for immediate needs, and referral for special services and special education as appropriate. Ongoing efforts are made to expand and enhance resources. While any office or room can be used, a valuable context for providing such services is a center facility, such as a family, community, health, or parent resource center.

A programmatic approach in this arena requires systems designed to provide special assistance in ways that increase the likelihood that a student will be more successful at school, while also reducing the need for teachers to seek special programs and services. The work encompasses providing all stakeholders with information clarifying available assistance and how to access help, facilitating requests for assistance, handling referrals, providing direct service, implementing case and resource management, and interfacing with community outreach to assimilate additional resources into current service delivery. It also involves ongoing analyses of requests for services as a basis for working with school colleagues to design strategies that can reduce inappropriate reliance on special assistance. Thus, major outcomes are enhanced access to special assistance as needed, indices of effectiveness, and the reduction of inappropriate referrals for such assistance.
**Student and Family Assistance Programs and Services**

Indicate all items that apply.

### I. Providing extra support as soon as a need is recognized and doing so in the least disruptive ways

Are there classroom-based approaches to reduce the need for teachers to seek special programs and services (e.g., prereferral interventions in classrooms; problem solving conferences with parents; open access to school, district, and community support programs – see the Survey on Classroom-based Approaches)?

### II. Timely referral interventions for students & families with problems based on response to extra support

What activity is there to facilitate and evaluate requests for assistance?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>Yes but more of this is needed</th>
<th>No</th>
<th>If no, is this something you want?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Does the site have a directory that lists services and programs?</td>
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<tr>
<td>B. Is information circulated about services/programs?</td>
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<tr>
<td>C. Is information circulated clarifying how to make a referral?</td>
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<tr>
<td>D. Is information about services, programs, and referral procedures updated periodically?</td>
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<tr>
<td>E. Is a triage process used to assess 1. specific needs? 2. priority for service?</td>
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<tr>
<td>F. Are procedures in place to ensure use of pre-referral interventions?</td>
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<tr>
<td>G. Do inservice programs focus on teaching the staff ways to prevent unnecessary referrals?</td>
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<td>H. Other? (specify)</td>
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</table>

### III. Enhancing access to direct interventions for health, mental health, and economic assistance

A. After triage, how are referrals handled? 1. Is detailed information provided about available services (e.g., is an annotated community resource system available)? 2. Is there a special focus on facilitating effective decision making? 3. Are students/families helped to take the necessary steps to connect with a service or program to which they have been referred? 4. Is there a process to assure referral follow-through?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>Yes but more of this is needed</th>
<th>No</th>
<th>If no, is this something you want?</th>
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</thead>
<tbody>
<tr>
<td>A.</td>
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<td>4.</td>
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</tbody>
</table>
### Student & Family Assistance Programs and Services (cont.)

B. What types of direct interventions are provided?

<table>
<thead>
<tr>
<th>Services and Programs Provided</th>
<th>Yes</th>
<th>No</th>
<th>If no, is this something you want?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td></td>
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<tr>
<td>First aid and emergency care</td>
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<tr>
<td>Crisis follow-up medical care</td>
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<tr>
<td>Health and safety education and counseling</td>
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<tr>
<td>Health and safety prevention programs</td>
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<tr>
<td>Screening for vision problems</td>
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<tr>
<td>Screening for hearing problems</td>
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<tr>
<td>Screening for health problems (specify)</td>
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<tr>
<td>Screening for dental problems (specify)</td>
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<tr>
<td>Treatment of some acute problems (specify)</td>
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<tr>
<td>Medication monitoring</td>
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<tr>
<td>Medication administration</td>
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<tr>
<td>Home outreach</td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

2. Which psychological services and programs are provided?

<table>
<thead>
<tr>
<th>Services and Programs Provided</th>
<th>Yes</th>
<th>No</th>
<th>If no, is this something you want?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychological first aid</td>
<td></td>
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<tr>
<td>Crisis follow-up counseling</td>
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<tr>
<td>Crisis hotlines</td>
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<tr>
<td>Conflict mediation</td>
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<tr>
<td>Alcohol and other drug abuse programs</td>
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<tr>
<td>Pregnancy prevention program</td>
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<tr>
<td>Programs for pregnant and parenting students</td>
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<tr>
<td>Gang prevention program</td>
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<tr>
<td>Gang intervention program</td>
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<tr>
<td>Dropout prevention program</td>
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<tr>
<td>Physical &amp; sexual abuse prevention &amp; response</td>
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<tr>
<td>Individual counseling</td>
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<tr>
<td>Group counseling</td>
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<tr>
<td>Family counseling</td>
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<tr>
<td>Mental health education</td>
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<tr>
<td>Home outreach</td>
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<td></td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>

3. Which of the following are provided to meet basic survival needs?

<table>
<thead>
<tr>
<th>Services Provided</th>
<th>Yes</th>
<th>No</th>
<th>If no, is this something you want?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency food</td>
<td></td>
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<tr>
<td>Emergency clothing</td>
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<tr>
<td>Emergency housing</td>
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<tr>
<td>Transportation support</td>
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<tr>
<td>Welfare services</td>
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<tr>
<td>Language translation</td>
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<tr>
<td>Legal aid</td>
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<tr>
<td>Protection from physical abuse</td>
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<tr>
<td>Protection from sexual abuse</td>
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<tr>
<td>Child care</td>
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<tr>
<td>Employment assistance</td>
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<tr>
<td>Other (specify)</td>
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</tbody>
</table>
### Student & Family Assistance Programs and Services (cont.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>If no, is this something you want?</th>
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</thead>
<tbody>
<tr>
<td>4. Which of the following special education, Special Eligibility, and independent study programs and services are provided?</td>
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<tr>
<td>&gt;early education program</td>
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<tr>
<td>&gt;special day classes (specify)</td>
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<tr>
<td>&gt;speech and language therapy</td>
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<td>&gt;adaptive P. E.</td>
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<tr>
<td>&gt;occupational and physical therapy</td>
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<tr>
<td>&gt;special assessment</td>
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<tr>
<td>&gt;Resource Specialist Program</td>
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<tr>
<td>&gt;Title I</td>
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<tr>
<td>&gt;School Readiness Language Develop. Program</td>
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<tr>
<td>&gt;other (specify)</td>
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</tbody>
</table>

5. Which of the following adult education programs are provided?

<table>
<thead>
<tr>
<th>Program</th>
<th>Yes</th>
<th>No</th>
<th>If no, is this something you want?</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;ESL</td>
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<tr>
<td>&gt;citizenship classes</td>
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<td>&gt;basic literacy skill</td>
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<tr>
<td>&gt;parenting</td>
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<tr>
<td>&gt;helping children do better at school</td>
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<tr>
<td>&gt;other (specify)</td>
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</tbody>
</table>

6. Are services and programs provided to enhance school readiness? specify

7. Which of the following are provided to address attendance problems?

<table>
<thead>
<tr>
<th>Attendance Problem</th>
<th>Yes</th>
<th>No</th>
<th>If no, is this something you want?</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;absence follow-up</td>
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<tr>
<td>&gt;attendance monitoring</td>
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<tr>
<td>&gt;first day calls</td>
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</tbody>
</table>

8. Are discipline proceedings carried out regularly?

9. Other? (specify)

### III. Care Monitoring, Management, Information Sharing, and Follow-up Assessment

A. Which of the following are used to manage cases and resources?

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
<th>If no, is this something you want?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is a student information system used?</td>
<td></td>
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<tr>
<td>2. Is a system used to trail progress of students and their families?</td>
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<tr>
<td>3. Is a system used to facilitate communication for</td>
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<tr>
<td>&gt;case management?</td>
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<tr>
<td>&gt;resource and system management?</td>
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<tr>
<td>4. Are there follow-up systems to determine</td>
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<tr>
<td>&gt;referral follow-through?</td>
<td></td>
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</tr>
<tr>
<td>&gt;consumer satisfaction with referrals?</td>
<td></td>
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<tr>
<td>&gt;the need for more help?</td>
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</tbody>
</table>

5. Other? (specify)
### Student & Family Assistance Programs and Services (cont.)

#### B. Which of the following are used to help enhance the quality and quantity of services and programs?

1. Is a quality improvement system used?  
2. Is a mechanism used to coordinate and integrate services/programs?  
3. Is there outreach to link-up with community services and programs?  
4. Is a mechanism used to redesign current activity as new collaborations are developed?  
5. Other? (specify) ________________________

### IV. Mechanisms for Resource Coordination and Integration

Is there a resource-oriented mechanism (e.g., a Learning Supports Resource Team) that focuses on

- Coordinating and integrating resources  
- Braiding resources  
- Pursuing economies of scale  
- Filling gaps  
- Linking with community providers (e.g., to fill gaps)  
- Is there a special facility to house student and family assistance programs and services (e.g., health center, family or parent Center, counseling center)?

### V. Enhancing Stakeholder Awareness of Programs and Services

- Are there written descriptions of available learning supports programs?  
- Are there written descriptions about  
  1. how to make referrals?  
  2. the triage process?  
  3. the process for case monitoring & management?  
  4. the process for student review?  
- Are there communication processes that inform stakeholders about available learning supports programs and how to navigate the systems?
V. Capacity Building to Enhance Student and Family Assistance

A. Are there programs to enhance broad stakeholder involvement in enhancing student and family assistance?

B. With respect to programs used to meet the educational needs of personnel related to student and family assistance
   1. Is there ongoing training for learning supports staff with respect to student and family assistance?
   2. Is there ongoing training for others involved in enhancing student and family assistance? (e.g., teachers, administrators, volunteers)?
   3. Other (specify) ____________________

C. Which of the following topics are covered in educating stakeholders?
   1. broadening understanding of causes of learning, behavior, and emotional problems
   2. broadening understanding of ways to ameliorate (prevent, correct) learning, behavior, and emotional problems
   3. developing systematic academic supports for students in need
   4. what classroom teachers and the home can do to minimize the need for special interventions
   5. enhancing resource quality, availability, and scope
   6. enhancing the referral system and ensuring effective follow through
   7. enhancing the case management system in ways that increase service efficacy
   8. other (specify) ____________________

D. Indicate below other things you want the school to do in providing student and family assistance.

• Indicate below other ways the school enhancing student and family assistance.

• Other matters relevant to enhancing student and family assistance are found in the surveys on
  >Survey of Learning Supports System Status
  >Home Involvement in Schooling
  >School-Community Collaboration
Addendum B

Resources Containing Practical Tools & Materials of Specific Relevance to Mental Health in Schools Developed by the UCLA Center

Among the many resources on the website (see http://smhp.psych.ucla.edu/selection.html ), the following are highlighted here because they contain tools and resources specifically relevant to mental health assistance in schools.

**Screening/Assessing Students: Indicators and Tools** – Provides resources relevant to screening students experiencing problems; includes a perspective for understanding the screening process and aids for initial problem identification and screening.

**School-Based Client Consultation, Referral, and Management of Care** – Outlines processes related to problem identification, triage, assessment and client consultation, referral, and management of care. Provides discussion of prerereferral intervention and referral as a multifaceted intervention. Examples of tools to aid in all these processes are included.

**Students and Psychotropic Medication: The School's Role** – Contains aids related to safeguards and provides info on the effects and monitoring of various psychopharmacological drugs used to treat child and adolescent psycho-behavioral problems.
http://smhp.psych.ucla.edu/pdfdocs/psymeds/med1.pdf

**School Interventions to Prevent Youth Suicide** – Discusses and provides resources related to school interventions to prevent youth suicide.
http://smhp.psych.ucla.edu/pdfdocs/Sampler/Suicide/suicide.pdf

**Autism Spectrum Disorders and Schools** – Provides those working in schools with a brief set of resources for understanding Autism Spectrum Disorders and what is done to treat them - with a special emphasis on the role of the school. There is a particular interest in this topic at this time because of the increasing number of youngsters being labeled, revived speculation about cause, and ongoing controversy about best practices and what the mental health focus should be.

**School-Based Health Centers** – Information on a wide range of issues dealing with school-based health centers (e.g., general references, facts, & statistics, funding, state & national documents, guides, reports, model programs across the country).
http://smhp.psych.ucla.edu/pdfdocs/Sampler/HlthCtrs.pdf

**Resource Synthesis to Help Integrate Mental Health in Schools into the Recommendations of the President’s New Freedom Commission on Mental Health** – This aid provides a synthesis highlighting a set of readily accessed online, noncommercial resources relevant to integrating the various agenda for mental health in schools into the Commission recommendations. In addition, a sampling of published references are listed. General resources and references are presented in Part I. Part II is organized around the Commission’s goals and recommendations and presents resources that have specific relevance to each. We have tried to find and include an appropriate set of resources; obviously, we have not been exhaustive.
http://smhp.psych.ucla.edu/pdfdocs/newfreedomcommission/resourcesynthesis.pdf

Evaluation and Accountability: Related to Mental Health in Schools – Provides immediate information on a variety of resources on evaluation and accountability and how to access them. It includes resources from the clearinghouse, centers/organizations, and internet resources on evaluation and accountability related to mental health in schools. There is also a listing of our consultation cadre, which is comprised of professionals who are willing to share their knowledge and expertise in their field. http://smhp.psych.ucla.edu/pdfdocs/EvalAccount/evalmh.pdf

Training Resources and Practice Notes

Assessing & Screening (Quick Training Aid) – http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/assessmentandscreening.pdf

Case Management in the School Context (Quick Training Aid) – http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/casemanagement.pdf

School Interventions to Prevent and Respond to Adolescent Affect and Mood Problems (Quick Training Aid) – http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/affectandmood.pdf

Suicide Prevention (Quick Training Aid) – http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/suicideprevention.pdf


Resources for Planning Mental Health in Schools (Info Sheets) – http://smhp.psych.ucla.edu/pdfdocs/planning.pdf

Mental Health and School Based Health Centers (Guidebook) – http://smhp.psych.ucla.edu/pdfdocs/MHSBHC/wholemhsbhc.pdf


Developing Systems at a School for Problem Identification, Triage, Referral, and Management of Care (Practice Notes) – http://smhp.psych.ucla.edu/pdfdocs/practicenotes/developingsystems.pdf


When a Student Seems Dangerous to Self or Others (Practice Notes) – http://smhp.psych.ucla.edu/pdfdocs/practicenotes/dangerous.pdf

Addressing Barriers to Learning: New Directions for Mental Health in Schools (Continuing Education Modules) – http://smhp.psych.ucla.edu/pdfdocs/contedu/conted.pdf
Addressing Barriers to Learning: A Comprehensive Approach to Mental Health in Schools
(Continuing Education Modules) – http://smhp.psych.ucla.edu/pdfdocs/ceaddressing/ceforchange.pdf


Mental Health in Schools: New Roles for School Nurses (Continuing Education Modules) –
http://smhp.psych.ucla.edu/pdfdocs/Nurses/unit1.pdf

About Mental Health in Schools (Introductory Packet) –
http://smhp.psych.ucla.edu/pdfdocs/aboutmh/aboutmhinschools.pdf


Social and Interpersonal Problems Related to School Aged Youth (Introductory Packet) –
http://smhp.psych.ucla.edu/pdfdocs/socialProblems/socialprobs.pdf

Affect and Mood Problems related to School Aged Youth (Introductory Packet) –
http://smhp.psych.ucla.edu/pdfdocs/Affect/affect.pdf

Conduct and Behavior Problems in School Aged Youth (Introductory Packet) –
http://smhp.psych.ucla.edu/pdfdocs/conduct/CONDUCT.pdf

QUICK FIND ONLINE CLEARINGHOUSE

The Center’s website provides ready access to online Quick Find clearinghouse with a menu of over 130 specific topics. Among the topics covered are disaster response, classroom management, motivation (including engagement and re-engagement in classroom learning), social and emotional development, specific types of student problems, and much more. Quick Finds provide links directly to resources developed by the UCLA Center and to online resources across the country.
13. Focusing on the Well-being of School Staff

The person-environment fit model of job stress holds that two kinds of fit exist between the individual and the work environment. The first involves the extent to which the person's skills and abilities match the demands and requirements of the job. The second type of fit involves the extent to which the environment provides for individual's needs. If a mismatch occurs involving either kind, the individual's well-being is threatened, and various health strains may result.

Bruce & West

Burnout is used to describe a syndrome that goes beyond physical fatigue from overwork. Stress and emotional exhaustion are part of it, but the hallmark of burnout is the distancing that goes on in response to the overload.

Christina Maslach

Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job, and is defined by the three dimensions of exhaustion, cynicism, and inefficacy. The past 25 years of research has established the complexity of the construct, and places the individual stress experience within a larger organizational context of people's relation to their work. Recently, the work on burnout has expanded internationally and has led to new conceptual models. The focus on engagement, the positive antithesis of burnout, promises to yield new perspectives on interventions to alleviate burnout. The social focus of burnout, the solid research basis concerning the syndrome, and its specific ties to the work domain make a distinct and valuable contribution to people's health and well-being.

C. Maslach, W. B. Schaufeli, & M.P. Leiter

Burnout manifests itself in many ways. Those who experience this syndrome typically find that they are tired, drained, and without enthusiasm. They talk of feeling pulled by their many projects, most of which seem to have lost meaning. They feel that what they do have to offer is either not wanted or not received; they feel unappreciated, unrecognized, and unimportant, and they go about their jobs in a mechanical and routine way. They tend not to see any concrete results of the fruits of the efforts. Often they feel oppressed by the "system" and by institutional demands, which, they contend, stifle any sense of personal initiative. A real danger is that burnout syndrome can feed off itself, so that practitioners feel more and more isolated. They may fail to reach out to one another and to develop a support system. Because burnout can rob us of the vitality we need personally and professionally, it is important to look at some of its causes, possible remedies, and ways of preventing it.

Gerald Corey

No one needs to tell school staff how stressful it is to come to work each day. Stress is a commonplace phenomenon for almost everyone who works in school settings. Some of the stress comes from working with troubled and troubling youngsters. Some stems from difficult working conditions and staggering workloads. Some is the result of the frustration that arises when everyone works so hard and the results are not good enough. The many frustrations, large and small, affect staff (and student) morale and mental health. In the short run, this contributes to the high rate of teacher dropout in their first 3-5 years on the job. Over time, such stressors can lead to widespread staff demoralization, exhaustion, and burnout.
It is easy to overlook the psychological needs of staff (Chernis, 1995; Leiter & Maslach, 2000, 2005; Maslach, Schaufeli, & Leither, 2001; Vandenberghe & Huberman, 1999). Yet, when school staff don’t feel good about themselves, it is unlikely they will be effective in making students feel good about themselves.

Over the years, one of the resource packets most often downloaded from our Center website is: “Understanding and Minimizing Staff Burnout” (Center for Mental Health in Schools, 2004). This highlights both the need for and interest in paying greater attention to the problem. Another indicator of need comes from analyses of school improvement and staff development plans which rarely focus sufficiently on this matter.

Anyone who works in schools knows about burnout. And, as with so many problems, if ignored, burnout takes a severe toll. Over the years, sporadic attention has been paid to enhancing staff well-being. However, the problem still is talked about more often than systematic action is taken (Centers for Law and the Public’s Health, 2008). It is, therefore, a matter where staff who bring a mental health and motivational perspective to schools can and should take a leadership role.

Any focus on minimizing burnout at a school site begins with an appreciation of the causes of burnout. This leads to an understanding that some of the problem arises from environmental stressors and some of the problem stems from characteristics and capabilities individuals bring to the situation. (And, of course, the way the environment and individual mesh is not to be ignored.)

Causes play out differently with diverse roles and functions at a school. While everyone at a school site shares some common stressors, those who work directly and intensively with students and those who administer underperforming schools often are overwhelmed by what the relatively intractable problems they experience during a school year. It should surprise no one that school personnel dealing with the behavior, learning, and emotional problems of many students over an extended period of time become fatigued.

Ultimately, the problem of minimizing burnout resolves down to

- reducing environmental stressors
- increasing personal capabilities
- enhancing job supports

*Easy to say, hard to do.*
The behavior referred to as burnout is a psychological phenomenon. One way to understand the problem is in terms of three psychological needs that theorists posit as major intrinsic motivational determinants of behavior. These are the need to feel competent, the need to feel self-determining, and the need to feel interpersonally connected. From this perspective, burnout can be viewed as among the negative outcomes that result when these needs are threatened and thwarted. And, such needs are regularly threatened and thwarted by the prevailing culture of schools.

“It’s too hard;” “it’s unfair;” “You can’t win;” “No one seems to care” – all are common comments made by school staff. They are symptoms of a culture that demands a great deal and too often fails to do enough to compensate for the problems it creates. It is a culture that too often undermines motivation for too many (Felner, et al., 2007).

Each day elementary school teachers enter a classroom to work with about 30 students. Secondary teachers multiply that by a factor of at least five. Their students bring with them a wide variety of needs. And, in some classrooms, many students have become disengaged from the learning process. Upon entering the classroom, the teacher closes the door, and all present try to cope with each other and with the designated work. The day seldom goes smoothly, and many days are filled with conflict and failure.

For student support staff, the list of students referred for special assistance is so long that the reality is that appropriate assistance can be provided only to a small percentage. Many support personnel find it virtually impossible to live up to their professional standards.

Others who work at a school, such as front office staff, are overworked, underpaid, often unappreciated, and seldom provided with inservice training. Their dissatisfaction frequently adds another layer of negativity to the school climate.

Accountability demands and daily problems produce a sense of urgency and sometimes crisis that makes the culture of schools more reactive than proactive and more remedial than preventive. The result is a structure oriented more to enhancing external control and safety than providing caring support and guidance. This translates into authoritarian demands and social control (rules, regulations, and punishment), rather than promotion of self-direction, personal responsibility, intrinsic motivation, and well-being.

Given all this, it is not surprising how many staff (and students) find themselves in situations where they chronically feel over-controlled.
Do youngsters who are “turned off” reflect instances of student burnout?

What Needs to Change?

As with so many problems, it is easiest to view burnout as a personal condition. And, as in many other instances, this would be the least effective way to understand what must be done over the long-run to address the matter. The problem is multifaceted and complex. “Wellness” and health promotion programs and stress-reduction activities often are advocated and sometimes pursued in meaningful ways (Centers for Law and the Public’s Health, 2008). However, these approaches are unlikely to be a sufficient remedy for the widespread draining of motivation. Reducing environmental stressors and enhancing job supports are more to the point, but again, alone these are insufficient strategies.

The solution requires reculturing schools in ways that minimize undermining and maximize enhancement of intrinsic motivation. This involves policies and practices that ensure a regular, often a daily, focus on (1) promoting staff and student well-being and (2) addressing barriers to teaching and learning.

From an intrinsic motivational perspective, a school that wants to prevent burnout needs to be experienced by staff and students as a caring, learning environment in which there is a strong collegial and social support structure and meaningful ways to participate in decision making. As suggested in preceding chapters, key elements here include well-designed and implemented programs for

- inducting newcomers into the school culture in a welcoming and socially supportive way
- transforming working conditions by opening classroom doors and creating appropriate teams of staff and students who support, nurture, and learn from each other every day
- transforming inservice training into personalized staff development and support from first induction into a school through ongoing capacity building
- restructuring school governance to enable shared decision-making.

Mother to her son: *Time to get up and go to school.*

Son: *I don’t want to go. It’s too hard and the kids don’t like me.*

Mother: *But you have to go – you’re their teacher.*
**Welcoming and social support.** From a psychological perspective, learning and teaching at school are experienced most positively when the learner wants to learn and the teacher enjoys facilitating student learning. Each day goes best when all participants care about each other. To these ends, staff must establish a school-wide and classroom atmosphere that is welcoming, encourages mutual support and caring, and contributes to a sense of community. A caring school develops and institutionalizes welcoming and ongoing social support programs for new staff, students, and families. Such efforts can play a key role in reducing staff burnout and also can benefit students in significant ways.

**Opening the classroom door.** New staff need a considerable amount of support and on-the-job training. All staff need to learn more about mobilizing and enabling learning in the classroom. Opening the classroom door is essential for enhancing the learning of teachers, other staff, and students.

The crux of the matter is to ensure use of effective mentoring, teaming, and other collegial supports. This includes having specialist personnel (e.g., school psychologists, counselors, special education resource teachers) mentor and demonstrate rather than play traditional consultant roles. Instead of *telling* teachers how to address student learning, behavior, and emotional problems, specialists need to be trained to go into classrooms to model and guide teachers in the use of practices for engaging and re-engaging students in learning.

In addition, teachers can do their jobs better when they integrate community resources. Anyone in the community who wants to help might make a contribution. In general, the array of people who can end the isolation of teachers in classrooms includes: (a) aides and volunteers, (b) other regular/specialist teachers, (c) family members, (d) students, (e) student support staff, (f) school administrators, (g) classified staff, (h) teachers- and other professionals-in-training, (i) school and community librarians, and more.

**Personalized staff development and support.** As with any learner, staff need instruction and support that is a good match for both their motivation and capabilities. This includes:

- inservice programs that account for interests, strengths, weaknesses, and limitations
- approaches that overcome avoidance motivation
- structure that provides personalized support and guidance
- instruction designed to enhance and expand intrinsic motivation for learning and problem solving.
Some staff also require additional, specialized support, guidance, and accommodations.

Personalized staff development and support may encompass programs for cooperative learning, mentoring, advocacy, counseling and mediation, human relations, and conflict resolution. Regular mentoring is essential. However, learning from colleagues is not just a talking game. Good mentors model and then actively participate in making changes (e.g., demonstrating and discussing new approaches; guiding initial practice and implementation; and following-up to improve and refine). Depending on practicalities, such modeling could take place in a teacher’s own classroom or be carried out in colleagues’ classrooms. Some of it may take the form of team teaching. Personalized contacts increase opportunities for providing support and guidance, enhancing competence, ensuring involvement in meaningful decision-making, and attaining positive social status. All of this can productively counter alienation and burnout.

**Shared governance.** In any organization, who is empowered to make decisions can be a contentious issue. Putting aside the politics of this for the moment, we stress the motivational impact of not feeling empowered. There is a potent and negative impact on motivation when staff (and students and all other stakeholders) are not involved in making major decisions that affect the quality of their lives. This argues for ensuring that staff are provided with a variety of meaningful opportunities to shape such decisions. Participation on planning committees and teams that end up having little or no impact can contribute to burnout. Alternatively, feelings of self-determination that help counter burnout are more likely when governance structures share power across stakeholders and make room for their representatives around the decision-making table.

As stressed throughout this book, at some time or another, most students bring problems with them to school that affect their learning and perhaps interfere with the teacher’s efforts to teach. And, in some geographic areas, many youngsters bring a wide range of problems stemming from restricted opportunities associated with poverty and low income, difficult and diverse family circumstances, high rates of mobility, lack of English language skills, violent neighborhoods, problems related to substance abuse, inadequate health care, and lack of enrichment opportunities. Teachers must learn many ways to enable the learning of such students. Schools must develop school-wide approaches that enable teacher effectiveness. Student support staff must work closely with teachers and with each other for mutual support.
Too many teachers know too little about how best to support and guide students who manifest commonplace behavioral, learning, and emotional problems. In saying this, we are not teacher-bashing. We have the highest respect and empathy for anyone who pursues the call to work with young people. The problem is that teachers and student support staff are not being taught the fundamentals of how to help those youngsters who do not come to school each day motivationally ready and able to learn. Undoubtedly, this contributes in major ways to staff burnout.

*High stakes expectations, low-powered staff development.* In keeping with prevailing demands for higher standards and achievement test scores, the focus of school reform and pre-service teacher training is mainly on curriculum content and instruction. Analyses indicate that implicit in most instructional reforms is a presumption that students are motivationally ready and able to absorb the lesson being taught. Recognition that the teacher must deal with some misbehavior and learning problems generally is treated as a separate matter calling for classroom management and some extra instruction.

For the most part, pre-service teacher preparation provides little or no discussion of what to do when students are not motivationally ready and able to respond appropriately to a lesson as taught. This lapse in training is less a problem for teachers in classrooms where few students are doing poorly. In settings where large proportions are not doing well, however, and especially where many are “acting out,” teachers decry the gap in their training. In such settings, one of the overriding inservice concerns is to enhance whatever a teacher has previously been taught.

Typically, schools offer a few, relatively brief sessions on various social control techniques. Examples include eye contact, physical proximity, being alert and responding quickly before a behavior escalates, using rewards as a preventive strategy, assertive discipline, and threats and other forms of punishment. All this, of course, skirts right by the matter of what is causing student misbehavior and ignores the reality that social control practices can be incompatible with enhancing student engagement with learning at school. Indeed, such practices can lead to greater student disengagement (see Chapter 11).

We hasten to stress that, in highlighting the above matters, we do not mean to minimize the importance of thorough and ongoing training related to curriculum and instruction. Every teacher must have the ability and resources to bring a sound curriculum to life and apply strategies that make learning meaningful. At the same time, however, teachers and student support staff must learn how to “enable” learning by addressing barriers to learning and teaching – especially factors leading to low or negative motivation for schooling.
Reculturing Classrooms

Review the preceding chapters in Part III. Think in terms of strategies to engage student interest and attention, one-to-one or small group instruction (e.g., tutoring, cooperative learning groups), enhancing protective factors, and assets building (including use of curriculum-based approaches to promote social emotional development), as well as varied forms of special assistance. All this expands definitions of good teaching to encompass practices that enable teachers to be effective with a wide range of students. From this perspective, good teaching involves fostering a caring context for learning; it encompasses development of a classroom infrastructure that transforms a big classroom into a set of smaller units; it encompasses many strategies for preventing and addressing problems as soon as they arise.

Concluding Comments

School improvement requires not only helping staff effectively cope with stress, but ensuring that ways to enhance their overall well-being are addressed. A cost of ignoring staff well-being is that the programs and services they offer suffer, and there is considerable personnel turnover.

There also is a tremendous financial cost. As a 2007 report from the National Commission on Teaching and America’s Future (NCTAF) indicates, “the teacher dropout problem is costing the nation billions of dollars, draining resources, diminishing teaching quality, and undermining the nation’s ability to close the student achievement gap.” NCTAF estimates that the national cost of public school teacher turnover could be over $7.3 billion a year.

While there are many reasons for teachers and other staff dropping out, it has long been acknowledged that isolation from colleagues and alienation from students and their families compound deficits in training, unrealistic demands, and relatively low salaries. Countering isolation and alienation and promoting well-being at school clearly are essential agenda items for mental health in schools.

It should surprise no one that school staff might find it difficult to attend effectively to the needs of students when their own needs are ignored. Addressing staff well-being through promoting a caring, supportive, learning community at a school is basic to helping all of the school’s stakeholders maintain a sense of balance, perspective, and hope.

School staff deserve a lot of credit. Well, if we paid them more, they wouldn’t need it!
References


>For more on the topic of burnout, see the Center’s Quick Find Online Clearinghouse http://smhp.psych.ucla.edu/qf/burnout.htm

Treat people as if they were what they ought to be and you help them become what they are capable of being.

Goethe

Across the country, groups of people who often haven’t worked together previously are combining their talents and resources to improve outcomes for children and youth. Efforts to advance mental health in schools and to make schools more effective and caring places need to bring together the resources of schools, families, and communities. This requires effective collaboration.

This chapter explores collaboration and particularly the formation of groups called collaboratives. The emphasis is on what makes such collaborative efforts successful and what gets in the way. The discussion is designed as an introduction to the nature and scope of working collaboratively at various levels of intervention. Specifically, the focus is on clarifying that (a) collaboration is a process for carrying out delineated functions, (b) accomplishing different functions often require different mechanisms or structures, (c) data can help enhance collaboration, and (d) sustaining collaborative endeavors over time requires attending to systemic change.

What is Collaboration?

Collaboratives are sprouting in communities across the country. Properly done, collaboration among schools, families, and communities should improve schools, strengthen families and neighborhoods, and lead to a marked reduction in young people's problems. Poorly implemented collaborations, however, can end up being another reform effort that promised a lot, did little good, and even did some harm.

Advocates for school, community, and family connections have cautioned that some so-called collaborations amount to little more than groups of people sitting around engaging in “collabo-babble.”

An optimal approach involves formally blending together resources of at least one school and sometimes a group of schools or an entire school district with local family and community resources. The intent is to sustain connections over time. The range of entities in a community are not limited to agencies and organization; they encompass people, businesses, community based organizations, postsecondary institutions, religious and civic groups, programs at parks and libraries, and any other facilities that can be used for recreation, learning, enrichment, and support.

While it is relatively simple to make informal links, establishing major long-term collaborations is complicated. Doing so requires vision, cohesive policy, and system-wide reforms. Complications are readily seen in any effort to develop a comprehensive...
Comprehensive collaboration represents a promising direction for generating essential interventions to address barriers to learning, enhance healthy development, and strengthen families and neighborhoods. System changes are required in developing and evolving formal and institutionalized sharing of a wide spectrum of responsibilities and resources (see Chapter 17).

Collaboratives can weave together a critical mass of resources and strategies to enhance caring communities that support all youth and their families and enable success at school and beyond. Strong connections with schools are critical in impoverished neighborhoods because schools have some of the best resources in the community (e.g., often are the largest pieces of public real estate and contain a variety of resources and also may be the single largest employer).

Comprehensive collaboration represents a promising direction for efforts to generate essential interventions to strengthen children, families, schools, and neighborhoods. Building such collaboration requires stakeholder readiness, an enlightened vision, creative leadership, and new and multifaceted roles for professionals who work in schools and communities, as well as for family and other community members who are willing to assume leadership.

As noted, interest in connecting families, schools, and communities is growing at an exponential rate. For schools, such links are seen as a way to provide more support for schools, students, and families. For agencies, connection with schools is seen as providing better access to families and youth and thus as providing an opportunity to reach and have an impact on hard-to-reach clients. The interest in collaboration is bolstered by the renewed concern about widespread fragmentation of school and community interventions. The hope is that integrated resources will have a greater impact on “at risk” factors and on promoting healthy development.

Fostering collaboration involves much more than coordinating community services and placing some on school sites. Such an approach downplays the need to also restructure the various education support programs and services that schools own and operate. And, it has led some policy makers to the mistaken impression that community resources can effectively meet the needs of schools in addressing barriers to learning. In turn, this has led some legislators to view the linking of community services to schools as a way to free up the dollars underwriting school-owned services. The reality is that even when one adds together community and school assets, the total set of services in impoverished locales is woefully inadequate. In situation after situation, it has become evident that as soon as the first few sites demonstrating school-community collaboration are in place, local agencies find they have stretched their resources to the limit.
Collaboratives often are established because of the desire to address a local problem or in the wake of a crisis. In the long-run, however, school-family-community collaboratives must be driven by a comprehensive vision about strengthening youngsters, families, schools, and neighborhoods. This encompasses a focus on safe, caring, and supportive schools and neighborhoods; positive development and learning; individual and family well-being; and more.

Collaboratives are about building potent, synergistic, working relationships, not simply establishing positive personal connections. Collaboratives built mainly on personal connections are vulnerable to the mobility of participants that characterizes many such groups. The point is to establish stable and sustainable working relationships. This requires clear roles, responsibilities, and an institutionalized infrastructure, including well-designed mechanisms for performing tasks, solving problems, and mediating conflict.

A collaborative needs financial support. The core operational budget can be direct funding and in-kind contributions such as providing space for the collaborative. A school or community entity or both might be asked to contribute the necessary space. As specific functions and initiatives are undertaken that reflect overlapping arenas of concern for schools and community agencies such as safe schools and neighborhoods, some portion of their respective funding streams can be braided together. Finally, there will be opportunities to supplement the budget with extra-mural grants. However, it is important not to pursue funding for projects that will distract the collaborative from vigorously pursuing its vision in a cohesive (nonfragmented) manner.

The governance of the collaborative must be designed to equalize power so that decision-making appropriately reflects all stakeholder groups and so that all are equally accountable. The leadership must include representatives from all groups, and all participants must share in the workload – pursuing clear roles and functions. And, collaboratives must be open to all who are willing to contribute their talents.

Obviously, true collaboration involves more than meeting and talking. The point is to work together in ways that produce the type of actions that result in important results. For this to happen, steps must be taken to ensure that collaboratives are formed in ways that ensure they can be effective. This includes providing them with the training, time, support, and authority to carry out their roles and functions. It is when such matters are ignored that groups find themselves meeting and meeting, but going nowhere.
Schools are located in communities, but often are islands with no bridges to the mainland. Families live in neighborhoods, often with little connection to each other or to the schools their children attend. Nevertheless, all these entities affect each other, for good or ill. Because of this and because they share goals related to education and socialization of the young, schools, homes, and communities must collaborate with each other if they are to minimize problems and maximize results.

Dealing with multiple, interrelated concerns, such as poverty, child development, education, violence, crime, safety, housing, and employment, requires multiple and interrelated solutions. Interrelated solutions require collaboration.

Promoting well-being, resilience, and protective factors and empowering families, communities, and schools also requires the concerted effort of all stakeholders.

Collaboration can improve service access and provision, increase support and assistance for learning and for addressing barriers to learning; enhance opportunities for learning and development; and generate new approaches to strengthen family, school, and community. Thus, appropriate and effective collaboration and teaming are keys to promoting well-being and addressing barriers to development, learning, family well-being, and community self-sufficiency.

Schools are more effective and caring places when they are an integral and positive part of the community. This plays out as enhanced academic performance, fewer discipline problems, higher staff morale, and improved use of resources. Reciprocally, families and other community entities can enhance parenting and socialization, address psychosocial problems, and strengthen the fabric of family and community life by working collaboratively with schools.

Concern about mental health in schools provides opportunities for enhancing connections with families and other neighborhood resources. However, in too many cases, those responsible for problems at school act as if what is happening on campus has little to do with home and community. Children and adolescents do not experience such a separation. For them, too often, problems are a fact of life.

Concerns go well beyond widely-reported incidents that capture media attention, such as school shootings. For children, the most common forms of violence are physical, sexual, and psychosocial abuse experienced at school, at home, and in the neighborhood. There are no good data on how many youngsters are affected by all the forms of violence or how many are debilitated by such experiences. But no one who works to prevent mental health problems would deny that the
numbers are large. Far too many youngsters are caught up in cycles where they are the recipient or perpetrator (and sometimes both) of deviant behavior and emotional problems.

Clearly, such concerns are significant barriers to development, learning, parenting, teaching, and socialization. As a consequence, single-factor solutions will not work. This is why mental health in schools must emphasize such elements as school-wide prevention, intervention, and emergency response strategies, positive school climate, promotion of healthy social and emotional development, formal connections with community services, and family and community involvement. In effect, the need is for the full continuum of interventions outlined in Chapter 9. School and community policy makers must quickly move to embrace comprehensive, multifaceted school-wide and community-wide approaches. And, they must do so in a way that fully integrates such approaches with school improvement efforts at every school site.

Collaboration involves more than simply working together, and a collaborative is more than a body to enhance cooperation and coordination. Thus, teachers who team are not a collaborative; they are a teaching team. Professionals who work as a multidisciplinary team to coordinate treatment are not a collaborative; they are a treatment team. Interagency teams established to enhance coordination and communication across agencies are not collaboratives; they are coordinating teams.

Coalitions are not collaboratives, they are a form of collaboration that involves multiple organizations that establish an alliance for sharing information and jointly pursuing policy advocacy and/or cohesive action in overlapping areas of concern. A collaborative is a form of collaboration that involves establishing an infrastructure for working together to accomplish specific functions related to developing and enhancing interventions and systems in arenas where the participants’ agendas overlap.

One hallmark of authentic collaboration is a formal agreement among participants to establish mechanisms and processes to accomplish mutually desired results – usually outcomes that would be difficult to achieve by any of the stakeholders alone. Thus, while participants may have a primary affiliation elsewhere, they commit to working together under specified conditions to pursue a shared vision and common set of goals.

Effective collaboratives are built with vision, policy, leadership, infrastructure, and capacity building. A collaborative structure requires shared governance (power, authority, decision making, accountability) and weaving together an adequate set of resources. It also requires establishing well-defined and effective working relationships that
Growing appreciation of human and social capital has resulted in collaboratives expanding to include a wide range of stakeholders (people, groups, formal and informal organizations). Many who at best were silent partners in the past now are finding their way to the collaborative table and becoming key players. The political realities of local control have expanded collaborative bodies to encompass local policy makers, representatives of families, nonprofessionals, and volunteers. Families, of course, have always provided a direct connection between school and community, but now they are seeking a greater decision making role. In addition, advocates for students with special needs have opened the way for increased parent and youth participation in forums making decisions about interventions. Clearly, any effort to connect school, home, and community resources must embrace a wide spectrum of stakeholders.

In the context of a collaborative, collaboration is both a desired process and an outcome. That is, the intent is to establish strong working relationships that are enduring. However, school, community, and family collaboration is not an end in itself. It is a turning point meant to enable participants to pursue increasingly potent strategies for strengthening children, families, schools, and communities.

Effective collaboratives, then, attempt to weave the responsibilities and resources of participating stakeholders together to create a new form of unified entity. For our purposes here, any group designed to connect a school, families, and others from the surrounding neighborhood is referred to as a "school-community" collaborative. Such collaboratives may include individuals and groups focused on providing programs for education, literacy, youth development, the arts, health and human services, juvenile justice, vocational education, economic development, and more. They may include various sources of human, social, and economic capital, including teachers, student support staff, youth, families, community-based and linked organizations, such as public and private health and human service agencies, civic groups, businesses, faith-based organizations, institutions of postsecondary learning, and so forth.

Operationally, a collaborative is defined by its functions. That is, a collaborative is about accomplishing functions, not about establishing and maintaining a "collaborative" body. Major examples of functions include:

- facilitating communication, cooperation, coordination, and integration
Effective collaboration requires vision, cohesive policy, potent leadership, infrastructure, capacity building & appropriate accountability.

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

Functions encompass specific tasks, such as mapping and analyzing resources; exploring ways to share facilities, equipment, and other resources; expanding opportunities for community service, internships, jobs, recreation, and enrichment; developing pools of nonprofessional volunteers and professional pro bono assistance; making recommendations about priorities for use of resources; raising funds and pursuing grants; and advocating for appropriate decision making.

In organizing a collaborative, the fundamental principle is: *Structure follows function.* Based on clear functions, a differentiated infrastructure must be developed to enable accomplishment of functions and related tasks. Minimally, the need is for infrastructure mechanisms to steer and do work on a regular basis. And, since the work almost always overlaps with that of others, a collaborative needs to establish connections with other bodies.
Collaboration: A Growing Movement Across The Country

Various levels and forms of school, community, and family collaboration are being tested, including statewide initiatives. Some cataloguing has begun, but there is no complete picture of the scope of activity. Advocacy for school-community connections comes from divergent interests. For example, on the school side, a focus on both parent and community involvement are features of the No Child Left Behind Act. On the community side, one major thrust has come from the push to reform community agencies, another has come from the business community, a third has come from the community school movement, and a fourth involves social activists and various community-based organizations (e.g., philanthropic foundations, the Children’s Defense Fund, Communities in Schools, groups concerned with organizing communities, groups representing “minorities”). For families, connecting with schools also varies with respect to the specific groups’ agenda (e.g., PTA, family organizations representing students with learning, behavior, or emotional problems). Cross cutting these sectors is a focus on bringing schools-communities-families together to focus on a specific problem, such as raising achievement, addressing youth violence, combating substance abuse, enhancing physical and mental health, and so forth.

It is clear that many efforts to collaborate have not taken the form of a collaborative. To date, most demonstration projects mainly have been efforts to incorporate health, mental health, and social services into centers (including health centers, family centers, parent centers). These centers are established at or near a school and use terms such as school-linked or school-based services, coordinated services, wrap-around services, one-stop shopping, full service schools, systems of care, and community schools. 

When collaborations and collaboratives are developed as part of funded projects, the aims generally are to improve coordination and eventually integrate many programs and enhance their links to school sites. Scope varies. Most projects want to improve access to health services (including immunizations, prevention programs substance abuse, asthma, and pregnancy) and access to social service programs (including foster care, family preservation, and child care). In addition or as a primary focus, some are concerned with (1) expanding after school academic, recreation, and enrichment, including tutoring, youth sports and clubs, art, music, (2) building systems of care, including case management and specialized assistance, (3) reducing delinquency, including truancy prevention, conflict mediation, and violence reduction, (4) enhancing transitions to work/career, and post-secondary education, including mentoring, internships, career academies, job shadowing, and job placement programs, and (5) strengthening schools and community connections through adopt-a-school programs, use of volunteers and peer supports, and neighborhood coalitions.
Projects have been stimulated by diverse initiatives:

- some are driven by school reform
- some are connected to efforts to reform community health and social service agencies
- some stem from the community school and youth development movements
- a few stem from community development endeavors.

Currently, only a few projects are driven by school improvement efforts. Most stem from moves to reform community health and social services with the aim of reducing redundancy and increasing access and effectiveness. These tend to focus narrowly on "services." Projects initiated by schools often connect schools and communities to enhance school-to-career opportunities, develop pools of volunteers and mentors, and expand after school recreation and enrichment programs.

The community school and youth development movements have spawned school-community collaboration that clearly go beyond a narrow service emphasis. They encourage a view of schools not only as community centers where families can access services, but as hubs for community-wide learning and activity. In doing so, they encompass concepts and practices aimed at promoting protective factors, asset-building, wellness, and empowerment. Included are efforts to establish full-fledged community schools, programs for community and social capital mobilization, and initiatives to establish community policies and structures that enhance youth support, safety, recreation, work, service, and enrichment. Their efforts, along with adult education and training at neighborhood schools, are changing the old view that schools close when the youngsters leave. The concept of a “second shift” at a school site to respond to community needs is beginning to spread.

School-community linkages are meant to benefit a wide range of youngsters and their families. For example, considerable attention has been paid to linkages to enhance outcomes for students with emotional disturbance and their families. This population is served by classrooms, counseling, day care, and residential and hospital programs. It is widely acknowledge that all involved need to work together in providing services, monitoring and maintaining care, and facilitating the transitions to and from services. To address these needs, considerable investment has been made in establishing what are called *wrap around services* and *systems of care*. The work has tended to be the focus of multi-disciplinary teams, usually without the support of a collaborative body. Initial evaluations of systems of care have been discussed in terms of the difficulty of studying linkages, and the policy issues that arise regarding appropriate outcomes and cost-effectiveness. We would add that the studies highlight the need for the involvement of a school-community collaborative.
For various reasons, many collaboratives around the country consist mainly of professionals. Family and other citizen involvement may be limited to a few representatives of powerful organizations or to “token” participants who are needed and expected to “sign-off” on decisions.

_Genuine involvement of a wide-range of representative families and citizens requires a deep commitment of collaborative organizers to recruiting and building the capacity of such stakeholders so that they can competently participate as enfranchised and informed decision makers._

Collaboratives that proactively work to ensure a broad range of stakeholders are participating effectively can establish an essential democratic base for their work and help ensure there is a critical mass of committed participants to buffer against inevitable mobility. Such an approach not only enhances family and community involvement, it may be an essential facet of sustaining collaborative efforts.

Currently, schools and community entities usually function as separate agents, with a few discrete linkages designed to address highly circumscribed matters. Often the links are encouraged by and/or directed at parents of school aged children. The immediate goal of many school-family-community collaboratives is to bring the entities together to work in more cooperative ways and where feasible to integrate resources and activities when they are dealing with overlapping concerns. Ultimately, some argue that it is all about community and that families should be understood and nurtured as the heart of any community and that schools should be completely embedded and not seen as a separate agent.

As a result of the diverse agenda for collaboration, there is relatively little _generic_ conceptual, research, and practice literature on school-community collaboratives. And, no comprehensive catalogue exists. Examples and analyses suggesting trends can be found in works included at the end of this guide. Using the available literature and synthesizing across several arenas of work, a picture emerges related to the promise of family-community-school collaboration.

While data are sparse, a reasonable inference from available research is that school-community collaboration can be successful and cost effective over the long-run. Moreover, school-community collaborations not only have potential for improving access to and coordination of interventions, they encourage schools to open their doors and enhance opportunities for community and family involvement.

Following are highlights of the emerging promise.
In general, those pushing for connection from the community side want to strengthen neighborhoods, families, and schools. For example, Schorr (1997) nicely describes promising community-school-family initiatives from this perspective. Her analysis concludes that a synthesis is emerging that "rejects addressing poverty, welfare, employment, education, child development, housing, and crime one at a time. It endorses the idea that the multiple and interrelated problems . . . require multiple and interrelated solutions."

Warren (2005) argues that for urban school reform to be successful, it must be linked to the revitalization of the surrounding communities. He categorizes current school-community collaborations as involving (1) the service approach, which he equates with the community full service schools movement, (2) the development approach seen as embodied in community sponsorship of new schools such as charter schools, and (3) the organizing approach involving direct efforts of community-organizing groups to foster collaboration with schools.

From the perspective of community organizing to transform schools, Lopez’s (2003) research review concludes that a body of evidence supports the position that community organizing strengthens school reform efforts. However, she goes on to stress that:

it is only one among different pathways that connects schools and low-income communities to achieve a shared vision of success for all students. Another approach is the creation of learning communities based on the principles of parent and community involvement, collaborative governance, culturally responsive pedagogy and advocacy-oriented assessment, which can produce outstanding results for migrant and low-income students (Reyes, Scribner & Scribner, 1999). Also, in schools where trust is established through the daily interactions of the school community, the achievement of low-income and ethnically diverse students improves over time (Bryk & Schneider, 2002). What community organizing shares with these other approaches is the social capital that works toward the best interests of students. What makes it different is turning social capital into political capital. Community organizing focuses not only on school reform, but also on empowerment. It drives home the point that parents and communities are powerful agents of reform. Because school reform is a political issue, organizing builds the political will to ensure that poor schools gain access to the resources they need to improve the quality of education.

In the 1960s, concern about the fragmented way community health and human services are planned and implemented led to the human service integration movement which initially sputtered, but then was renewed and has grown steadily over the 1990s and into the present decade. The hope of this movement is to better meet the needs of those served and use existing resources to serve greater numbers. To
these ends, there is considerable interest in developing strong relationships between school sites and public and private community agencies. As would be anticipated, most initial efforts focus on developing informal relationships and beginning to coordinate services. In the 1990s, a nation-wide survey of school board members indicated widespread presence of school-linked programs and services in school districts (Hardiman, Curcio, & Fortune, 1998). For purposes of the survey, school-linked services were defined as “the coordinated linking of school and community resources to support the needs of school-aged children and their families.” The researchers conclude: “The range of services provided and the variety of approaches to school-linked services are broad, reflecting the diversity of needs and resources in each community.” They are used to varying degrees to address various educational, psychological, health, and social concerns, including substance abuse, job training, teen pregnancy, juvenile probation, child and family welfare, and housing. For example, and not surprisingly, the majority of schools report using school-linked resources as part of their efforts to deal with substance abuse; far fewer report such involvement with respect to family welfare and housing. Most of this activity reflects collaboration with agencies at local and state levels. Respondents indicate that these collaborations operate under a variety of arrangements: “legislative mandates, state-level task forces and commissions, formal agreements with other state agencies, formal and informal agreements with local government agencies, in-kind (nonmonetary) support of local government and nongovernment agencies, formal and informal referral network, and the school administrator’s prerogative.” About half the respondents note that their districts have no policies governing school-linked services.

Community Schools

While the community school movement often is discussed in terms of full service community schools (e.g., Dryfoos & Maguire, 2002), the movement is much more diverse than this term implies. The Coalition for Community Schools continues to survey a variety of school-community initiatives from the perspective of the community schools movement (e.g., Blank, Berg, & Melaville, 2006; Blank, Melaville, & Shah, 2004; Melaville & Blank, 1998). In the 1998 review, the number of school-community initiatives was described as skyrocketing. Moreover, the diversity across initiatives in terms of design, management, and funding arrangements was daunting to summarize. From the perspective of the Coalition, (1) the initiatives are moving toward blended and integrated purposes and activity and (2) the activities are predominantly school-based and the education sector plays "a significant role in the creation and, particularly, management of these initiatives" and there is a clear trend "toward much greater community involvement in all aspects" of such initiatives -- especially in decision making at both the community and site levels. The
Coalition also stresses that "the ability of school-community initiatives to strengthen school functioning develops incrementally," with the first impact seen in improved school climate. With respect to sustainability, their findings support the need for stable leadership and long-term financing. Melaville and Blank note:

The still moving field of school-community initiatives is rich in its variations. But it is a variation born in state and local inventiveness, rather than reflective of irreconcilable differences or fundamental conflict. Even though communication among school-community initiatives is neither easy nor ongoing, the findings in this study suggest they are all moving toward an interlocking set of principles. An accent on development cuts across them all. These principles demonstrate the extent to which boundaries separating major approaches to school-community initiatives have blurred and been transformed. More importantly, they point to a strong sense of direction and shared purpose within the field. With respect to evaluation of community schools, there is growing evidence that such schools contribute to enhanced family engagement with children and schools, student learning, and some neighborhood revitalization (Blank, Melaville, & Shah, 2004; Dryfoos, 2003).

**Parent Involvement**

The movement for parent involvement currently is motivated by the policy intent of the *No Child Left Behind Act* to inform and empower parents as decisionmakers in their children’s education. It also is bolstered by over 30 years of research indicating a significant relationship between family involvement and student success and mental health (Christenson, Whitehouse, & VanGetson, 2008; Epstein and her colleagues, 2002; Henderson & Mapp, 2002).

At the same time, research findings stress that the impact of family and community involvement is undercut in the absence of effective classroom and schoolwide interventions (e.g., Bryk & Schneider, 2002; EdSource, 2006).

**Some Concerns**

Findings from the work of the Center for Mental Health in Schools (e.g., 1997, 2005, 2006) are in considerable agreement with other reports. However, this work also stresses that the majority of school and community programs and services function in relative isolation of each other. Most school and community interventions continue to focus on discrete problems and specialized services for individuals and small groups. Moreover, because the primary emphasis is on restructuring community programs and co-locating some services on school sites, a new form of fragmentation is emerging as community and school professionals engage in a form of “parallel play” at school sites.
Ironically, while initiatives to integrate health and human services are meant to reduce fragmentation (with the intent of enhancing outcomes), in many cases fragmentation is compounded because these initiatives focus mostly on *linking* community services to schools.² It appears that too little thought has been given to the importance of *connecting* community programs with existing support programs operated by the school. As a result, when community agencies co-locate personnel at schools, such personnel tend to operate in relative isolation of existing school programs and services. Little attention is paid to developing effective mechanisms for coordinating complementary activity or integrating parallel efforts. Consequently, a youngster identified as at risk for bullying, dropout, and substance abuse may be involved in three counseling programs operating independently of each other.

Relatedly, there is rising tension between school district service personnel and their counterparts in community based organizations. When "outside" professionals are brought in, school specialists often view it as discounting their skills and threatening their jobs. The "outsiders" often feel unappreciated and may be rather naive about the culture of schools. Conflicts arise over "turf," use of space, confidentiality, and liability.

The fragmentation is worsened by the failure of policymakers at all levels to recognize the need to reform and restructure the work of school and community professionals who are in positions to address barriers and facilitate development and learning. For example, the prevailing approach among school reformers is to concentrate almost exclusively on improving instruction and management of schools. When they talk about safety and various other barriers to learning, they mainly focus on security, curriculum approaches to prevention, and "school-linked services."

The reality is that prevailing approaches to reform continue to marginalize all efforts to address the wide-range of overlapping factors that are barriers to development and learning (Adelman & Taylor, 2003; 2006; 2008). As a result, too little is known about effective processes and mechanisms for building family-school-community connections to prevent and ameliorate youngsters' learning, behavior, emotional, and health problems. The situation is unlikely to improve as long as so little attention is paid to restructuring what schools and communities already do to deal with psychosocial and health problems and promote healthy development. And a key facet of all this is the need to develop models to guide development of productive family, school, and community partnerships.

Exhibit 44 presents two examples of collaboratives.
Exhibit 44

Two Examples of Collaboratives

Local Management Boards – Collaboration Initiated by the Legislature Across an Entire State

In 1989, the governor of Maryland issued an Executive Order creating the Subcabinet for Children, Youth and Families. In 1990, a Statute was enacted requiring each local jurisdiction to establish a Local Governing Entity now known as Local Management Boards. (§11, Article 49D, Annotated Code of Maryland). By 1997, Local Management Boards (LMBs) were operating in all 24 jurisdictions.

LMBs are the core entity established in each jurisdiction to stimulate joint action by State and local government, public and private providers, business and industry, and community residents to build an effective system of services, supports and opportunities that improve outcomes for children, youth and families. An example of this process for connecting families, communities, and schools is the partnership established in Anne Arundel County created by county government in December 1993.

As described by the Anne Arundal Local Management Board (LMB), they are a collaborative board responsible for interagency planning, goal-setting, resource allocation, developing, implementing, and monitoring interagency services to children and their families. Their mission is to enhance the well-being of all children and their families in Anne Arundel County. All of their work focuses on impacting the result of "children safe in their families and communities" with goals and priorities established by the Board Members through a Community Needs process completed in October 1997. The consortium consists of representatives of public and private agencies appointed by the Anne Arundel County Executive who serve children and families and private citizens. Membership includes: County Public Schools, Department of Social Services, Department of Juvenile Justice, Department of Health/Mental Health, County Mental Health Agency, Inc. (Core Service Agency), County Recreation and Parks, County Government, and Private Citizens (e.g., private providers, advocacy groups, parents, and other consumers). Private citizens can comprise up to 49% of the membership. Board Members are appointed by the County Executive for a term of four years.

In pursuing their mission, they (a) foster collaboration among all public and private partners; (b) plan a wide array of services; (c) coordinate and pool resources; (d) monitor and evaluate the effectiveness of programs; and (e) provide a forum for communication and advocacy. For instance, the LMB develops community plans for providing comprehensive interagency services with guidelines established by the Subcabinet for Children, Youth, and Families. Examples of program initiatives include:

Early Childhood Programs

> Anne Arundel County Infants and Toddler Autism Project
> BEST (Behavioral/Emotional Support and Training Program)
> Home Connections Home Visiting Program > Mom and Tots
> TOTs Line Live > Arundel Child Care Connections
Juvenile Intervention Programs

> Mental Health Assessors  > ATTEND  > JIFI  > Addictions Counselor

Youth Strategies

> Youth Empowerment Services (YES)  > Combating Underage Drinking  
> Keep A Clear Mind  > Teen Court

After School Programs

> After School Programs  > School Community Centers  > Youth Services Bureau  
> Safe Haven  > Family Preservation Team  > Return/Diversion  
> Inter-Agency Coalition for Adolescent Pregnancy Prevention and Parenting  
> Disproportionate Minority Representation  > Local Coordinating Council  > Food Link

For more information:
http://www.aacounty.org/LocalMgmtBoard/currentProgramsIndex.cfm

Berkeley Alliance – A Citywide Collaboration

The city of Berkeley has a long tradition of valuing education, diversity, and social justice. Moreover, they believe that society is served best when public institutions, educators, and community groups work together.

To enhance their community-school-family collaboration, the City of Berkeley, the University of California-Berkeley, and the Berkeley Unified School District founded the Berkeley Alliance to ensure their values and beliefs are reflected in actions that serve the community. The Alliance brings policymakers, institutional leaders, and community representatives together to create solutions and city-wide change and builds capacity to ensure that all Berkeley children, youth, families and households benefit from the resources in their city.

Mission Statement: The Berkeley Alliance builds strategic community partnerships that strengthen capacity to effect change on critical issues related to social and economic equity in Berkeley.

Strategic Approach: The Alliance works to advance social and economic equity in Berkeley through three main strategies:

• Policy development and advocacy for systems change
• Building capacity of local organizations and institutions through leadership and resource development
• Convensing forums for community stakeholders and institutional partners to address critical local issues

Structure: The Alliance is an independent 501(c) 3 non-profit organization with a full-time staff based in West Berkeley, a 15 member board of directors composed of founder and community representatives, and an 11 member leadership committee representing partner institutions. Among others, the board and the leadership committee include the mayor, the school district superintendent, the university chancellor, the city manager, a city council...
member, and the president of the school board, agency heads, and a representative of community volunteers.

A recent, major focus has been on developing an initiative for enhancing integration of resources. The Alliance describes this as follows: “While most Berkeley youth and children are healthy, doing well in school, and getting the support they need to become thriving adults, this is not the case for all our children. Because of socioeconomic, environmental, and other factors, there are inequities in opportunity structures in Berkeley affecting families in low-wealth communities and young people of color. These disparities can lead to lower academic performance, higher rates of special education and disciplinary referrals, and mental and physical health problems.

The aim is to build on Berkeley’s strong educational and social service systems and create a continuum of care that ensures the well-being of all kids and parents. Our goals are to enhance the accessibility and effectiveness of the resources already available in Berkeley, build universal learning supports to reduce educational and wellness disparities, and work with existing assets in low-wealth communities.

Towards these ends, the Alliance convened the Berkeley Integrated Resources Initiative (BIRI), a major community change process that addresses a long-standing need for the city’s institutions, agencies, and youth programs to change the way they work together. The goal is to address economic, social, and environmental barriers to learning and promote healthy development for children, youth and families.” This encompasses concerns for safe schools and communities.

The vision for this community-wide policy and practice endeavor calls for the Berkeley Unified School District, the City of Berkeley, the University of California-Berkeley, and local community organizations to “work collectively and purposely to identify and weave their relevant resources to effectively address barriers to learning and promote healthy development for all Berkeley children and youth.” This entails “the strengthening of students, schools, families, and neighborhoods to foster a developmentally appropriate learning environment in which children and youth can thrive. The systemic change process emphasizes a coordinated school improvement and agency reform effort that leverages and weaves school-owned and community-owned resources in a comprehensive manner. In their work together, schools and agencies will create and provide a continuum of support for children and youth that emphasizes promoting healthy development for all, intervening early when problems arise, and providing specialized services to address critical needs.”

The BIRI is guided by the Alliance leadership group which provides adopts priorities and facilitates change at the policy level. A diverse Community Design Team is working to create a strategic change plan – an Agenda for Children and Youth – with a clear vision, set of outcomes and solid recommendations for action. Workgroups such as the Schools Mental Health Partnership and the Birth to Five Action Team analyze specific issues, develop strategies and make recommendations.

School-community connections differ in terms of purposes and functions. They also differ in terms of a range of other dimensions. For example, they may vary in their degree of formality, time commitment, breadth of the connections, as well as the amount of systemic change required to carry out their functions and achieve their purposes.

Because family, community, and school collaboration can differ in so many ways, it is helpful to think in terms of categories of key factors relevant to such arrangements. Exhibit 45 highlights some key dimensions relevant to family-community-school collaborative arrangements. Exhibit 46 outlines a critical mass of resources collaboratives can weave together to enhance caring schools and communities to support all youth and their families and enable success at school and beyond.

Can you define collaboration for me?

Sure! Collaboration is an unnatural act between nonconsenting adults.
Exhibit 45

Some Key Dimensions Relevant to Family-Community-School Collaborative Arrangements

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

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

III. Focus
   A. Improvement of program and service provision
      • for enhancing case management
      • for enhancing use of resources
   B. Major systemic changes
      • to enhance coordination
      • for organizational restructuring
      • for transforming system structure/function

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

V. Scope of potential impact
   A. Narrow-band -- a small proportion of youth and families can access what they need
   B. Broad-band -- all can access what they need

VI. Ownership and governance of programs and services
   A. Owned and governed by school
   B. Owned and governed by community
   C. Shared ownership & governance
   D. Public-private venture -- shared ownership & governance

VII. Location of programs and services
   A. Community-based, school-linked
   B. School-based

VIII. Degree of cohesiveness among multiple interventions serving the same student/family
   A. Unconnected
   B. Communicating
   C. Cooperating
   D. Coordinated
   E. Integrated

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

X. Arenas for collaborative activity
   A. Health (physical and mental)
   B. Education
   C. Social services
   D. Work/career
   E. Enrichment/recreation
   F. Juvenile justice
   G. Neighborhood/community improvement
Exhibit 46

A Range of Community Resources that Could Be Part of a Collaboration

County agencies and bodies (e.g., depts. of health, mental health, children & family services, public social services, probation, sheriff, office of education, fire, service planning area councils, recreation and parks, library, courts, housing)

Municipal agencies and bodies (e.g., parks and recreation, library, police, fire, courts, civic event units)

Physical and mental health & psychosocial concerns facilities and groups (e.g., clinics, hospitals, guidance centers, Planned Parenthood, Aid to Victims, MADD, “friends of” groups; family crisis and support centers, helplines, hotlines, shelters, mediation and dispute resolution centers, private practitioners)

Mutual support/self-help groups (e.g., for almost every problem and many other activities)

Child care/preschool centers

Post secondary education institutions/students (e.g., community colleges, state universities, public and private colleges and universities, vocational colleges; specific schools within these such as schools of law, education, nursing, dentistry)

Service agencies (e.g., PTA/PTSA, United Way, clothing and food pantry, Visiting Nurses Association, Cancer Society, Catholic Charities, Red Cross, Salvation Army, volunteer agencies, legal aid society)

Service clubs and philanthropic organizations (e.g., Lions Club, Rotary Club, Optimists, Assistance League, men’s and women’s clubs, League of Women Voters, veteran’s groups, foundations)

Youth agencies and groups (e.g., Boys and Girls Clubs, YMCA/YWCA, scouts, 4-H, Woodcraft Rangers)

Sports/health/fitness/outdoor groups (e.g., sports teams, athletic leagues, local gyms, conservation associations, Audubon Soc.)

Community based organizations (e.g., neighborhood and homeowners’ associations, Neighborhood Watch, block clubs, housing project associations, economic development groups, civic associations)

Faith community institutions (e.g., congregations and subgroups, clergy associations, interfaith hunger coalition)

Legal assistance groups (e.g., public counsel, schools of law)

Ethnic associations (e.g., Committee for Armenian Students in Public Schools, Korean Youth Center, United Cambodian Community, African-american, Latino, Asian-pacific, Native American organizations)

Special interest associations and clubs (e.g., Future Scientists and Engineers of America, pet owner and other animal-oriented groups)

Artists and cultural institutions (e.g., museums, art galleries, zoo, theater groups, motion picture studios, TV and radio stations, writers’ organizations, instrumental/choral, drawing/painting, technology-based arts, literary clubs, collector’s groups)

Businesses/corporations/unions (e.g., neighborhood business associations, chambers of commerce, local shops, restaurants, banks, AAA, Teamsters, school employee unions)

Media (e.g., newspapers, tv & radio, local access cable)

Family members, local residents, senior citizens groups
Barriers to collaboration arise from a variety of institutional and personal factors. A fundamental institutional barrier to family-community-school collaboration is the degree to which efforts to establish such connections are marginalized in policy and practice. The extent to which this is the case can be seen in how few resources most schools deploy to build effective collaboratives.

Even when a collaboration is initiated, the matters addressed usually are marginalized. For example, many groups spend a great deal of effort on strategies for increasing client access to programs and services and reducing the fragmentation associated with piecemeal, categorically funded programs (e.g., programs to reduce learning and behavior problems, substance abuse, violence, school dropouts, delinquency, and teen pregnancy). However, problems of access and fragmentation stem from marginalization, and this barrier remains a major deterrent to successful collaboration.

Institutional barriers are seen when existing policy, accountability, leadership, budget, space, time schedules, and capacity building agenda are nonsupportive of efforts to use collaborative arrangements effectively and efficiently to accomplish desired results. Nonsupport may simply take the form of benign neglect. More often, it stems from a lack of understanding, commitment, and/or capability related to establishing and maintaining a potent infrastructure for working together and for sharing resources. Occasionally, nonsupport takes the ugly form of forces at work trying to actively undermine collaboration.

Examples of institutional barriers include:

- Policies that mandate collaboration but do not enable the process (e.g., a failure to reconcile differences among participants with respect to the outcomes for which they are accountable; inadequate provision for braiding funds across agencies and categorical programs)
- Policies for collaboration that do not provide adequate resources and time for leadership and stakeholder training and for overcoming barriers to collaboration
- Leadership that does not establish an effective infrastructure, especially mechanisms for steering and accomplishing work/tasks on a regular, ongoing basis
- Differences in the conditions and incentives associated with participation, such as the fact that meetings usually are set during the work day which means community agency and school personnel are paid participants, while family members are expected to volunteer their time.
On a personal level, barriers mostly stem from practical deterrents, negative attitudes, and deficiencies of knowledge and skill. These vary for different stakeholders but often include problems related to work schedules, transportation, childcare, communication skills, understanding of differences in organizational culture, accommodations for language and cultural differences, and so forth.

Other barriers arise because of inadequate attention to factors associated with systemic change. How well an innovation such as a collaborative is implemented depends to a significant degree on the personnel doing the implementing and the motivation and capabilities of participants. Sufficient resources and time must be redeployed so participants can learn and carry out new functions effectively. And, when newcomers join, well-designed procedures must be in place to bring them up to speed.

In bringing schools and community agencies to the same table, it is clear that there will be problems related to the differences in organizational mission, functions, cultures, bureaucracies, and accountabilities. Considerable effort will be required to teach and learn from each other about these matters. And, when families are at the table, power differentials are common, especially when low-income families are involved and are confronted with credentialed and titled professionals.

Working collaboratively requires overcoming the barriers. This is easier to do when all stakeholders are committed to learning how to do so. It means moving beyond naming problems to careful analysis of why the problem has arisen and then moving on to creative problem solving.

When collaboratives are not well-conceived and carefully developed, they generate additional barriers to their success. In too many instances, so-called collaborations have amounted to little more than bringing community agency staff onto school campuses (i.e., colocating services). Services continue to function in relative isolation from each other, focusing on discrete problems and specialized services for individuals and small groups. Too little thought has been given to the importance of meshing (as opposed to simply linking) community services and programs with existing school-owned and operated activity. The result is that a small number of youngsters are provided services that they may not otherwise have received, but little connection is made with families and school staff and programs. Because of this, a new form of fragmentation is emerging as community and school professionals engage in a form of “parallel play” at school sites. Moreover, when "outside" professionals are brought into schools, district personnel may view the move as discounting their skills and threatening their jobs. On the other side,
Overcoming Barriers Related to Differences

Often, power differentials are so institutionalized that individual action has little impact. Conflicts arise over "turf," use of space, confidentiality, and liability. School professionals tend not to understand the culture of community agencies; agency staff are rather naive about the culture of schools.

Participants in a collaborative must be sensitive to a variety of human and institutional differences and learn strategies for dealing with them. These include differences in:

- Sociocultural and economic background and current lifestyle
- Primary language spoken
- Ethnicity
- Gender
- Motivation

In addition, there are differences related to power, status, and orientation. For many, the culture of schools and community agencies and organizations will differ greatly from other settings where they have lived and worked. Although workshops and presentations may be offered in an effort to increase specific cultural awareness, what can be learned in this way is limited, especially when one is in a community of many cultures. There also is a danger in prejudgments based on apparent cultural awareness. It is desirable to have the needed language skills and cultural awareness; it is also essential not to rush to judgement.

As part of a working relationship, differences can be complementary and helpful – as when staff from different disciplines work with and learn from each other. Differences become a barrier to establishing effective working relationships when negative attitudes are allowed to prevail. Interpersonally, the result generally is conflict and poor communication. For example, differences in status, ethnicity, power, orientation, and so forth can cause one or more persons to enter the situation with negative (including competitive) feelings. And such feelings often motivate conflict.

Many individuals who have been treated unfairly, been discriminated against, been deprived of opportunity and status at school, on the job, and in society use whatever means they can to seek redress and sometimes to strike back. Such an individual may promote conflict in hopes of correcting power imbalances or at least to call attention to a problem.

Often, power differentials are so institutionalized that individual action has little impact. It is hard and frustrating to fight an institution. It is much easier and immediately satisfying to fight with other individuals one sees as representing that institution. However, when this occurs where individuals are supposed to work together, those with negative feelings may act and say things in ways that produce significant barriers to establishing a working relationship. Often, the underlying message is "you don't understand," or worse yet, "you probably don't want to understand," or, even worse, "you are my enemy."
It is unfortunate when such barriers arise between those we are trying to help; it is a travesty when such barriers interfere with helpers working together effectively. Conflicts among collaborative members detract from accomplishing goals and contribute in a major way to burnout.

There are no easy solutions to overcoming deeply embedded negative attitudes. Certainly, a first step is to understand that the nature of the problem is not differences per se but negative perceptions stemming from the politics and psychology of the situation. It is these perceptions that lead to (1) prejudices that a person is bad because of an observed difference and (2) the view that there is little to be gained from working with that person. Thus, minimally, the task of overcoming negative attitudes interfering with a particular working relationship involves finding ways to counter negative prejudices (e.g., to establish the credibility of those who have been prejudged) and demonstrate there is something of value to be gained from working together.

To be effective in working with others, one needs to build a positive working relationship around the tasks at hand. Essential ingredients are:

- encouraging all participants to defer negative judgments about those with whom they will be working
- enhancing expectations that working together will be productive, with particular emphasis on establishing the value-added by each participant in pursuing mutually desired outcomes
- ensuring there is appropriate time for making connections
- establishing an infrastructure that provides support and guidance for effective task accomplishment
- providing active, task-oriented meeting facilitation that minimizes ego-oriented behavior
- ensuring regular celebration of positive outcomes that result from working together

On a personal level, it is worth taking time to ensure all participants understand that building relationships and effective communication involve the willingness and ability to:

- Convey empathy and warmth (e.g., to communicate understanding and appreciation of what others are thinking and feeling and to transmit a sense of liking)
- Convey genuine regard and respect (e.g., to transmit real interest and interact in a way that enables others to maintain a feeling of integrity and personal control)
- Talk with, not at, others (e.g., listen actively and be careful not to be judgmental; avoid prying, share experiences as appropriate and needed)
Building and Maintaining Effective Collaboratives

From a policy perspective, policy makers and other leaders must establish a foundation for building collaborative bridges connecting school, family, and community. Policy must be translated into authentic agreements. Although all this takes considerable time and other resources, the importance of building such bridges cannot be overemphasized. Failure to establish and successfully maintain effective collaboratives probably is attributable in great measure to the absence of clear, high level, and long-term policy support (Bodilly, Chun, Ikemoto, & Stockly, 2004). For example, the primary agenda of community agencies in working with schools usually is to have better access to clients; this is a marginal item in the school accountability agenda for raising test scores and closing the achievement gap. Policy and leadership are needed to address the disconnect in ways that integrate what the agency and school can contribute to each other’s mission and elevate the work to a high priority.

When all major parties are committed to building an effective collaboration, the next step is to ensure (a) they understand that the process involves significant systemic changes and (b) they have the ability to facilitate such changes. Leaders in this situation must have both a vision for change and an understanding of how to effect and institutionalize the type of systemic changes needed to build an effective collaborative infrastructure. This encompasses changes related to governance, leadership, planning, implementation, sustainability, scale-up, and accountability. For example:

- existing governance must be modified over time. The aim is shared decision making involving school and community agency staff, families, students, and other community representatives. This involves equalizing power and sharing leadership so that decision making appropriately reflects and accounts for all stakeholder groups.
- high level leadership assignments must be designated to facilitate essential systemic changes and build and maintain family-community-school connections.
- mechanisms must be established and institutionalized for analyzing, planning, coordinating, integrating, monitoring, evaluating, and strengthening collaborative efforts. All participants must share in the workload – pursuing clear functions.

Evidence of appropriate policy support is seen in the adequacy of funding for capacity building to: (1) accomplish desired system changes and (2) ensure the collaborative operates effectively over time. Accomplishing systemic changes requires establishing temporary facilitative mechanisms and providing incentives, supports, and training to enhance commitment to and capacity for essential changes. Ensuring effective collaboration requires institutionalized mechanisms, long-term capacity building, and ongoing support.
Matching motivation and capabilities. Success of efforts to establish an effective collaborative depends on stakeholders’ motivation and capability. Substantive change is most likely when high levels of positive energy can be mobilized and appropriately directed over extended periods of time. Among the most fundamental errors related to systemic change is the tendency to set actions into motion without taking sufficient time to lay the foundation needed for substantive change. Thus, one of the first concerns is how to mobilize and direct the energy of a critical mass of participants to ensure readiness and commitment. This calls for strategies that establish and maintain an effective match with the motivation and capabilities of involved parties.

Motivational readiness. The initial focus is on communicating essential information to key stakeholders using strategies that help them understand that the benefits of change will outweigh the costs and are more worthwhile than the status quo or competing directions for change. The strategies used must be personalized and accessible to the subgroups of stakeholders (e.g., must be “enticing,” emphasize that costs are reasonable, and engage them in processes that build consensus and commitment). Sufficient time must be spent creating motivational readiness of key stakeholders and building their capacity and skills.

Readiness is an everyday concern. All changes require constant care and feeding. Those who steer the process must be motivated and competent, not just initially but over time. The complexity of systemic change requires close monitoring of mechanisms and immediate follow up to address problems. In particular, it means providing continuous, personalized guidance and support to enhance knowledge and skills and counter anxiety, frustration, and other stressors. To these ends, adequate resource support must be provided (time, space, materials, equipment) and opportunities must be available for increasing ability and generating a sense of renewed mission. Personnel turnover must be addressed by welcoming and orienting new members.

A note of caution. In marketing new ideas, it is tempting to accentuate their promising attributes and minimize complications. For instance, in negotiating agreements for school connections, school policy makers frequently are asked simply to sign a memorandum of understanding, rather than involving them in processes that lead to a comprehensive, informed commitment. Sometimes they agree mainly to obtain extra resources; sometimes they are motivated by a desire to be seen by constituents as doing something to improve the school. This can lead to premature implementation, resulting in the form rather than the substance of change.
Collaborations can be organized by any group of stakeholders. Connecting the resources of families and the community through collaboration with schools is essential for developing comprehensive, multifaceted programs and services.

To maintain the focus on evolving a comprehensive continuum of intervention that plays out in an effective manner in every locality, it is a good idea to conceive the process from the local level outward. In practice, of course, the process of establishing the initial collaboration may begin at any level.

From a local perspective, first the focus is on mechanisms at the school-neighborhood level. Based on analyses of what is needed to facilitate and enhance efforts at a locality, mechanisms are conceived that enable several school-neighborhood collaboratives to work together for increased efficiency, effectiveness, and economies of scale (e.g., connecting a complex or “family” of schools, such as a high school and its feeder schools). Then, system-wide mechanisms can be (re)designed to provide support for what each locality is trying to develop.

Developing an effective collaborative requires an infrastructure of organizational and operational mechanisms at all relevant levels for oversight, leadership, capacity building, and ongoing support (see Exhibit 47). Such mechanisms are used to (1) make decisions about priorities and resource allocation; (2) maximize systematic planning, implementation, maintenance and evaluation; (3) enhance and redeploy existing resources and pursue new ones; and (4) nurture the collaborative. At each level, such tasks require pursuing an assertive agenda.

An effective school-community-family collaboration must coalesce at the local level. Thus, a school and its surrounding community are a reasonable focal point around which to build an infrastructure. Primary emphasis on this level meshes nicely with contemporary restructuring views that stress increased school-based and neighborhood control.

School-community-family collaborations require development of a well-conceived infrastructure of mechanisms that are appropriately sanctioned and endorsed by governing bodies. Besides basic resources, key facets of the infrastructure are designated leaders (e.g., administrative, staff) and work group mechanisms (e.g., resource- and program-oriented teams).
Basic Facets of a Comprehensive Collaborative Infrastructure

*Staff Work Group*
For pursuing **operational** functions/tasks
(e.g., daily planning, implementation, & evaluation)

*Ad Hoc Work Groups*
For pursuing **process** functions/tasks
(e.g., mapping, capacity building, social marketing)

*Standing Work Groups*
For pursuing **programmatic** functions/tasks
(e.g., instruction, learning supports, governance, community organization, community development)

**Steering Group**
(e.g., drives the initiative, uses political clout to solve problems)

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

**Who should be at the table?**
- families
- schools
- communities

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**Connecting Collaboratives at All Levels**

- local collab
- multi-locality collab.
- city-wide & school district collab.
- collab. of county-wide & all school districts in county

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

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

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

*dCommunities.* This encompasses all the other resources (public and private money, facilities, human and social capital) that can be brought to the table at each level (e.g., health and social service agencies, businesses and unions, recreation, cultural, and youth development groups, libraries, juvenile justice and law enforcement, faith-based community institutions, service clubs, media). As the collaborative develops, additional steps must be taken to outreach to disenfranchised groups.*
At the most basic level, the focus is on connecting families and community resources with one school. At the next level, collaborative connections may encompass a cluster of schools (e.g., a high school and its feeder schools) and/or may coalesce several collaboratives to increase efficiency and effectiveness and achieve economies of scale. Finally, “systemwide” (e.g., district, city, county) mechanisms can be designed to provide support for what each locality is trying to develop.

All collaboratives need a core team to steer the process. The team must consist of competent individuals who are highly motivated—not just initially but over time. The complexity of collaboration requires providing continuous, personalized guidance and support to enhance knowledge and skills and counter anxiety, frustration, and other stressors. This entails close monitoring and immediate follow-up to address problems.

Local collaborative bodies should be oriented to enhancing and expanding resources. This includes such functions as reducing fragmentation, enhancing cost-efficacy by analyzing, planning, and redeploying resources, and then coordinating, integrating, monitoring, evaluating, and strengthening ongoing systemic organization and operations. Properly constituted with school, home, and community representatives, such a group develops an infrastructure of work teams to pursue collaborative functions. To these ends, there must be (1) adequate resources (time, space, materials, equipment) to support the infrastructure; (2) opportunities to increase ability and generate a sense of renewed mission; and (3) ways to address personnel turnover quickly so new staff are brought up to speed. Because work or task groups usually are the mechanism of choice, particular attention must be paid to increasing levels of competence and enhancing motivation of all stakeholders for working together. More generally, stakeholder development spans four stages: orientation, foundation-building, capacity-building, and continuing education.

Because adjoining localities have common concerns, they may have programmatic activity that can use the same resources. Many natural connections exist in catchment areas serving a high school and its feeder schools. For example, the same family often has children attending all levels of schooling at the same time. In addition, some school districts and agencies already pull together several geographically-related clusters to combine and integrate personnel and programs. Through coordination and sharing at this level, redundancy can be minimized and resources can be deployed equitably and pooled to reduce costs.

Toward these ends, a multilocaity collaborative can help (1) coordinate and integrate programs serving multiple schools and
Getting from Here to There

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

John Maynard Keynes

neighborhoods; (2) identify and meet common needs for stakeholder development; and (3) create linkages and enhance collaboration among schools and agencies. Such a group can provide a broader-focused mechanism for leadership, communication, maintenance, quality improvement, and ongoing development of a comprehensive continuum of programs and services. Multilocality collaboratives are especially attractive to community agencies that often don’t have the time or personnel to link with individual schools.

One natural starting point for local and multilocality collaboratives are the sharing of need-assessments, resource mapping, analyses, and recommendations for addressing community-school violence and developing prevention programs and safe school and neighborhood plans.

At the systemwide level, the need is for policy, guidance, leadership, and assistance to ensure localities can establish and maintain collaboration and steer the work toward successful accomplishment of desired goals. Development of systemwide mechanisms should reflect a clear conception of how each supports local activity. Key at this level is systemwide leadership with responsibility and accountability for maintaining the vision, developing strategic plans, supporting capacity building, and ensuring coordination and integration of activity among localities and the entire system. Other functions at this level include evaluation, encompassing determination of the equity in program delivery, quality improvement reviews of all mechanisms and procedures, and review of results.

Exhibit 48 demonstrates some first steps.

Because building and maintaining effective collaboratives requires systemic changes, the process of getting from here to there is a bit complex. The process often requires knowledge and skills not currently part of the professional preparation of those called on to act as change agents. For example, few school or agency professionals assigned to make major reforms have been taught how to create the necessary motivational readiness among a critical mass of stakeholders, nor how to develop and institutionalize the type of mechanisms required for effective collaboration.

Substantive change requires paying considerable attention to enhancing both stakeholder motivation and capability and ensuring there are appropriate supports during each phase of the change process. It is essential to account for the fullness of the processes required to build authentic agreements and commitments. These involve strategies that ensure there is a common vision and valuing of proposed innovations and attention to relationship building, clarification of mutual expectations and benefits, provision for rapid renegotiation of initial agreements, and much more. Authentic
What Are Some of the First Steps?

1. Adopting a comprehensive vision for the collaborative
   - Collaborative leadership builds consensus that the aim of those involved is to help weave together community and school resources to develop a comprehensive, multifaceted, and integrated continuum of interventions so that no child is left behind.

2. Writing a “brief” to clarify the vision
   - Collaborative establishes a writing team to prepare a “white paper,” Executive Summary and set of “talking points” clarifying the vision by delineating the rationale and frameworks that will guide development of a comprehensive, multifaceted, and integrated approach.

3. Establishing a steering committee to move the initiative forward and monitor process
   - Collaborative identifies and empowers a representative subgroup who will be responsible and accountable for ensuring that the vision (“big picture”) is not lost and the momentum of the initiative is maintained through establishing and monitoring ad hoc work groups that are asked to pursue specific tasks.

4. Starting a process for translating the vision into policy
   - Steering Committee establishes a work group to prepare a campaign geared to key local and state school and agency policy makers that focuses on (a) establishing a policy framework for the development of a comprehensive, multifaceted, and integrated approach and (b) ensuring that such policy has a high enough level of priority to end the current marginalized status such efforts have at schools and in communities.

5. Developing a five-year strategic plan
   - Steering Committee establishes a work group to draft a 5 year strategic plan that delineates (a) the development of a comprehensive, multifaceted, and integrated approach and (b) the steps to be taken to accomplish the required systemic changes (The strategic plan will cover such matters as formulation of essential agreements about policy, resources, and practices; assignment of committed leadership; change agents to facilitate systemic changes; infrastructure redesign; enhancement of infrastructure mechanisms; resource mapping, analysis, and redeployment; capacity building; standards, evaluation, quality improvement, and accountability; “social marketing.”)
   - Steering Committee circulates draft of plan (a) to elicit suggested revisions from key stakeholders and (b) as part of a process for building consensus and developing readiness for proceeding with its implementation.
   - Work group makes relevant revisions based on suggestions.

6. Moving the strategic plan to implementation
   - Steering Committee ensures that key stakeholders finalize and approve strategic plan.
   - Steering Committee submits plan on behalf of key stakeholders to school and agency decision makers to formulate formal agreements (e.g., MOUs, contracts) for start-up, initial implementation, and on-going revisions that can ensure institutionalization and periodic renewal of a comprehensive, multifaceted, and integrated approach.
   - Steering Committee establishes work group to develop action plan for start-up and initial implementation (The action plan will identify general functions and key tasks to be accomplished, necessary systemic changes, and how to get from here to there in terms of who carries out specific tasks, how, by when, who monitors, and so forth).
agreements require ongoing modifications that account for the intricacies and unanticipated problems that characterize efforts to introduce major innovations into complex systems. Informed commitment is strengthened and operationalized through negotiating and renegotiating formal agreements among various stakeholders. Policy statements articulate the commitment to the innovation's essence. Memoranda of understanding and contracts specify agreements about such matters as funding sources, resource appropriations, personnel functions, incentives and safeguards for risk-taking, stakeholder development, immediate and long-term commitments and timelines, accountability procedures, and so forth.

Change in the various organizational and familial cultures represented in a collaborative evolve slowly in transaction with specific organizational and programmatic changes. Early in the process the emphasis needs to be on creating an official and psychological climate for change, including overcoming institutionalized resistance, negative attitudes, and barriers to change. New attitudes, new working relationships, new skills all must be engendered, and negative reactions and dynamics related to change must be addressed. Creating this readiness involves tasks designed to produce fundamental changes in the culture that characterizes schools and community agencies, while accommodating cultural differences among families.

Substantive change is most likely when high levels of positive energy among stakeholders can be mobilized and appropriately directed over extended periods of time. Thus, one of the first concerns is how to mobilize and direct the energy of a critical mass of participants to ensure readiness and commitment.

This calls for proceeding in ways that establish and maintain an effective match with the motivation and capabilities of involved parties. The literature clarifies the value of (1) a high level of policy and leadership commitment that is translated into an inspiring vision and appropriate resources (leadership, space, budget, time); (2) incentives for change, such as intrinsically valued outcomes, expectations for success, recognitions, rewards; (3) procedural options that reflect stakeholder strengths and from which those expected to implement change can select options they see as workable; (4) a willingness to establish an infrastructure and processes that facilitate efforts to change, such as a governance mechanism that adopts strategies for improving organizational health; (5) use of change agents who are perceived as pragmatic (e.g., as maintaining ideals while embracing practical solutions); (6) accomplishing change in stages and with realistic timelines; (7) providing feedback on progress; and (8) taking steps to institutionalize support mechanisms that maintain and evolve
Mechanisms for System Change

Systemic changes are essential . . . and this requires policy buy-in and leadership

It helps to think in terms of four key temporary systemic change mechanisms. These are: (1) a site-based steering mechanism to guide and support systemic change activity; (2) a change agent who works with the change team and has full-time responsibility for the daily tasks involved in creating readiness and the initial implementation of desired changes; (3) a change team (consisting of key stakeholders) that has responsibility for coalition building, implementing the strategic plan, and maintaining daily oversight (including problem solving, conflict resolution, and so forth); and (4) mentors and coaches who model and teach specific elements of new approaches. Once systemic changes have been accomplished effectively, all temporary mechanisms are phased out – with any essential new roles and functions assimilated into regular structural mechanisms.

Steering the change process. When it comes to connecting with schools, systemic change requires shifts in policy and practice at several levels (e.g., a school, a "family" of schools, a school district). Community resources also may require changes at several levels. Each jurisdictional level needs to be involved in one or more steering mechanisms. A steering mechanism can be a designated individual or a small committee or team. The functions of such mechanisms include oversight, guidance, and support of the change process to ensure success. If a decision is made to have separate steering mechanisms at different jurisdictional levels, an interactive interface is needed among them. And, of course, a regular, interactive interface is essential between steering and organizational governance mechanisms. The steering mechanism is the guardian of the "big picture" vision.

Change agent and change team. Building on what is known about organizational change, it is well to designate and properly train a change agent to facilitate the process of getting from here to there. During initial implementation of a collaborative infrastructure, tasks and concerns must be addressed expeditiously. To this end, an trained agent for change plays a critical role. One of the first functions is to help form and train a change team. Such a team (which includes various work groups) consists of personnel representing specific programs, administrators, union reps, and staff and other stakeholders skilled in facilitating problem solving and mediating conflicts. This composition provides a blending of agents for change who are responsible and able to address daily concerns.
Mentors and coaches. During initial implementation, the need for mentors and coaches is acute. Inevitably new ideas, roles, and functions require a variety of stakeholder development activities, including demonstrations of new infrastructure mechanisms and program elements. The designated change agent is among the first providing mentorship. The change team must also help identify mentors who have relevant expertise. A regularly accessible cadre of mentors and coaches is an indispensable resource in responding to stakeholders' daily calls for help. (Ultimately, every stakeholder is a potential mentor or coach for somebody.) In most cases, the pool will need to be augmented periodically with specially contracted coaches.

Regardless of the nature and scope of the work, a change agent's core functions require an individual whose background and training have prepared her or him to understand:

- The specific systemic changes (content and processes) to be accomplished (In this respect, a change agent must have an understanding of the fundamental concerns underlying the need for change)
- How to work with a site's stakeholders as they restructure their programs

As can be seen in Exhibit 49, the main work revolves around planning and facilitating:

- Infrastructure development, maintenance, action, mechanism liaison and interface, and priority setting
- Stakeholder development (coaching – with an emphasis on creating readiness both in terms of motivation and skills; team building; providing technical assistance; organizing basic "cross disciplinary training")
- Communication (visibility), resource mapping, analyses, coordination, and integration
- Formative evaluation and rapid problem solving
- Ongoing support

With the change agent initially taking the lead, members of the change team (and its work groups) are catalysts and managers of change. As such, they must ensure the "big picture" is implemented in ways that are true to the vision and compatible with the local culture. Team members help develop linkages among resources, facilitate redesign of regular structural mechanisms, and establish
Exhibit 49

Examples of Task Activity for a Change Agent

1. Infrastructure tasks

A. Works with governing agents to further clarify and negotiate agreements about:
   • Policy changes
   • Participating personnel (including administrators authorized to take the lead for systemic changes)
   • Time, space, and budget commitments
B. Identifies several representatives of stakeholder groups who agree to lead the change team
C. Helps leaders to identify members for change, program, and work teams and prepare them to carry out functions

2. Stakeholder development

A. Provides general orientations for governing agents
B. Provides leadership coaching for site leaders responsible for systemic change
C. Coaches team members (e.g., about purposes, processes)
   For example, at a team's first meeting, the change agent offers to provide a brief orientation (a presentation with guiding handouts) and any immediate coaching and specific task assistance team facilitators or members may need. During the next few meetings, the change agent and/or coaches might help with mapping and analyzing resources. Teams may also need help establishing processes for daily interaction and periodic meetings.
D. Works with leaders to ensure presentations and written information about infrastructure and activity changes are provided to all stakeholders

3. Communication (visibility), coordination, and integration

A. Determines if info on new directions (including leadership and team functions and membership) has been written-up and circulated. If not, the change agent determines why and helps address systemic breakdowns; if necessary, effective processes are modeled.
B. Determines if leaders and team members are effectively handling priority tasks. If not, the change agent determines why and helps address systemic breakdowns; if necessary, effective processes are modeled.

(cont.)
C. Determines if change, program, and work teams are being effective (and if not, takes appropriate steps).
   For example, determines if resources have been:
   • mapped
   • analyzed to determine
     > how well resources are meeting desired functions
     > how well programs and services are coordinated/integrated (with special emphasis on maximizing cost-effectiveness and minimizing redundancy)
     > what activities need to be improved (or eliminated)
     > what is missing, its level of priority, and how and when to develop it

D. Determines the adequacy of efforts made to enhance communication to and among stakeholders and, if more is needed, facilitates improvements (e.g., ensures that resource mapping, analyses, and recommendations are written-up and circulated)

E. Determines if systems are in place to identify problems related to functioning of the infrastructure and communication systems. If there are problems, determines why and helps address any systemic breakdowns

F. Checks on visibility of reforms and if the efforts are not visible, determines why and helps rectify

4. Formative evaluation and rapid problem solving

   A. Works with leaders and team members to develop procedures for formative evaluation and processes that ensure rapid problem solving
   B. Checks regularly to be certain there is rapid problem solving. If not, helps address systemic breakdowns; if necessary, models processes.

5. Ongoing support

   A. Offers ongoing coaching on an "on-call" basis
      For example, informs team members about ideas developed by others or provides expertise related to a specific topic they plan to discuss.
   B. At appropriate points in time, asks for part of a meeting to see how things are going and (if necessary) to explore ways to improve the process
   C. At appropriate times, asks whether participants have dealt with longer-range planning, and if they haven't, determines what help they need
   D. Helps participants identify sources for continuing capacity building.
other temporary mechanisms. They also are problem solvers – not only responding as problems arise but designing strategies to counter anticipated barriers to change, such as negative reactions and dynamics, common factors interfering with working relationships, and system deficiencies. They do all this in ways that enhance empowerment, a sense of community, and general readiness and commitment to new approaches. After the initial implementation stage, they focus on ensuring that institutionalized mechanisms take on functions essential to maintenance and renewal. All this requires team members who are committed each day to ensuring effective replication and who have enough time and ability to attend to details.

Chapter 17 offers additional discussion of matters related to getting from here to there.

A Note of Caution

Without careful planning, implementation, and capacity building, collaborative efforts will rarely live up to the initial hope. For example, formal arrangements for working together often take the form of committees and meetings. To be effective, such sessions require thoughtful and skillful facilitation. Even when they begin with great enthusiasm, poorly facilitated working sessions quickly degenerate into another meeting, more talk but little action, another burden, and a waste of time. This is particularly likely to happen when the emphasis is mainly on the unfocused mandate to “collaborate,” rather than on moving an important vision and mission forward through effective working relationships.

Most of us know how hard it is to work effectively with a group. Staff members can point to the many committees and teams that drained their time and energy to little avail. Obviously true collaboration involves more than meeting and talking. The point is to work in ways that produce the type of actions that result in effective intervention. For this to happen, steps must be taken to ensure that committees, councils, and teams are formed in ways that maximize their effectiveness. This includes providing them with the training, time, support, and authority to carry out their role and functions. It is when such matters are ignored that groups find themselves meeting but going nowhere. Exhibit 50 offers some guidelines for planning and facilitating effective meetings.

Also, note that confidentiality is a major concern in collaboratives involving various community agencies and schools. It is both an ethical and a legal concern. All stakeholders must value privacy concerns and be aware of legal requirements to protect privacy. At the same time, certain professionals have the legal responsibility to report endangering and illegal acts. Such reporting requirements naturally raise concerns about confidentiality and privacy protections. At the same time, in working collaboratively, it is essential for agencies and schools to share information.
Exhibit 50

Planning and Facilitating Effective Meetings

Forming a working group
- There should be a clear statement about the group's mission.
- Be certain that members agree to pursue the stated mission and, for the most part, share a vision.
- Pick someone who the group will respect and who either already has good facilitation skills or will commit to learning those that are needed.
- Provide training for members so they understand their role in keeping a meeting on track and turning talk into effective action.
- Designate processes (a) for sending members information before a meeting regarding what is to be accomplished, specific agenda items, and individual assignments and (b) for maintaining and circulating record of decisions and planned actions (what, who, when).

Meeting format
- Be certain there is a written agenda and that it clearly states the purpose of the meeting, specific topics, and desired outcomes for the session.
- Begin the meeting by reviewing purpose, topics, desired outcomes, etc. Until the group is functioning well, it may be necessary to review meeting ground rules.
- Facilitate the involvement of all members, and do so in ways that encourage them to focus specifically on the task. The facilitator remains neutral in discussion of issues.
- Try to maintain a comfortable pace (neither too rushed, nor too slow; try to start on time and end on time but don't be a slave to the clock).
- Periodically review what has been accomplished and move on the next item.
- Leave time to sum up and celebrate accomplishment of outcomes and end by enumerating specific follow up activity (what, who, when). End with a plan for the next meeting (date, time, tentative agenda). For a series of meetings, set the dates well in advance so members can plan their calendars.

Some group dynamics to anticipate
- Hidden Agendas – All members should agree to help keep hidden agendas in check and, when such items cannot be avoided, facilitate the rapid presentation of a point and indicate where the concern needs to be redirected.
- A Need for Validation – When members make the same point over and over, it usually indicates they feel an important point is not being validated. To counter such disruptive repetition, account for the item in a visible way so that members feel their contributions have been acknowledged. When the item warrants discussion at a later time, assign it to a future agenda.

(cont.)
• Members are at an Impasse – Two major reasons groups get stuck are: (a) some new ideas are needed to "get out of a box" and (b) differences in perspective need to be aired and resolved. The former problem usually can be dealt with through brainstorming or by bringing in someone with new ideas to offer; to deal with conflicts that arise over process, content, and power relationships employ problem solving and conflict management strategies (e.g., accommodation, negotiation, mediation).

• Interpersonal Conflict and Inappropriate Competition – These problems may be corrected by repeatedly bringing the focus back to the goal – improving outcomes for students/families; when this doesn't work; restructuring group membership may be necessary.

• Ain't It Awful! – Daily frustrations experienced by staff often lead them to turn meetings into gripe sessions. Outside team members (parents, agency staff, business and/or university partners) can influence school staff to exhibit their best behavior.

Making meetings work
A good meeting is task focused and ensures that tasks are accomplished in ways that:
• Are efficient and effective
• Reflect common concerns and priorities
• Are implemented in an open, noncritical, nonthreatening manner
• Turn complaints into problems that are analyzed in ways that lead to plans for practical solutions
• Feel productive (produces a sense of accomplishment and of appreciation)

About building relationships and communicating effectively
• Convey empathy and warmth (e.g., this involves working to understand and appreciate what others are thinking and feeling and transmitting a sense of liking them)
• Convey genuine regard and respect (e.g., this involves transmitting real interest and interacting in ways that enable others to maintain a feeling of integrity and personal control)
• Talk with, not at, others – active listening and dialogue (e.g., this involves being a good listener, not being judgmental, not prying, and being willing to share experiences as appropriate)
Clearly, there is a dilemma. On the one hand, care must be taken to avoid undermining privacy (e.g., confidentiality and privileged communication); on the other hand, appropriate information should be available to enable schools and agencies and other collaborative members to work together effectively. It is tempting to resolve the dilemma by asserting that all information should be confidential and privileged. Such a position, however, ignores the fact that failure to share germane information can seriously hamper efforts to help. For this reason, concerns about privacy must be balanced with a focus on how to facilitate appropriate sharing of information.

In trying to combat encroachments on privileged communication, interveners’ recognize that the assurance of confidentiality and legal privilege are meant to protect privacy and help establish an atmosphere of safety and trust. At the same time, it is important to remember that such assurances are not meant to encourage anyone to avoid sharing important information with significant others. Such sharing often is essential to helping and to personal growth. (It is by learning how to communicate with others about private and personal matters that those being helped can increase their sense of competence, personal control, and interpersonal relatedness, as well as their motivation and ability to solve problems.)

In working with minors and their families it is important to establish the type or working relationship where they learn to take the lead in sharing information when appropriate. This involves enhancing their motivation for sharing and empowering them to share information when it can help solve problems. In addition, steps are taken to minimize the negative consequences of divulging confidences.

See the Center’s Online Clearinghouse on the topic of “Confidentiality” for information on the various matters related to this ethical and legal concern – http://smhp.psych.ucla.edu/qf/confid.htm

Concluding Comments

Effective family-community-school collaboration requires a cohesive set of policies. Cohesive policy will only emerge if current policies are revisited to reduce redundancy and redeploy school and community resources that are used ineffectively. Policy must:

• Move existing governance toward shared decision making and appropriate degrees of local control and private sector involvement – a key facet of this is guaranteeing roles and providing incentives, supports, and training for effective involvement of line staff, families, students, and other community members
• Create change teams and change agents to carry out the daily activities of systemic change related to building essential support and redesigning processes to initiate, establish, and maintain changes over time

• Delineate high level leadership assignments and underwrite essential leadership/management training about vision for change, how to effect such changes, how to institutionalize the changes, and generate ongoing renewal

• Establish institutionalized mechanisms to manage and enhance resources for family-school-community connections and related systems (focusing on analyzing, planning, coordinating, integrating, monitoring, evaluating, and strengthening ongoing efforts)

• Provide adequate funds for capacity building related to both accomplishing desired system changes and enhancing intervention quality over time—a key facet of this is a major investment in staff recruitment and development using well-designed, and technologically sophisticated strategies for dealing with the problems of frequent turnover and diffusing information updates; another facet is an investment in technical assistance at all levels and for all aspects and stages of the work

• Use a sophisticated approach to accountability that initially emphasizes data that can help develop effective collaboration in providing interventions and a results-oriented focus on short-term benchmarks and that evolves into evaluation of long-range indicators of impact. (As soon as feasible, move to technologically sophisticated and integrated management information systems.)

Such a strengthened policy focus allows stakeholders to build the continuum of interventions needed to make a significant impact in addressing the safety, health, learning, and general well-being of all youngsters through strengthening the young, their families, schools, and neighborhoods.

Clearly, major systemic changes are not easily accomplished. The many steps and tasks described throughout this work call for a high degree of commitment and relentlessness of effort.

We have produced this guide to increase the likelihood of achieving desired results. At the same time, awareness of the myriad political and bureaucratic difficulties involved in making major institutional changes, especially with sparse financial resources, leads to the caution that the type of approach described here is not a straightforward sequential process. Rather, the work of establishing effective collaboratives emerges in overlapping and spiraling ways.

The success of collaboratives in enhancing school, family, and community connections is first and foremost in the hands of policy makers. If increased connections are to be more than another desired but underachieved aim of reformers, policymakers must understand the nature and scope of what is involved. They must deal with the problems of marginalization and fragmentation of policy and practice. They must support development of appropriately comprehensive and multifaceted school-community connections. They must revise policy related to school-linked services because such initiatives are a grossly inadequate response to the many complex factors that interfere with development, learning, and teaching. By focusing
primarily on linking community services to schools and downplaying the role of existing school and other community and family resources, these initiatives help perpetuate an orientation that overemphasizes individually prescribed services, results in fragmented interventions, and undervalues the human and social capital indigenous to every neighborhood. This is incompatible with developing the type of comprehensive approaches that are needed to make statements such as *We want all children to succeed* and *No child left behind* more than rhetoric.

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Notes

1In practice, the terms school-linked and school-based encompass two separate dimensions: (a) where programs/services are located and (b) who owns them. Taken literally, school-based should indicate activity carried out on a campus, and school-linked should refer to off-campus activity with formal connections to a school site. In either case, services may be owned by schools or a community-based organization or in some cases may be co-owned. As commonly used, the term school-linked refers to community-owned on- and off-campus services and is strongly associated with the notion of coordinated services.

2As the notion of school-community collaboration spreads, the terms services and programs are used interchangeably and the adjective comprehensive often is appended. The tendency to refer to all interventions as services is a problem. Addressing a full range of factors affecting young people’s development and learning requires going beyond services to utilize an extensive continuum of programmatic interventions. Services themselves should be differentiated to distinguish between narrow-band, personal/clinical services and broad-band, public health and social services. Furthermore, although services can be provided as part of a program, not all are. For example, counseling to ameliorate a mental health problem can be offered on an ad hoc basis or may be one element of a multifaceted program to facilitate healthy social and emotional development. Pervasive and severe psychosocial problems, such as gang violence, delinquency, substance abuse, teen pregnancy, and physical and sexual abuse, require multifaceted, programmatic interventions. Besides providing services to correct existing problems, such interventions encompass primary prevention (e.g., public health programs that target groups seen as “at risk”) and a broad range of open enrollment didactic, enrichment, and recreation programs. Differentiating services and programs and taking greater care when using the term comprehensive can help mediate against tendencies to limit the range of interventions and underscores the breadth of activity requiring coordination and integration.

They’ve asked me to be part of a school-community collaborative.

Great! Tell them we want more pupil-free days on the school calendar.
References


Part IV. Policy and Systemic Change Considerations

As stressed in Part III, a broadened view of mental health in schools emphasizes moving student support programs and services in new directions. Specifically, the need is to develop a comprehensive approach that encompasses systematic and institutionalized interventions that can (1) enhance the role schools play in promoting healthy social and emotional development, (2) help schools minimize the ways they contribute and respond to mental health and psychosocial problems, and (3) provide an integrated school-community system of special assistance for mental health problems.

Moving in this direction calls for a policy focus that facilitates weaving together the resources of schools, families, neighborhoods, and institutions of higher education to provide the resources necessary for transforming the currently marginalized efforts into a primary component of school improvement.

Policy makers also must deal with the problems of creating necessary infrastructure and providing for effective capacity building to ensure appropriate implementation of a comprehensive and systemic approach.

Furthermore, because accountability is a major tool for driving systems, the framework for school accountability must be expanded. In doing so, attention must be paid to embedding accountability into a program evaluation framework in order to extend the research-base for a comprehensive and systemic approach.

In addition, sufficient resources must be allocated for implementing widespread system change and “scale-up” (e.g., underwriting model development and capacity building for system-wide replication of promising models and institutionalization of systemic changes).

Inadequate policy support related to any of these matters decreases the likelihood of enhancing intervention effectiveness on a large scale. So does inadequate understanding of how to facilitate major systemic changes.

15. New Directions for Policy

16. Using and Extending the Research-base

17. Addressing Systemic Change
Part IV. Policy and Systemic Change Considerations

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15. New Directions for Policy

For good reasons, a dominant emphasis in school improvement efforts is on enhancing instruction and school management. And, although issues arise about how these matters should be addressed, there is little to argue with about the overall necessity of ensuring good instruction and good school management.

The problem is that improved instruction and school management alone do not appropriately address significant barriers to learning and teaching (including mental health and psychosocial concerns).

And, as the Carnegie Task Force on Education has stated about such barriers:

> School systems are not responsible for meeting every need of their students. But when the need directly affects learning, the school must meet the challenge.

Moving in New Directions is an Imperative

Most policy makers and administrators know that by itself good instruction delivered by highly qualified teachers cannot ensure that all students have an equal opportunity to succeed at school. And, the straightforward psychometric reality is that in schools where a large proportion of students encounter major barriers to learning, the often reported initial increases in test score averages tend to plateau after a few years.

In general, improved instruction and school management have done little to

- reduce student dropout rates
- reduce teacher dropout rates
- re-engage students in classroom learning
- narrow the achievement gap
- eliminate the plateau effect related to efforts to improve achievement test performance
- reduce the list of schools designated as low performing
- minimize the degree to which high stakes testing is taking a toll on students and schools

The compelling reality is that too many students and too many schools continue not to do well. Thus, in terms of both enhancing equity of opportunity for students and strengthening public education, one major imperative is to move in new directions that focus directly on effectively addressing barriers in ways that lead students to re-engage in classroom learning.
Over the years, we have explored and reported on the status of organized efforts to provide student supports.¹ To pursue the matter in greater detail, in 2005 we did a policy and practice analysis of school improvement planning guides to determine how student supports were formally integrated into school improvement planning. We followed this, in 2006, with analyses of a sample of districts to clarify the organizational and operational infrastructure related to student/learning supports. Then, at the end of the 2006-2007 school year, we began a survey study to determine what efforts were being made to move toward developing comprehensive systemic approaches for addressing barriers to learning and teaching.

In our previous analyses of school improvement planning, we highlighted a fundamental and widely ignored deficiency.² That is, school improvement guides do not focus appropriately on addressing barriers to learning and teaching. As stated in the Center’s 2005 report entitled *School Improvement Planning: What’s Missing?*

Guides for planning attend most carefully to what is mandated and measured. The planning guides we reviewed stressed meeting the demand for standard-based and result-oriented school improvement mainly by elaborating on prevalent thinking about school practices, rather than considering fundamental systemic change. In doing so, they reflect adherence to the failed assumption that intensifying and narrowing the focus of school improvement to matters directly related to instruction and behavioral discipline are sufficient to the task of continuously raising test scores over the long-run. This assumption ignores the need for fundamentally restructuring school and community resources in ways that enable learning. It also maintains the marginalization of efforts to address major barriers to learning and teaching.

As a result, prevailing approaches to school improvement do not encompass comprehensive, multifaceted, and integrated approaches for enabling learning through addressing barriers. This is especially unfortunate in schools where large proportions of students are not doing well. Thus, one of the poignant ironies of continuing to proceed in this way is that the aim of providing equity of opportunity for many students is undermined. While improved instruction is necessary, it is not sufficient in many instances. Students who arrive at school on any given day with diminished motivational readiness and/or abilities need something more. That something is best addressed when school improvement planning focuses comprehensively on addressing barriers to learning and teaching.
The problem of marginalization is not resolved by enhancing coordination of fragmented student supports.

The report asks:

*Why don’t schools do a better job in addressing learning, behavior, and emotional problems?*

And, it answers:

*Efforts to address such problems are marginalized in school policy and daily practice.*

The report also notes that among the many negative results of such marginalization are:

- Planning and implementation of a school’s approach to addressing barriers to learning and teaching usually are conducted on an ad hoc basis.

- Support staff tend to function in relative isolation of each other and other stakeholders, with a great deal of the work oriented to discrete problems and with an overreliance on specialized services for individuals and small groups.

- In some schools, the deficiencies of current policies give rise to such aberrant practices as assigning a student identified as at risk for grade retention, dropout, and substance abuse to three counseling programs operating independently of each other.

Such fragmentation not only is costly, it works against cohesiveness and maximizing results. In reaction to such problems, reformers of student/learning supports have tended to focus mainly on the symptom – fragmentation. As a result, the main prescription for improving student supports has been to enhance coordination. Better coordination is a good idea. But it doesn’t really address the problem that school-owned student supports are marginalized in policy and practice. And, for the most part, so is community involvement at schools. Moreover, the trend toward fragmentation is compounded by most school-linked services initiatives. This happens because such initiatives focus primarily on coordinating community services and linking them to schools using a collocation model, rather than braiding and integrating resources and systems.

The document concludes that:

The marginalized status and the associated fragmentation of efforts to address student problems are long-standing and ongoing. The situation is likely to go unchanged as long as school improvement plans continue to ignore the need to restructure the work of student support professionals. Currently, most school improvement plans do not focus on using such staff to develop the type of comprehensive, multifaceted, and integrated approaches necessary to address the many overlapping barriers to learning and development. At best, most reformers have offered the notions of Family Resource Centers and Full Service Schools to link community resources to schools (e.g.,
School improvement plans need to include a focus on developing a comprehensive system for addressing barriers to learning and teaching. Much more fundamental changes are needed.

Addressing barriers to learning and teaching must be made an essential and high level focus in every school improvement planning guide. To do less is to ensure too many children are left behind.

Every school improvement plan must meet this challenge by ensuring it focuses on development of a comprehensive, multifaceted, and cohesive approach to addressing barriers to learning, development, and teaching. Development of such an approach requires shifts in prevailing policy and new frameworks for practice. In addition, for significant systemic change to occur, policy and program commitments must be demonstrated through effective allocation and redeployment of resources. That is, finances, personnel, time, space, equipment, and other essential resources must be made available, organized, and used in ways that adequately operationalize policy and promising practices. This includes ensuring sufficient resources to develop an effective structural foundation for systemic changes, sustainability, and ongoing capacity building.

With these concerns in mind, it is worth noting some findings from a Center survey (see Exhibit 51). Given the limitations of methodology, the survey findings are offered and discussed here mainly in support of previous findings and to encourage further reflection on current policies and practices. With this caveat noted, we suggest that:

- The findings are consistent with those of previous analyses of school improvement efforts as reported by our Center. There is a clear tendency to assert that school improvement planning is focused on developing a comprehensive systemic approach for addressing barriers to learning and teaching. There is little evidence that this is the case.

It is a matter of considerable concern that almost two-thirds of the respondents were not able to designate places where school improvement planning is focused on developing a comprehensive systemic approach for addressing barriers to learning and teaching. And, of those who state they are aware of such an approach, about 40% indicate that the system is not well focused.

- There is considerable variation in the use of the term comprehensive. At one extreme, it is used to denote an extensive and/or intensive approach focused on one specific arena of activity (e.g., We have a comprehensive program for parent involvement). At another extreme, it is used to denote a wide range of activity across multiple arenas, albeit not always a full spectrum of activity (e.g., We have a comprehensive approach to providing student supports). In general, available data suggest that, as applied to efforts to address barriers...
A Center Survey of School Improvement Planning Related to Development of Comprehensive Approaches to Addressing Barriers to Learning and Teaching

A brief survey sought responses to the basic question:

- Are you aware of any school improvement planning designed to develop a comprehensive systemic approach for addressing barriers to learning and teaching?
  (A mapping tool was attached to clarify what constitutes a comprehensive approach.)

Respondents who replied affirmatively were asked to indicate how we could access information about the plan and also were asked to respond to two follow-up questions:

- At this stage of its development how well does the learning support system focus on developing classroom and school wide interventions to both (a) enhance how students cope with barriers to learning and (b) re-engage them effectively in classroom instruction?

- Is someone designated as the administrative leader to ensure development and effective implementation of a comprehensive systemic approach for addressing barriers to learning and teaching?

Of 300 responses, 289 came from district level personnel (e.g., 72 superintendents, 44 deputy, associate, or assistant superintendents, and 104 directors of student support activity).

In response to the first question, 183 (61%) indicated they were not aware of such planning.

The 117 who answered affirmatively gave the following ratings for how well the system focused on both (a) enhancing how students cope with barriers to learning and (b) re-engaging them effectively in classroom instruction:

- 14 (12%) rated the focus as extremely high
- 55 (47%) rated it as high
- 40 (34%) rated it fair
- 8 (7%) rated the focus as extremely low

With respect to how we could access information about the plan, 63 of the 117 either did not respond or directed us to information not specifically relevant to the focus of the survey. Nineteen chose to send in relevant descriptions of their efforts; an additional 26 had websites with adequate information readily accessible online. Nine respondents indicated a comprehensive plan was just under development.

Below is a synthesis of what respondents were referencing as comprehensive. Of the responses noted above, all but a few districts appear to be referring to the limited range of programs and services usually organized as a student services or instructional support unit (often including special education). That is, only nine respondents even suggested that significant efforts were underway to rework existing approaches into a more comprehensive system for addressing barriers to learning and teaching.

(cont.)
Of those who sent descriptions or whose student support efforts were organized for access on the internet, the trend was for the district to present student support “services” as a department with a designated director. As we previously found in our analysis of district infrastructure, such departments are described in various ways. The gist is that they are overseers of the range of “student services” that the district establishes as system-wide and school-based interventions to meet students’ academic and social needs with the intent of enabling every student to succeed at school and in the community.

The nature and scope of student services varies by district. The following list is a synthesis culled from several of the responding districts:

- Counseling and Guidance
- Psychological and Social Services (including diagnostic testing and other assessment)
- Health/Nursing Services
- Discipline Management
- Safe and Drug Free Schools (including individual services, violence/bullying reduction, and drug and alcohol education)
- Student Assistance Programs
- Special Accommodations under Section 504
- Truancy Response
- Teen Parenting
- Dropout Prevention
- Homeless Liaison
- Parent Education
- Student Transfers
- After School Programs
- School-Based Health Center
- Family Resource Center with linkages to community services
- Family Connections

Some districts include Alternative Schools, Special Education, English Language Learners, and Diversity and Equity Programs in the student service department, but most disperse these (and many of the other activities listed above) over several divisions or departments.

A third survey question asked whether someone was designated as the administrative leader to ensure development and effective implementation of a comprehensive systemic approach for addressing barriers to learning and teaching. If so, we asked for information on how to access that person’s job description.

Of the 117 who responded affirmatively, 95 (81%) indicated they had an administrative leader. However, only 70 (74%) provided information about how to access the person’s job description.

It is unfortunate that almost 25% did not provide information about how to access a job description. Still, a few things are evident with respect to leadership for development and effective implementation of a comprehensive systemic approach for addressing barriers to learning and teaching. For one, the descriptions provided and other readily accessible information indicate that this leadership role usually is added on to someone’s existing job description. Titles listed included superintendent, administrator for a student services or instructional support unit, director for curriculum, program coordinators, and principals. A few respondents indicated that the work was assigned to multiple people/positions. Finally, note that almost 20% indicated no designated leader. And, of these, it is worth observing that a greater proportion indicated the work was not proceeding very well.
The Parable of the Policy Making Owl

A field-mouse was lost in a dense wood, unable to find his way out. He came upon a wise old owl sitting in a tree.

"Please help me, wise old owl, how can I get out of this wood?" said the field-mouse.

"Easy," said the owl, "Fly out, as I do."

"But how can I fly?" asked the mouse.

The owl looked at him haughtily, sniffed disdainfully, and said, "Don't bother me with the details, I only decide the policy."

Moral: Leadership involves providing details.

to learning and teaching, the term comprehensive is used liberally. As our previous analyses of school improvement plans indicate that, as applied to nonacademic barriers, comprehensive mainly is used to describe efforts to enhance school safety and a supportive learning environment and increase parent and community involvement as emphasized in the No Child Left Behind Act.

Given the pressure for school improvement, the overuse of adjectives such as comprehensive is understandable. However, the variation in usage is troublesome. Efforts to advance the field require accurate assessments of the state of policy and practice. The uncritical use of the term too often results in hyperbole, and such overstatements risk jeopardizing efforts to advance the field.

• As to leadership, it is commonplace for a district to divide its various functions into a set of major categories. The term leader is conferred automatically on staff who are assigned to administer major categories. The primary intent is to guarantee someone is in charge and accountable.

From the current and previous analysis, indications are that district leadership for efforts to address barriers to learning and teaching function within an organizational and operational infrastructure that tends to marginalize them and the arenas of activity they administer. The work is widely characterized as fragmented and inappropriately redundant and as creating counterproductive competition for sparse resources. The situation is not one that is well-positioned to evolve policies and practices.

On the positive side, current staffing ensures that districts do have administrative positions that could be reworked into the type of leadership necessary for developing a comprehensive system of learning supports. (Note: as part of the survey, we asked if respondents would like us to send them a prototype job description [see Appendix A] for such a leadership position, and almost all indicated they wanted us to do so.)

• Finally, we note that the difficulty related to public access to descriptions of school efforts to address barriers to learning and teaching is a significant problem. This state of affairs is somewhat surprising given that district and school websites increasingly are being used as a major communication medium. This may be another indication of the marginalized status of such efforts.
Conclusions About the Current Status of Student Supports

None of the above says that districts are ignoring learning, behavior, and emotional problems. Available evidence makes it clear that schools understand and are doing various things to address barriers to learning and teaching.

The concern is that most districts are continuing to plan in ways that maintain policies and practices for student support that have not been effective enough. All districts focus to some degree on the need for safe and drug free schools, parent and community involvement, discipline problems, and compensatory and special education. Few are developing a system to comprehensively address the many factors interfering with students having an equal opportunity to succeed at school.

As noted in Part I, most districts offer a range of programs and services oriented to student needs and problems. Some are provided throughout a school district, others are carried out at or linked to targeted schools. Some are owned and operated by schools; some are from community agencies. The interventions may be for all students in a school, for those in specified grades, for those identified as "at risk," and/or for those in need of compensatory or special education.

Looked at as a whole, a considerable amount of activity is taking place and substantial resources are being expended. There are many dedicated professionals who are struggling to make a difference, and there are pockets of excellence.

However, as has been widely recognized, interventions are highly fragmented. Many of the programs and services are generated by special initiatives and projects. These include, among many others, initiatives for positive behavioral supports, programs for safe and drug free schools, full service community schools and Family Resource Centers, special project initiatives such as the School Based Health Center movement, the Safe Schools/Healthy Students projects, and the Coordinated School Health Program, efforts to address bilingual, cultural, and other diversity concerns, compensatory and special education programs, and the mandates stemming from the No Child Left Behind Act.

With respect to organization, various divisions and their staff usually are found to deal with the same common barriers to learning, such as poor instruction, lack of parent involvement, violence and unsafe schools, poor support for student transitions, disabilities, and so forth. And, they tend to do so with little or no coordination, and sparse attention to moving toward integrated efforts. Furthermore, in every facet of a district's operations, an unproductive (and sometimes counterproductive) separation often is manifested between staff focused directly on instruction and those concerned with student support. It is not surprising, then, how often efforts to address
School improvement planners must rethink how schools can more effectively use all support programs, resources, and personnel. The emphasis on enhancing coordination is insufficient barriers to learning and teaching are planned, implemented, and evaluated in a piecemeal way. And, given the fragmentation, it is commonplace for those staffing the various efforts to function in relative isolation of each other and other stakeholders, with a great deal of the work oriented to discrete problems and with an overreliance on specialized services for individuals and small groups.

Schools confronted with a large number of students experiencing barriers to learning pay dearly for this state of affairs. Moreover, it is common knowledge that such schools don’t come close to having enough resources to meet their needs. Because so many programs have evolved in a piecemeal and ad hoc manner, across the country it is not unusual for staff in a district and at a school to be involved in "parallel play." This contributes to widespread counterproductive competition and wasteful redundancy. Effectiveness is compromised. So are efforts to take projects, pilots, and demonstration programs to scale.

One response to all this has been the call to enhance coordination. It is clear that schools are enmeshed in many overlapping programs, services, and initiatives designed to address barriers to learning and promote healthy development. And, obviously, a more unified and cohesive approach is needed. However, the emphasis on enhancing coordination is insufficient for addressing the core problem which is that the whole enterprise devoted to addressing barriers to learning is marginalized in school policy, planning, and practices.

And, so, developing a comprehensive system for addressing barriers to learning and teaching remains a major challenge in districts across the country.

Meeting the challenge is an absolute imperative given how many schools are designated as low performing, how difficult it has been to reduce dropout rates and close the achievement gap, and the continuing concerns about school safety and climate. Meeting the challenge requires rethinking how schools can more effectively use all support programs, resources, and personnel. Meeting the challenge involves addressing what’s missing in school improvement planning.

Research shows that school improvement planning does not adequately focus on the need for schools to play a significant role in addressing barriers to learning and teaching. This is not surprising given the narrow focus of prevailing accountability mandates stemming from the No Child Left Behind Act. That is, rather than building the type of comprehensive, multifaceted, and integrated approach that can produce improved academic performance, prevailing accountability measures are pressuring schools to maintain a narrow focus on strategies whose face validity suggests a direct
Addressing barriers to learning and teaching must be made an essential and high level focus in every school improvement planning guide. To do less is to ensure too many children are left behind.

Route to improving instruction. The implicit underlying assumption of most of these teaching strategies is that students are motivationally ready and able each day to benefit from the teacher’s instructional efforts. The reality, of course, is that in too many schools the majority of youngsters are not motivationally ready and able and thus are not benefitting from the instructional improvements. For many students, the fact remains that there are a host of external interfering factors. Where school improvement planning fails to address such factors comprehensively and systemically, school improvement efforts are fundamentally flawed.

It cannot be overemphasized that the marginalized status and the associated fragmentation of efforts to address student problems are long-standing and ongoing. Overcoming the status quo will require restructuring student/learning supports and the work of those who provide such supports. A primary focus of school improvement planning must be on ensuring the development of comprehensive, multifaceted, and integrated approaches to address the many overlapping barriers interfering with learning at school.

The reality across the country is that too many students are encountering too many barriers. A related reality is that the complexities in addressing such barriers require comprehensive and systemic solutions. A third reality is that, in too many districts, school improvement and capacity building efforts (including pre and in service staff development) have yet to deal effectively with these matters.

So, school policy makers and administrators must respond to the imperative for rebuilding supports for learning as an essential component in enabling all students to have an equal opportunity to learn at school. Fundamental changes are needed; systemic transformation is essential.

And, in proceeding, as John Maynard Keynes noted, it helps to appreciate:

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

As formulated by the National Initiative: New Directions for Student Support, new directions means rethinking all support programs, resources, and personnel. This begins with traditional support staff. But, everyone must also recognize that student/learning supports are provided by compensatory education personnel (e.g., Title I staff), resource teachers who focus on prereferral interventions, and personnel who provide a variety of school-wide programs (e.g., after school, safe and drug free school programs). New directions stem from rethinking how all these resources are used.
Overview

Both the need for and initial consideration of moving in new directions is seen in the increasing numbers of states and localities involved in the National Initiative. After holding a national and three regional summits, state initiatives were held in California, Connecticut, Hawai‘i, Iowa, Indiana, Minnesota, New Jersey, New York, Pennsylvania, Texas, Vermont, Washington, and Wisconsin. Others will be held in the coming years. Over 30 organizations already have signed on as co-sponsors. Listservs have been established to facilitate communications. Special meetings/trainings regularly are convened. Legislative action has been stimulated. In 2006, Corwin Press published two books that support the initiative, and these may be the beginning of a New Directions series.

Stakeholders in each state, of course, differ in how they relate to and support the National Initiative and pursue work in their own states and localities. What is common across venues is that increasing numbers of stakeholders are expressing interest in moving in new directions and making systemic changes to develop comprehensive approaches. And, what is becoming clearer is that opportunities to move forward occur every time school improvement is an agenda item.

Our Center tries to compile information about places across the country where beginnings are reported that have relevance for developing comprehensive, multifaceted, and cohesive approaches. Such trailblazing and pioneering efforts provide an intriguing glimpse into the future of student support and offer invaluable lessons learned. Some have taken their first implementation steps; some are in the planning stage. A few that have started have encountered difficulty generating the type of momentum necessary to produce full blown systemic change. All provide lessons learned.

We regularly hear about places moving in new directions. As we learn about these, we reach out for information and to offer support. A small set of instructive examples has been compiled in a draft report entitled:

Where’s it Happening? Examples of New Directions for Student Support and Lessons Learned
http://smhp.psych.ucla.edu/pdfdocs/wheresithappening/overview.pdf

along with an accompanying compendium
http://smhp.psych.ucla.edu/summit2002/wheresithappening.htm

One set of initiatives presented in the above report are those that represent the most ambitious and comprehensive “out-of-the-box thinking.” Major examples include:

- New American Schools Comprehensive School Improvement, Urban Learning Center Design – a prototype model developed as part of the New American Schools initiative, included as part of the federal initiative supporting comprehensive school reform)
• Hawai‘i’s Comprehensive Student Support System – a statewide initiative, including state legislation
• Iowa’s System of Learning Supports – a state department of education initiative
• California’s Proposed Comprehensive Pupil Learning Supports System – proposed legislation
• Berkeley (CA) School District – a district-wide initiative in initial stages of implementation
• Harrisburg (PA) School District – a district-wide initiative in planning stage
• Multnomah (OR) Education Service District – School Board Policy for Learning Supports

See Exhibit 52 for a brief overview of Iowa’s initiative.

Ultimately, such efforts must address four key problems. First and foremost, they must revisit school improvement policies to expand them in ways that will end the marginalization of student supports.

Second, they must adopt unifying intervention frameworks that encompass a comprehensive and multifaceted continuum of interventions with the intent of guiding development of a cohesive enabling or learning supports component at every school.

Third, they must consider how to reframe the infrastructure at school, complex, and district levels to ensure effective leadership, redefine roles and functions, and establish resource oriented mechanisms.

Finally, they must learn how to plan and implement strategic approaches essential to enabling effective systemic change and scale up.

Work to be Done

As discussed in the preceding chapters, there is much work to be done in addressing barriers to learning and teaching as public schools across the country strive to leave no child behind. The next decade must mark a turning point in how schools and communities address the problems of children and youth. In particular, the focus must be on initiatives to reform and restructure how schools work to prevent and ameliorate the many learning, behavior, and emotional problems experienced by students.

In particular, school improvement planners must:

• reframe current student support programs and services and redeploy the resources to develop a comprehensive, multifaceted, and cohesive component to enable learning
• develop both in-classroom and school-wide approaches – including interventions to support transitions, increase home and community connections, enhance teacher’s ability to respond to common learning and behavior problems, and respond to and prevent crises
Iowa leaders have come to recognize that meeting the challenge of enhancing achievement test scores requires not only improving teaching, but also necessitates developing better ways for schools, families, and communities to facilitate learning by alleviating barriers, both external and internal, that can interfere with learning and teaching.

In 2003, the Department of Education established a design team, engaged national consultants and a national advisory panel, and created a stakeholder group and several workgroups to develop guiding intervention and infrastructure frameworks for Iowa’s system of learning supports. The charge was to design a system of learning supports that is fully integrated with efforts to improve instruction and that is fully embedded into the Iowa school improvement process.

In the fall of 2004, the design for a System of Learning Supports was finalized. The design document is entitled: Developing Our Youth: Fulfilling a Promise, Investing in Iowa’s Future – Enhancing Iowa’s Systems of Supports for Learning and Development. It has been disseminated to policy makers and leaders at state, regional, and local levels within and outside the education system who have a compelling interest in the achievement of all students and are seeking effective ways to improve student learning. The document calls for rethinking the directions for student supports in order to reduce fragmentation in the system and increase the effectiveness and efficiency by which it operates. The intended results are for all children and youth to succeed in school, grow up healthy and socially competent, and be prepared for productive adulthood. To accomplish this, state policy emphasizes that schools and communities must work together and with their regional and state level partners and that schools and school districts need to address all aspects of students’ learning, social-emotional, and physical development.

The prototype design addresses

- **Long term results and measures** based on available data serve as leading indicators of student success in school. Additional sets of system and student performance measures reflect the intermediate and direct impact of a system of learning supports.
- **Cohesive intervention frameworks**, grounded in the agreed upon results for all children and youth in Iowa, facilitate organization of school and community resources, programs, and services into a comprehensive continuum that supports student learning and healthy development and addresses
- **Infrastructure** organizes the functions and processes needed to implement a system of learning supports and connect the various system levels (local, regional, and state). The infrastructure focus is on mechanisms that permit schools and communities to make optimal use of their resources, reframe the roles of personnel, and integrate the instruction, management, and learning supports components of the educational system.
- **Supportive policies** at all levels are identified or developed to facilitate the implementation of a system of learning supports in ways that complement and are fully integrated into schoolcommunity efforts to improve teaching and learning and manage resources.
- **Capacity building** at all system levels (state, regional, and local) will (a) ensure use of definitions and guidelines that create a common language for improved communication within the educational system and with other child-serving systems and (b) enhance the knowledge, skills, and resources/tools needed to successfully implement a system of learning supports.
• revamp district, school, and school-community infrastructures to weave resources together to enhance and evolve the learning supports system

• pursue school improvement and systemic change from the perspective of learning supports and the need to engage and re-engage students in classroom learning

Recommendations for Policy

Specific policy recommendations stemming from our work to date include:

(1) Districts need to revisit school improvement planning guides to ensure they focus on development of a comprehensive, multifaceted, and cohesive system for addressing barriers to learning and teaching and do so in ways that are fully integrated with plans for improving instruction at the school. This encompasses developing guidelines for (a) operationalizing comprehensiveness in terms of a framework that encompasses a full continuum of interventions and a well conceptualized set of content arenas and (b) delineating standards and accountability indicators for each content arena.

(2) Districts need to designate a dedicated position for leadership of efforts to develop and implement such a comprehensive system and redesign infrastructure to ensure interventions for addressing barriers to learning and teaching are attended to as a primary and essential component of school improvement and in ways that promote economies of scale.

(3) Guidelines for school improvement planning should include an emphasis on redefining and reframing roles and functions for school-site leadership related to development and implementation of such a system.

(4) Guidelines for school improvement planning should specify ways to weave school and community resources into a cohesive and integrated continuum of interventions over time.

(See Appendix B for an example of how such recommendations can be inserted into the reauthorization of the Elementary and Secondary Education Act.)

A final recommendation is for researchers:

*Current initiatives for program evaluation and research projects should be redesigned to include a focus on amassing and expanding the research-base for building and evaluating a comprehensive system for addressing barriers to learning and teaching, with a long-range emphasis on demonstrating the long-term impact of such a system on academic achievement.*
Reference Notes

1 The following is a sample of our journal publications on student supports:


For more extensive discussions of the above matters, see:


2 See the following Policy & Practice Analysis Reports from our Center:


>Toward a School District Infrastructure that More Effectively Addresses Barriers to Learning and Teaching

http://smhp.psych.ucla.edu/pdfdocs/briefs/toward a school district infrastructure.pdf
16. Using and Extending the Research-base

The science-base for intervention is an essential building block. However, we must extend it, and we must be careful that we don’t limit progress while we do so.

Commonly heard these days is the shibboleth: 

*In God we trust; from all others demand data.*

Increasingly, policy makers and others who make decisions are demanding:

*Show me the data!*

All professional interveners need data to enhance the quality of their efforts and to monitor their outcomes in ways that promote appropriate accountability. This is especially the case for those who work with youngsters who manifest behavior, learning, and emotional problems. Sound planning, implementation, accountability, and advancement of the field necessitate amassing and analyzing information and gathering appropriate evaluative data. In addition, the field is at a point in time when there is an intensive policy emphasis on the evidence-base for all interventions.

With respect to mental health in schools, the policy demand for an evidence-base has produced somewhat of a Catch 22. Any proposal focused on strengthening student supports is consistently met with demands from policy makers for data showing that the additional effort will improve student achievement. The reality is that available direct evidence is sparse, and other relevant data must be appreciated in terms of addressing a broad range of barriers that interfere with improving student achievement. Because the body of evidence showing a direct and immediate relationship is limited, many school districts shy away from investing in calls to enhance mental health in schools. And, because policy makers tend not to invest in the type of student support systems that can produce the results they are looking for, it is unlikely that better data will be generated soon.

At this time, the field is a long way from having enough sound research to rely on as the sole basis for advancing mental health in schools. Moreover, because the field potentially covers so many different facets of intervention, it is hard even to summarize what has been found to date. Much of the literature focuses on only one facet, such as skill building, prevention, or treatment, and often only on narrow, person-focused interventions. Most collections of practice include a mixture of research projects and home grown programs. And, because schools and collaboratives do not have the resources for extensive data gathering, a great many local program evaluations are methodologically flawed.

The emphasis in this chapter is first on highlighting matters related to the research base for mental health in schools. Then, we focus on concerns about and frameworks for extending the base of evidence. In doing so, we (a) stress the need to expand the framework for current school accountability and (b) explore the nature and scope of program evaluation and its value as a tool for advancing the field.
As schools evolve their improvement plans in keeping with higher standards and expectations and increased accountability, most planners should recognize the need to develop a comprehensive focus on addressing barriers to student learning and promoting healthy development – including a broad emphasis on mental health (see reference list items 1-15). Throughout this book, we have stressed the conceptual base for doing so. Elsewhere, we have highlighted the extensive body of literature that support the conceptual base (see reference 16). That literature includes a growing volume of research on the value of schools, families, and communities working together to provide supportive programs and services that enable students to learn and teachers to teach (see Chapter 14). Findings include improved school attendance, fewer behavior problems, improved interpersonal skills, enhanced achievement, and increased bonding at school and at home.

Most formal studies have focused on specific interventions (see Exhibit 53). This and other bodies of research reports positive outcomes for school and society associated with a wide range of interventions. Because of the fragmented nature of the studies, the findings are best appreciated in terms of the whole being greater than the sum of the parts, and implications are best derived from the total theoretical and empirical picture. When such a broad perspective is adopted, schools have a larger science-base to draw upon in addressing barriers to learning and enhancing healthy development (references 17 and 18).

It is important to remember that research on mental health in schools is still in its infancy. Fortunately, there are many “natural” experiments underscoring the promise of ensuring that all youngsters have access to a comprehensive, multifaceted continuum of interventions. These natural societal experiments play out in every school and neighborhood where families are affluent enough to purchase the additional programs and services they feel will maximize their youngsters' well-being. Those who can afford such interventions clearly understand their value. And, it will surprise no one that most indicators of well-being, including higher achievement test scores, are correlated with socio-economic status. Societal inequities are well documented and underscore the need for public financing to support comprehensive approaches to establish equity of opportunity.

Taken as a whole, the research-base indicates a promising range of activity that can enable students to learn and teachers to teach. The findings also underscore that addressing behavior, learning, and emotional problems one at a time is unwise because the problems are interrelated and require multifaceted and cohesive solutions. In all, the literature both offers content for interventions and also stresses the importance of coalescing activity into a comprehensive approach.
### Annotated "Lists" of Empirically Supported/Evidence-based Interventions for School-aged Children and Adolescents

The following table provides a list of lists, with indications of what each list covers, how it was developed, what it contains, and how to access it.

#### I. Universal Focus on Promoting Healthy Development


1. **How it was developed:** Contacts with researchers and literature search yielded 250 programs for screening; 81 programs were identified that met the criteria of being a multiyear program with at least 8 lessons in one program year, designed for regular ed classrooms, and nationally available.

2. **What the list contains:** Descriptions (purpose, features, results) of the 81 programs.

3. **How to access:** CASEL (http://www.casel.org)


1. **How it was developed:** 77 programs that sought to achieve positive youth development objectives were reviewed. Criteria used: research designs employed control or comparison group and had measured youth behavior outcomes.

2. **What the list contains:** 25 programs designated as effective based on available evidence.

3. **How to access:** Online at: (http://aspe.hhs.gov/hsp/PositiveYouthDev99/index.htm)

#### II. Prevention of Problems; Promotion of Protective Factors


1. **How it was developed:** Review of over 450 delinquency, drug, and violence prevention programs based on a criteria of a strong research design, evidence of significant deterrence effects, multiple site replication, sustained effects.

2. **What the list contains:** 11 model programs and 21 promising programs.

3. **How to access:** Center for the Study and Prevention of Violence (http://www.colorado.edu/cspv/publications/otherblueprints.html)

**B. Exemplary Substance Abuse and Mental Health Programs** (SAMHSA).

1. **How it was developed:** These science-based programs underwent an expert consensus review of published and unpublished materials on 18 criteria (e.g., theory, fidelity, evaluation, sampling, attrition, outcome measures, missing data, outcome data, analysis, threats to validity, integrity, utility, replications, dissemination, cultural/age appropriateness.) The reviews have grouped programs as “models,” “effective,” and “promising” programs.

2. **What the list contains:** Prevention programs that may be adapted and replicated by communities.

3. **How to access:** SAMHSA’s National Registry of Evidence-based Programs and Practices (http://nrepp.samhsa.gov)

1. How it was developed: NIDA and the scientists who conducted the research developed research protocols. Each was tested in a family/school/community setting for a reasonable period with positive results.

2. What the list contains: 10 programs that are universal, selective, or indicated.


1. How it was developed: Review of 132 programs submitted to the panel. Each program reviewed in terms of quality, usefulness to others, and educational significance.

2. What the list contains: 9 exemplary and 33 promising programs focusing on violence, alcohol, tobacco, and drug prevention.


III. Early Intervention: Targeted Focus on Specific Problems or at Risk Groups


1. How it was developed: Review of scores of primary prevention programs to identify those with quasi-experimental or random-ized trials and been found to reduce symptoms of psycho-pathology or factors commonly associated with an increased risk for later mental disorders.

2. What the list contains: 34 universal and targeted interventions that have demonstrated positive outcomes under rigorous evaluation and the common characteristics of these programs.

3. How to access: Online journal Prevention & Treatment http://content.apa.org/journals/pre/4/1/1)

IV. Treatment for Problems

A. American Psychological Association’s Society for Clinical Child and Adolescent Psychology, Committee on Evidence-Based Practice List

1. How it was developed: Committee reviews outcome studies to determine how well a study conforms to the guidelines of the Task Force on Promotion and Dissemination of Psychological Procedures (1996).

2. What it contains: Reviews of the following:

>Depression (dysthymia): Analyses indicate only one practice meets criteria for “well-established treatment”(best supported) and two practices meet criteria for “probably efficacious”(promising)

>Conduct/oppositional problems: Two meet criteria for well established treatments: videotape modeling parent training programs (Webster-Stratton) and parent training program based on Living with Children (Patterson and Guillion). Ten practices identified as probably efficacious.

>ADHD: Behavioral parent training, behavioral interventions in the classroom, and stimulant medication meet criteria for well established treatments. Two others meet criteria for probably efficacious.

>Anxiety disorders: For phobias participant modeling and reinforced practice are well established; filmed modeling, live modeling, and cognitive behavioral interventions that use self instruction training are probably efficacious. For anxiety disorders, cognitive-behavioral procedures with and without family anxiety management, modeling, in vivo exposure, relaxation training, and reinforced practice are listed as probably efficacious.

Caution: Reviewers stress the importance of (a) devising developmentally and culturally sensitive interventions targeted to the unique needs of each child; (b) a need for research informed by clinical practice.

3. How it can be accessed: www.effectivechildtherapy.com (cont.)
V. Review/Consensus Statements/Compendia of Evidence Based Treatments


B. Mental Health and Mass Violence

C. Society of Pediatric Psychology, Division 54, American Psychological Association, Journal of Pediatric Psychology. Articles on empirically supported treatments in pediatric psychology related to obesity, feeding problems, headaches, pain, bedtime refusal, enuresis, encopresis, and symptoms of asthma, diabetes, and cancer.


E. School Violence Prevention Initiative Matrix of Evidence-Based Prevention Interventions (1999). Center for Mental Health Services, SAMHSA. Synthesis of several lists cited above to highlight examples of programs which meet some criteria for a designation of evidence based for violence prevention and substance abuse prevention. (i.e., Synthesizes lists from the Center for the Study and Prevention of Violence, Center for Substance Abuse Prevention, Communities that Care, Dept. of Education, Department of Justice, Health Resources and Services Administration, National Assoc. of School Psychologists)

F. What Works Clearinghouse. Collects, screens, and identifies studies of effectiveness of educational interventions (programs, products, practices, and policies) (http://ies.ed.gov/ncee/wwc/)

Expanding the Accountability Framework for Schools

Systems are driven by what is measured for purposes of accountability. This is particularly so when systems are the focus of major reform. Under reform conditions, policy makers often want a quick and easy recipe to use. This leads to accountability measures aimed at holding program administrators and staff accountable for specific, short-term results. Little thought is given to the negative effects such a limited focus can have on achieving more complex desired long-term outcomes. As a result, in too many instances, the tail wags the dog, the dog gets dizzy, and the citizenry doesn’t get what it needs and wants.

School accountability is a good example of the problem. Accountability has extraordinary power to reshape schools – for good and for bad. The influence can be seen in classrooms everyday. With the increasing demands for accountability, school staff quickly learn what will and will not be evaluated, and slowly but surely greater emphasis is placed on teaching what will be
I don’t want to scare you teacher, but my dad said if my grades don’t get better, someone’s in for a spanking.

measured. Over time what is measured increasingly is viewed as the most important outcomes. Because only so much time is available at school, other things not only are deemphasized, they also are dropped from the school day. If allowed to do so, accountability procedures have the power to reshape the entire nature and scope of schooling.

What’s wrong with that? Nothing – if what is being evaluated reflects all the important things we want youngsters to learn in school. This, of course, is not the case.

Current accountability pressures reflect values and biases that have led to evaluating a small range of basic skills and doing so in a narrow way. For students with behavior, learning, or emotional problems, this is a fundamental concern. Too often, it means their school programs mainly focus on improving skills they lack. When this occurs, these students are cut off from participating in learning activities that might enhance their interest in overcoming their problems and that might open up opportunities and enrich their future lives.

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

The disconnect is especially evident in schools serving what are now being referred to as “low wealth” families. Such families and those who work in schools serving them have a clear appreciation of many barriers to learning that must be addressed so students can benefit from the teacher’s efforts to teach. These stakeholders stress that, in many schools, major academic improvements are unlikely until comprehensive and multifaceted approaches to address these barriers are developed and pursued effectively.

At the same time, it is evident to anyone who looks that there is no direct accountability for whether these barriers are addressed. To the contrary, efforts essential for addressing barriers to development and learning are further devalued and cut when achievement test scores do not reflect an immediate impact.

Thus, rather than building the type of system that can produce improved academic performance, prevailing accountability measures are pressuring schools to pursue a direct route to improving instruction. The implicit underlying assumption is that students are motivationally ready and able each day to benefit from the teacher’s
instruction. The reality, of course, is that the majority of youngsters don’t fit this picture in too many schools. Students confronted with a host of external interfering factors usually are not in a position to benefit even from significant instructional improvements. The result is low test scores and an achievement gap.

Logically, well designed, systematic efforts should be directed at addressing interfering factors. However, current accountability pressures override the logic and result in marginalizing almost every initiative that is not seen as directly and quickly leading to higher achievement test scores. Ironically, not only does this work against what must be done, it works against gathering evidence on how essential and effective it is to address barriers to learning directly.

All this leads to an appreciation of the need for an expanded framework for school accountability – a framework that includes direct measures of achievement and much more. We view this as a move toward what has been called intelligent accountability. Exhibit 54 highlights such an expanded framework.

As illustrated, there is no intent to deflect from the laser-like focus on accountability for meeting high standards related to academics. The debate will continue as to how best to measure academic outcomes, but clearly schools must demonstrate they effectively teach academics.

At the same time, it is time to acknowledge that schools also are expected to pursue high standards in promoting positive social and personal functioning, including enhancing civility, teaching safe and healthy behavior, and some form of “character education.” Every school we visit has specific goals related to this facet of student development and learning. At the same time, it is evident that schools currently are not held accountable for goals in this arena. That is, there is no systematic evaluation or reporting of the work. As would be expected, then, schools direct few resources and too little attention to these unmeasured concerns. Yet, society wants schools to attend to these matters, and most professionals understand that personal and social functioning are integrally tied to academic performance. From this perspective, it seem self-defeating not to hold schools accountable for improving students’ social and personal functioning.

For schools where a large proportion of students are not doing well, it is also self-defeating not to attend to benchmark indicators of progress in addressing barriers to learning. Schools cannot teach children who are not in class. Therefore, increasing attendance always is an expectation (and an important budget consideration). Other basic indicators of school improvement and precursors of enhanced academic performance are reducing tardiness and problem behaviors, lessening suspension and dropout rates, and abating the large number of inappropriate referrals for special education. Given this, the
### Exhibit 54

**Expanding the Framework for School Accountability**

<table>
<thead>
<tr>
<th>Indicators of Positive Learning and Development</th>
<th>Benchmark Indicators of Progress for &quot;Getting from Here to There&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Standards for Academics* (measures of cognitive achievements, e.g., standardized tests of achievement, portfolio and other forms of authentic assessment)</td>
<td>High Standards for Enabling Learning and Development by Addressing Barriers** (measures of effectiveness in addressing barriers, e.g., increased attendance, reduced tardies, reduced misbehavior, less bullying and sexual harassment, increased family involvement with child and schooling, fewer referrals for specialized assistance, fewer referrals for special education, fewer pregnancies, fewer suspensions and dropouts)</td>
</tr>
</tbody>
</table>
| High Standards for Learning/Development Related to Social & Personal Functioning* (measures of social learning and behavior, character/values, civility, healthy and safe behavior) | "Community Report Cards"
> increases in positive indicators
> decreases in negative indicators |

*Results of interventions for directly facilitating development and learning.

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

The progress of school staff related to such matters should be measured and treated as a significant aspect of school accountability.

School outcomes, of course, are influenced by the well-being of the families and the neighborhoods in which they operate. Therefore, performance of any school should be judged within the context of the current status of indicators of community well-being, such as economic, social, and health measures. If those indicators are not improving or are declining, it is patently unfair to ignore these contextual conditions in judging school performance.

In sum, it is unlikely the majority of students in economically depressed areas will perform up to high standards if schools and communities do not pursue a holistic, systemic, and collaborative
Evaluation practiced at the highest level of the state-of-the-art is one means of speeding up the processes that contribute to human and social progress.

Rossi, Freeman, & Wright

Results & Beyond: A Framework for Program Evaluation

Evaluation practiced at the highest level of the state-of-the-art is one means of speeding up the processes that contribute to human and social progress. Rossi, Freeman, & Wright

approach that focuses not just on students, but on strengthening their families, schools, and surrounding neighborhood. We are reminded of Ulric Neisser’s dictum: Changing the individual while leaving the world alone is a dubious proposition. A broader accountability framework is needed to encourage and support movement toward such an approach. Exhibit 55 presents a range of indicators on which an expanded accountability framework focuses measurement.

Whatever the focus of accountability, the prevailing cry is for specific outcome evidence – usually in terms of readily measured immediate benefits – and for cost containment. Although understandable in light of the unfulfilled promise of so many programs and the insatiable demands on limited public finances, a narrow results emphasis can be counterproductive. This is because it ignores the state of the art related to complex interventions.

Intervention evaluation can aid efforts to (1) make decisions about whether to undertake, continue, modify, or stop an intervention and (2) advance knowledge about interventions in ways that can enhance understanding of and improve practices, training, and theory. Evaluation is useful in relation to a great variety of interventions as an aid in assessing efficiency, effectiveness, and impact.

Two unfounded presumptions are at the core of most current formal and informal evaluations in education and psychology. One premise is that an intervention in widespread use must be at a relatively evolved stage of development and, therefore, warrants the cost of summative evaluation. The other supposition is that major conceptual and methodological problems associated with evaluating intervention are resolved. The truth is that interventions are frequently introduced prior to adequate development, with a view to evolving them based on what is learned each day. Moreover, many well-institutionalized approaches remain relatively underfunded and underdeveloped. As to the process of evaluation, every review of the literature outlines major unresolved concerns. Given this state of affairs, accountability demands often are unreasonable and chronically reflect a naive view of research and theory.

Overemphasis on immediate evaluation of the efficacy of underdeveloped interventions draws resources and attention away from the type of intensive research programs necessary for advancing intervention knowledge and practice. Cost-effective outcomes cannot be achieved in the absence of costly development.
<table>
<thead>
<tr>
<th><strong>Indicators for a Broad Accountability Framework</strong></th>
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</thead>
<tbody>
<tr>
<td><strong>Students</strong></td>
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<tr>
<td>Increased knowledge, skills, &amp; attitudes to enhance</td>
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<tr>
<td>• acceptance of responsibility (including attending, following directions &amp; agreed upon rules/laws)</td>
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<tr>
<td>• self-esteem &amp; integrity</td>
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<tr>
<td>• social &amp; working relationships</td>
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<tr>
<td>• self-evaluation &amp; self-direction/regulation</td>
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<tr>
<td>• physical functioning</td>
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<tr>
<td>• health maintenance</td>
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<td>• safe behavior</td>
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<tr>
<td>Reduced barriers to school attendance and functioning by addressing problems related to</td>
</tr>
<tr>
<td>• health</td>
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<tr>
<td>• lack of adequate clothing</td>
</tr>
<tr>
<td>• dysfunctional families</td>
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<tr>
<td>• lack of home support for student improvement</td>
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<tr>
<td>• physical/sexual abuse</td>
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<tr>
<td>• substance abuse</td>
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<tr>
<td>• gang involvement</td>
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<tr>
<td>• pregnant/parenting minors</td>
</tr>
<tr>
<td>• dropouts</td>
</tr>
<tr>
<td>• need for compensatory learning strategies</td>
</tr>
<tr>
<td><strong>Families &amp; Communities</strong></td>
</tr>
<tr>
<td>Increased social and emotional support for families</td>
</tr>
<tr>
<td>Increased family access to special assistance</td>
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<tr>
<td>Increased family ability to reduce child risk factors that can be barriers to learning</td>
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<tr>
<td>Increased bilingual ability and literacy of parents</td>
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<tr>
<td>Increased family ability to support schooling</td>
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<tr>
<td>Increased positive attitudes about schooling</td>
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<tr>
<td>Increased home (family/parent) participation at school</td>
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<tr>
<td>Enhance positive attitudes toward school and community</td>
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<tr>
<td>Increased community participation in school activities</td>
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<tr>
<td>Increased perception of the school as a hub of community activities</td>
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<tr>
<td>Increased partnerships designed to enhance education &amp; service availability in community</td>
</tr>
<tr>
<td>Enhanced coordination &amp; collaboration between community agencies and school programs &amp; services</td>
</tr>
<tr>
<td>Enhanced focus on agency outreach to meet family needs</td>
</tr>
<tr>
<td>Increased psychological sense of community</td>
</tr>
<tr>
<td><strong>Programs &amp; Systems</strong></td>
</tr>
<tr>
<td>Enhanced processes by which staff and families learn about available programs and services and how to access those they need</td>
</tr>
<tr>
<td>Increased coordination among services and programs</td>
</tr>
<tr>
<td>Increases in the degree to which staff work collaboratively and programmatically</td>
</tr>
<tr>
<td>Increased services/programs at school site</td>
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<tr>
<td>Increased amounts of school, family, and community collaboration</td>
</tr>
<tr>
<td>Increases in quality of services and programs because of improved systems for requesting, accessing, and managing assistance for students and families (including overcoming inappropriate barriers to confidentiality)</td>
</tr>
<tr>
<td>Establishment of a long-term financial base</td>
</tr>
</tbody>
</table>
Policies mandating naive accountability run the risk of generating evaluative practices that are neither cost-effective nor wise.

Essentially, evaluation involves determining the worth or value of something (references 19 and 20). For purposes of this discussion, evaluation is defined as a systematic process designed to describe and judge the overall impact and value of an intervention for purposes of making decisions and advancing knowledge.

More specifically, the objectives are to:

1. *describe and judge* an intervention's (a) rationale, including assumptions and intentions, and (b) standards for making judgments

2. *describe and judge* an intervention's (a) actual activity, including intended and unintended procedures and outcomes, and (b) costs (financial, negative effects)

3. *make decisions* about continuing, modifying, or stopping an intervention for an individual or for all those enrolled in a program

4. *advance knowledge* about interventions to improve (a) practices, (b) training, (c) theory, and policy.

The information needed to meet these purposes comes from comprehensive evaluations that include both immediate and long-term program data. The full range of data that may be gathered is suggested by the particular evaluation framework adopted.

A framework formulated by Robert Stake provides a specific example of the type of models used by evaluators concerned not just about results, but understanding factors that influence outcomes. Stake's framework offers a graphic and comprehensive picture of various facets of evaluation and how they relate to each other (see Exhibit 56).

In brief, Stake emphasizes "the two basic acts of evaluation" are description and judgment. Descriptions take the form of data gathered by formal or informal means. Judgments are interpretive conclusions about the meaning of the data, such as whether a procedure is good or bad, a student is above or below norm, a behavior is pathological or not. In practice, judgments are used for purposes of decision making. When it comes to deciding specifically what to describe and judge, evaluators often are guided by their understanding of decisions to be made at the conclusion of the evaluation.
Stake stresses that proper program evaluation requires data and criteria for analyzing the degree to which

- conditions anticipated prior to the program (antecedents), planned procedures (transactions), and intended outcomes are consistent with the program rationale and are logical in relation to each other

- intended antecedents, transactions, and outcomes actually occur.

In general, the types of data Stake's framework calls for can provide a wealth of information for use in describing and judging programs and making decisions about ways to improve them. As such, the data can be used not only for purposes of accountability, but to help build the research-base. The data also can be used for purposes of “social marketing” (see Exhibit 57).
Exhibit 57

Using Data for Social Marketing

As Rossi and Freeman (1989)* state:

The mass communication and advertising industries use fundamentally the same approaches in developing media programs and marketing products; commercial and industrial corporations evaluate the procedures they use in selecting and promoting employees and organizing their work forces; political candidates develop their campaigns by evaluating the voter appeal of different strategies; . . . administrators in both the public and private sectors are continually assessing clerical, fiscal, and interpersonal practices of their organizations. The distinction between these uses of evaluation lies primarily in the intent of the effort to be evaluated . . . to benefit the human condition . . . [or] for other purposes, such as increasing profits or amassing influence and power.

Social marketing is a valuable tool for fostering a critical mass of stakeholder support for new directions to improve schools. Particularly important to effective marketing of change is the inclusion of the evidence base for moving in new directions. All data on a school or collaborative’s positive impact should be packaged and widely shared.

Social marketing draws on concepts developed for commercial marketing. But in the context of school and community change, we are not talking about selling products. We are trying to build a consensus for ideas and new approaches that can strengthen youngsters, families, schools, and neighborhoods. So, we need to reframe the concept to fit our aims, which are to create readiness for change and influence action by key stakeholders.

- To achieve these aims, essential information must be communicated to key stakeholders. Strategies must be used to help them understand that the benefits of change will outweigh the costs and are more worthwhile than competing directions for change.

- The strategies used must be personalized and accessible to the subgroups of stakeholders (e.g., must be “enticing,” emphasize that costs are reasonable, and engage them in processes that build consensus and commitment).

One caution: Beware of thinking of social marketing as just an event. Because stakeholders and systems are continuously changing, social marketing is an ongoing process. It is tempting to plan a “big day” to bring people together to inform, share, involve, and celebrate. This can be a good thing if it is planned as one facet of a carefully thought ought strategic plan. It can be counterproductive if it is a one-shot activity that drains resources and energy and leads to a belief that “We did our social marketing.”

Systematic evaluation planning requires decisions about (1) the focus of evaluation (e.g., person or environment, immediate objectives vs. long-range aims), (2) whose perspective (e.g., client, intervener, program underwriter) is to determine the evaluation focus, methods, and standards used, and (3) the best way to proceed in gathering, analyzing, and interpreting information (e.g., specific measures, design). In making such decisions, concerns arise because what can be evaluated currently is far less than what a program may intend to accomplish. Furthermore, inappropriate bias and vested interests shape evaluation planning and implementation, thereby influencing whether a program is seen as good or bad.

Finally, remember that all aspects of evaluation have the potential to produce negative effects. For instance, over time, what is evaluated can reduce and reshape a program's intended aims. On a personal level, evaluation can lead to invasion of privacy and an undermining of the ability of those evaluated to self-evaluate.

In sum, evaluations of whether an intervention is any good must first address the question: *Is what it is trying to accomplish appropriate?* The frame of reference for such evaluations may be the intervention rationale or what others think the program should be doing or both. After judging the appropriateness of what is wanted or expected, a program's intended breadth of focus should guide efforts to evaluate effectiveness. Because not everything is measurable in a technically sophisticated way, some things will be poorly measured or simply reviewed informally. Obviously, this is less than satisfactory. Still, from a rational perspective, continued emphasis on the entire gamut of what is intended is better than limiting things to what can be measured readily or to naive accountability demands.

**Concluding Comments**

Gathering good evaluative data is a key to designing a promising future. It is a process that can improve programs, protect consumers, and advance knowledge. Doing so, however, is a difficult process, which many would prefer to avoid. Nevertheless, the need for professionals to improve their practices and be accountable is obvious.

The need to improve current evaluation practices seems equally obvious. Because evaluations can as easily reshape programs in negative as in positive directions, it is essential that such practices be improved and that accountability pressures not inappropriately narrow a program's focus. This is especially the case for programs designed to enable the learning of students who are not doing well at school. If the push for use of evidence-based practices is done in an unsophisticated way, we worry that it will narrow options for dealing with learning, behavior, and emotional problems (see Chapter 4). There is also the likelihood of further undermining efforts
to deal with complex problems in a comprehensive, multifaceted way. The danger is that resources will be redeployed in ways that favor the current “evidence-base” – no matter what its deficits.

Finding out if a program is any good is a necessity. But in doing so, it is wise to recognize that evaluation is not simply a technical process. Evaluation involves decisions about what and how to measure. It involves decisions about what standards to use in making judgements. These decisions are based in great part on values and beliefs.

As a result, limited knowledge, bias, vested interests, and ethical issues are constantly influencing the descriptive and judgmental processes and shape conclusions at the end of the evaluation. While researchers build a better evidence-base over the next 20 years, rational judgments must temper the zeal to prematurely claim scientific validation. And, everyone concerned about learning, behavior, and emotional problems must increase the efforts to bolster both the scientific and rational bases for enhancing learning supports.

As Dennie Wolf, director of the Opportunity and Accountability Initiative at the Annenberg Institute for School Reform, notes:

“Clearly, we know how to raise standards. However, we are less clear on how to support students in rising to meet those standards” (reference 21). Then, she asks: “Having invested heavily in ‘raising’ both the standards and the stakes, what investment are we willing to make to support students in ‘rising’ to meet those standards?” Ultimately, the answer to that question will affect not only individuals with learning, behavior, and emotional problems but the entire society.

Will you do my homework for me?

No, it wouldn’t be right if I did it.

That’s O.K. I don’t get them all right either.
References


7. Center for Mental Health in Schools (1999). *Policymakers guide to restructuring student support resources to address barriers to learning.* Los Angeles: Author (at UCLA).


16. See the compilation of research data:
   


   "The first step is to measure whatever can be easily measured. That’s okay as far as it goes.

   The second step is to disregard that which can’t be measured or give it an arbitrary quantitative value. That’s artificial and misleading.

   The third step is to presume that what can’t be measured easily isn’t very important. That’s blindness.

   The fourth step is to say what can’t be measured really doesn’t exist.

   That’s suicide.

Statement attributed to Yankelovich"
17. Addressing Systemic Change

Despite the nationwide emphasis on mental health in schools and school improvement, the complexities of accomplishing desired systemic changes have been given short shrift in policy, research, training, and practice. This chapter focuses on the problem of expanding school improvement planning to better address how schools and districts intend to accomplish designated changes. Specifically, we frame and outline some basic considerations related to systemic change, and we propose a set of policy actions to encourage a greater policy discussion of the complexities of implementing major changes on a large scale.

As indicated in Chapter 14, our analyses of school improvement planning guides indicate a lack of concern for developing a comprehensive system for addressing psychosocial and mental health concerns. Another striking finding is the widespread failure to plan ways to accomplish desired improvements. Without sophisticated strategic planning, it is unclear how schools and districts intend to move from where they are to where they want to go in improving any school, never mind the problem of district-wide replication. All this is not surprising given that leadership training for policy makers and education administrators tends not to focus on the processes and problems of systemic change and scale-up (Duffy, 2005; Elmore, 2003, 2004; Fullan, 2005; Glennan, Bodilly, Galegher, & Kerr, 2004; Hargreaves & Fink, 2000; Thomas, 2002).

In improving schools, getting from here to there calls for a clear framework and map. And, there is a need for an appropriate science-base, leadership, and adequate resources to facilitate capacity building (Adelman & Taylor, 2007a, 2007b; Green & Glasgow, 2006). With all this in mind, this chapter focuses on expanding school improvement planning to better address how schools and districts intend to accomplish designated changes.

Well conceived, designed, and implemented prototype innovations are essential to systemic change. Prototypes for new initiatives usually are developed and initially implemented as a pilot demonstration at one or more schools. This is particularly the case for new initiatives that are specially funded projects.

For those involved in projects or piloting new school programs, a common tendency is to think about their work as a time limited demonstration. And, other school stakeholders also tend to perceive the work as temporary (e.g., “It will end when the grant runs out.” or “I’ve seen so many reforms come and go; this too shall pass.”). This mind set leads to the view that new activities will be fleeting, and it contributes to fragmented approaches and the marginalization
of initiatives (Adelman, 1995; Adelman & Taylor, 1997a, 1997b, 1997c, 2003). It also works against the type of systemic changes needed to sustain and expand major school improvements.

The history of schools is strewn with valuable innovations that were not sustained. Naturally, financial considerations play a role in failures to sustain and replicate, but a widespread “project mentality” also is culpable.

Efforts to make substantial and substantive improvements related to mental health in schools requires much more than implementing a few demonstrations. Improved approaches are only as good as a school district’s ability to develop and institutionalize them equitably in all its schools. This process often is called diffusion, replication, roll out, or scale-up. The frequent failure to sustain innovations and take them to scale in school districts has increased interest in understanding systemic change as a central concern in school improvement.

At this point, we should clarify use of the term systemic change in the context of this book. Our focus is on district and school organization and operations and the networks that shape decision making about fundamental changes and their implementation. From this perspective, systemic change involves modifications that amount to a cultural shift in institutionalized values (i.e., reculturalization). For interventionists, the problem is that the greater the distance and dissonance between the current culture of schools and intended school improvements, the more difficult it is to successfully accomplish major systemic changes.

Our interest in systemic change has evolved over many years of implementing demonstrations and working to institutionalize and diffuse them on a large scale (Adelman & Taylor, 1997a, 2003, 2006a, 2006b; Taylor, Nelson, & Adelman, 1999). By now, we are fully convinced that advancing the field requires escaping “project mentality” (sometimes referred to as “projectitis”) and becoming sophisticated about facilitating systemic change. Fullan (2005) stresses that what is needed is leadership that “motivates people to take on the complexities and anxieties of difficult change.” We would add that such leadership also must develop a refined understanding of how to facilitate systemic change.

Exhibit 58 suggests how major elements involved in designing school improvements are logically connected to considerations about systemic change. That is, the same elements can be used to frame key intervention concerns related to school improvement and systemic change, and each is intimately linked to the other.
Exhibit 58  Linking Logic Models for Designing School Improvement and Systemic Change

Key considerations with respect to both (a) desired school improvements and (b) “getting from here to there” (e.g., systemic changes):

> What is the vision, long-term aims, and underlying rationale?
> What are the existing resources that might be (re)deployed and woven together to make good progress toward the vision?
> What general functions, major tasks, activities, and phases need to be implemented?
> What infrastructure and strategies are needed to carry out the functions, tasks, and activities?
> What short-term indicators will be used as process benchmarks, what intermediate outcomes will indicate progress toward long-range aims, and how will negative outcomes be identified?

---

**Vision/Aims/Rationale**
- for school improvements to address problems and enhance the well-being of students and schools
- for systemic changes to accomplish the above (e.g., image of future system, understanding of how organizations change)

**Resources**
- to be (re)deployed and woven together (e.g., dollars, real estate space, equipment, human and social capital, etc.) for pursuing desired school improvements
- to be (re)deployed for pursuing necessary systemic changes

**Functions, Major Tasks, Activities & Phases**
- for pursuing desired school improvements in keeping with the stated vision
- for pursuing necessary systemic changes

**Infrastructure & Strategies**
- Interconnected mechanisms for implementing functions and accomplishing intended outcomes (e.g., mechanisms for governance, resource management, planning, etc.)
- Interconnected temporary mechanisms to guide and facilitate systemic changes (e.g., leadership for change, steering group, organizational change facilitators)

**Positive & Negative Outcomes**
- Formative/summative evaluation and accountability (e.g., data on students, schools, families, & neighborhood; data to “get credit” for all that is done and for social marketing)

**School Improvement Outcome Indicators**
- Short-term (benchmarks)
-Intermediate
-Long-term

**Systemic Change Outcome Indicators**
- Short-term (benchmarks)
-Intermediate
-Long-term
The elements are conceived as encompassing the

- vision, aims, and underlying rationale for what follows
- resources needed to do the work
- general functions, major tasks, activities, and phases that must be pursued
- infrastructure and strategies needed to carry out the functions, tasks, and activities
- positive and negative results that emerge.

Strategic planning for systemic change in schools and districts should account for each of these elements. The process starts with a clear sense of a school’s prototype for ensuring that all students have an equal opportunity to succeed in school. Then, the planning focus is on how the school will accomplish essential changes. At the district level, the need is for a strategic plan that clarifies how the district will facilitate replication and scale-up of prototype practices. (See Adelman & Taylor, 2006 for a discussion of each of the above elements.)

Exhibit 59 briefly highlights key considerations related to Planning, implementing, sustaining, and going-to-scale, including the four phases of the change process. (Here, too, see Adelman & Taylor, 2006 for a discussion of each cell in the matrix.)

Exhibit 60 highlights a set of parallel and linked tasks related to each of the four phases.

These are fundamental matters for policy makers and planners to address with respect to ensuring that effective systemic changes are designed, implemented, sustained, and taken to scale. In our experience, the prevailing tendency is not to do so. As a result, too little is done to create readiness for change or to develop an effective organizational and operational infrastructure and strategic plans for start-up and phase-in. This is a recipe for innovative failure.

It is only those who don’t care about where they end up who can afford not to be involved in which way they are going.
Exhibit 59

New Initiatives: Considerations Related to Planning, Implementing, Sustaining, and Going-to-scale

### NATURE & SCOPE OF FOCUS

<table>
<thead>
<tr>
<th></th>
<th>Intervention/ Program Prototype Development</th>
<th>Adoption/Adaptation of the Prototype at a Particular Site</th>
<th>System-Wide Replication/ Scale-Up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Marketing</td>
<td></td>
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<tr>
<td>Vision &amp; Policy Commitment</td>
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<tr>
<td>Partnership Negotiation &amp; Leadership Designation</td>
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</tr>
<tr>
<td>Infrastructure Enhancement/Develop. (e.g., mechanisms for governance, steering, operation, coordination)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resources -- Redeployed &amp; New (e.g., time, space, funds)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capacity Building (especially development of personnel &amp; addressing personnel mobility)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Standards, Evaluation, &amp; Accountability</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SOME KEY FACETS

- Creating Readiness
- Initial Implementation
- Institutionalization
- Ongoing Evolution/ Creative Renewal

### PHASES OF THE CHANGE PROCESS
<table>
<thead>
<tr>
<th>Exhibit 60</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prototype Implementation and Scale-up: Phases and Parallel and Linked Tasks</strong></td>
</tr>
</tbody>
</table>

**Phase I**

**Creating Readiness:**

- **System Change Staff**
  - Enhancing the Climate/Culture for Change
  - Disseminates the prototype to create interest (promotion and marketing)
  - Evaluates indications of interest
  - Makes in-depth presentations to build stakeholder consensus
  - Negotiates a policy framework and conditions of engagement with sanctioned bodies
  - Elicits ratification and sponsorship by stakeholders

- **Implementation Team**
  - Works at site with **Organization Leadership** to
    - Redesign the organizational and programmatic infrastructure
    - Clarify need to add temporary mechanisms for the implementation process
    - Restructure time (the school day, time allocation over the year)
    - Conduct stakeholder foundation-building activity

**Phase II**

**Initial Implementation:**

- **System Change Staff**
  - Adapting and Phasing-in the Prototype with Well-Designed Guidance and Support
  - Establish temporary mechanisms to facilitate the implementation process
  - Design appropriate prototype adaptations
  - Develop site-specific plan to phase-in prototype

- **Team**
  - Works at site with appropriate **Stakeholders**
    - Plans and implements ongoing stakeholder development/empowerment programs
    - Facilitates day-by-day prototype implementation
    - Establishes formative evaluation procedures

**Phase III**

**Institutionalization:**

- **System Change Staff**
  - Ensuring the Infrastructure Maintains and Enhances Productive Changes
  - Institutionalize ownership, guidance, and support
  - Plan and ensure commitment to ongoing leadership
  - Plan and ensure commitment to maintain mechanisms for planning, implementation, and coordination
  - Plan for continuing education and technical assistance to maintain and enhance productive changes and generate renewal (including programs for new arrivals)

- **Organization Leadership**
  - Works with **Stakeholders** in evolving the prototype

**Phase IV**

**Ongoing Evolution**

- **System Change Staff**
  - continues contact with **Organization Leadership**
    - Facilitates expansion of the formative evaluation system (in keeping with summative evaluation needs)
    - Clarifies ways to improve the prototype
    - Compiles information on outcome efficacy

- **Organization Leadership**
  - works with **Stakeholders** in evolving the prototype

---

An understanding of concepts espoused by community psychologists such as empowering settings and enhancing a sense of community also is useful. There is a growing body of work suggesting that the success of a variety of initiatives depends on interventions that can empower stakeholders and enhance their sense of community (Beeker, Guenther-Grey, & Raj, 1998; Trickett, 2002). However, the proper design of such interventions requires understanding that empowerment is a multifaceted concept. In discussing power, theoreticians distinguish “power over” from “power to” and “power from.” Power over involves explicit or implicit dominance over others and events; power to is seen as increased opportunities to act; power from implies ability to resist the power of others (Riger, 1993).

Enhancing a sense of community involves ongoing attention to daily experiences. With respect to sustaining initiatives, stakeholders must experience initiative in ways that make them feel they are valued members who are contributing to a collective identity, destiny, and vision. Their work together must be facilitated in ways that enhance feelings of competence, self-determination, and connectedness with and commitment to each other (Deci & Ryan, 1985). As Tom Vander Ark, executive director of education for the Bill and Melinda Gates Foundation, wisely notes: “Effective practices typically evolve over a long period in high-functioning, fully engaged systems” (Vander Ark, 2002).

Systemic Change
Infrastructure and Strategies

Implementation and scaling-up of major systemic changes requires administrative leadership and the addition of temporary infrastructure mechanisms to facilitate changes, including capacity building.

In general, existing infrastructure mechanisms must be modified in ways that guarantee new policy directions are translated into appropriate daily operations. Well-designed mechanisms ensure local ownership, a critical mass of committed stakeholders, processes that overcome barriers to stakeholders effectively working together, and strategies that mobilize and maintain proactive effort so that changes are implemented and there is renewal over time.

It is rare to find situations where a well-designed systemic change infrastructure is in place. More characteristically, ad hoc mechanisms have been set in motion with personnel who have too little training and without adequate formative evaluation. It is common to find structures, such as teams and collaboratives operating without clear understanding of functions and major tasks. This, of course, defies the basic organizational principle that structure should follow function.

Effective and linked administrative leadership at every level is key to the success of any systemic change initiative in schools. Everyone needs to be aware of who is leading and is accountable for the development of the planned changes. It is imperative that such leaders
be specifically trained to guide systemic change. And, they must be sitting at key decision making tables when budget and other fundamental decisions are discussed.

As highlighted in Exhibits 58, 59, and 60, the general functions and major tasks related to sustainability and large-scale replication require dedicated change agent mechanisms that are fully integrated into the infrastructure for school improvement at each school site, for a “family of schools,” and at the district level. Thus, a significant portion of the resources for systemic change must be used to design and implement the set of integrated mechanisms that constitute the temporary, but essential, infrastructure for steering, facilitating, and evaluating the change process itself.

Part of a systemic change infrastructure are teams of “champions” who agree to steer the process. Such a team provides a broad-based and potent mechanism for guiding change. At the school level, for example, such a steering group creates a special leadership body to own the linked visions for school improvement and systemic change and to guide and support the work. These advocates must be competent with respect to what is planned, and they should be highly motivated not just to help get things underway, but to ensure sustainability.

The first focus of these teams is on assuring that capacity is built to accomplish the desired systemic changes. This includes ensuring an adequate policy and leadership base for implementation. If essential policy and staffing are not already in place, this becomes the first focus for the group.

Organization Facilitators. Some years ago, as part of a federal dropout prevention initiative, we developed a change agent position called an Organization Facilitator to aid with major restructuring (Adelman & Taylor 1997a, b, c; Center for Mental Health in Schools, 2000; 2001a, b; Taylor, Nelson, & Adelman, 1999). This form of specially trained change agent embodies the necessary expertise to help school sites and complexes substantively implement and institutionalize school improvements. Such an individual can be used as a change agent for one school or a group of schools. A cadre of such professionals can be used to facilitate change across an entire district. The focus can be on changes in a few key aspects or full-scale restructuring.

One of the first functions of an Organization Facilitator is to help form and train an on-site change team that includes a site administrator and encompasses work groups. With the change agent initially taking the lead, members of the school’s change team learn to be catalysts and managers of change. After initial implementation, the change team focuses on ensuring maintenance and renewal. Clearly, substantive school improvements require site team members who are committed each day to ensuring effective systemic change and who have enough time and ability to attend to details.
Capacity building, of course, also includes special training for change agents. Over time, the main functions of a steering group are to ensure that staff assigned to facilitate changes (a) maintain a big picture perspective, (b) make appropriate movement toward long-term goals, and (c) have sufficient support and guidance.

Steering groups should not be too large. For example, at a school level, membership should include a few well-connected “champions” and the key change agents (e.g., the administrative leader and other system change staff) who have responsibility for implementing school improvements. To work against the perception that it is a closed, elite group, it can host "focus groups" to elicit input and feedback, provide information, and problem solve.

As indicated in Exhibit 60, one way for a district to conceive the daily operational infrastructure for systemic change is in terms of a system change staff (e.g., organization facilitators). As a group, such district staff has full-time responsibility for creating readiness, coalition building, implementing strategic plans, maintaining daily oversight, problem solving, resolving stakeholder conflicts, and so forth. They provide a necessary organizational base and skilled personnel for diffusing improvements into a school and across a district. Organization Facilitators can rotate among schools to guide the change process. In addition, special “coaches” or mentors can be brought in whenever a specialist is needed to assist in replicating a specific type of improvement.

Using the frameworks, drawing on available literature (see references), and based on our own efforts in the field, we have begun to operationalize strategies to facilitate systemic changes. For illustrative purposes, a few are discussed below.

As we have noted already, any move toward substantive systemic change should begin with activity designed to create readiness by enhancing a climate/culture for change. Steps include:

- articulation of a clear, shared vision for the changes (e.g., building interest and consensus; introducing basic concepts to relevant groups of stakeholders)
- mobilizing interest, consensus, and support among key stakeholders (e.g., identifying champions and other individuals who are committed to the changes; planning and implementing a “social marketing” strategy to mobilize a critical mass of stakeholder support; planning and implementing strategies to obtain the support of key policy makers, such as administrators and school boards)
• clarifying feasibility (e.g., how necessary changes can be accomplished; who will lead; what mechanisms can be used to steer and underwrite the change process)

• ensuring there is a major policy commitment from all participating stakeholders (e.g., establishing a policy framework that recognizes the importance of the work)

• negotiating agreements with decision makers and implementers (e.g., about role responsibilities; about how accountability for commitments will be assured).

This is followed by processes for

• enhancing/developing an infrastructure based on a clear articulation of essential functions (e.g., mechanisms for governance and priority setting, steering, operations, resource mapping and coordination).

Pursuing the work requires special attention to the problem of the match between intervention and those who are to change and

• ensuring there is strong facilitation related to all mechanisms

• redeploying resources and establishing new ones

• building capacity (especially personnel development and strategies for addressing personnel and other stakeholder mobility)

• establishing standards, evaluation processes, and accountability procedures.

Because substantive change requires stakeholder readiness and ongoing motivation and capability, it is essential to monitor these matters and to maintain an ongoing emphasis on social marketing and capacity building.

Clearly, the many steps and tasks described above call for a high degree of commitment and relentlessness of effort. Moreover, time frames for building capacity to accomplish desired institutional changes must be realistic. Major systemic changes are not easily accomplished. Awareness of the myriad political and bureaucratic difficulties involved in making major institutional changes, especially with limited financial resources, leads to the caution that the type of approach described above is not a straight-forward sequential or linear process. Rather, the work proceeds and changes emerge in overlapping and spiraling ways. And those interested in generating systemic changes need to be opportunistic.
A Few General Comments about Systemic Change Practices at Schools

Although many of the above points about systemic change seem self-evident, their profound implications for enhancing mental health in schools and for school improvement in general are widely ignored. As a result, it is not surprising when improvements are not effectively implemented and when so many are not sustained and replicated.

From the perspective of systemic change, the importance of creating an atmosphere at a school and throughout a district that encourages mutual support, caring, and a sense of community takes on added importance. New collaborative arrangements must be established, and authority (power) redistributed. Key stakeholders and their leadership must understand and commit to the changes. And, the commitment must be reflected in policy statements and creation of an organizational and operational infrastructure at all levels that ensures effective leadership and resources. For significant systemic change to occur, policy and program commitments must be demonstrated through effective allocation and redeployment of resources. That is, finances, personnel, time, space, equipment, and other essential resources must be made available, organized, and used in ways that adequately operationalize and sustain policy and promising practices. As stressed above, this includes ensuring sufficient resources to develop an effective structural foundation, albeit a temporary one, for systemic changes and related capacity building.

Reforms and major school improvements obviously require ensuring that those who operate essential mechanisms have adequate training, resources, and support, initially and over time. Moreover, there must be appropriate incentives and safeguards for individuals as they become enmeshed in the complexities of systemic change.

Projects as Catalysts for Systemic Change

With a view to sustaining valued functions, most demonstration projects and initiatives can be catalysts for systemic change. More to the point, it is frequently the case that such projects must produce systemic changes or much of what they have developed is unlikely to be sustained. Federally-funded projects, such as those established through the Safe Schools/Healthy Students initiative and the Integration of Schools and Mental Health Systems, illustrate both the need and opportunity for being a catalytic force. These projects are funded with the aim of coalescing school and community collaboration and have a strong focus on enhancing mental health in schools. As such projects enter their final period of federal support, there usually is a scramble to find another grant to sustain threatened functions. A few realize that sustainability should not be thought about in terms of hopefully finding more grant money. Rather, they understand the necessity of taking steps from the project’s onset to move policy in ways that can sustain the work. Moreover, they
understand the importance of embedding changes into a school improvement context.

With specific respect to projects that include new mental health activity, district policy makers and planners generally are pleased by the added resources a project brings. However, they continue to view the new activity as an add-on and seldom integrate it into school improvement planning. This contributes to the fragmentation and marginalization that characterizes mental health in schools and works against sustaining the effort after the project ends.

To counter the tendency toward viewing a project as an add-on and to enhance sustainability, project staff must approach their special funding as an opportunity to leverage systemic changes. This means negotiating ways into decision making, capacity building, and operational infrastructures. Being at decision making tables enables direct and ongoing discussion about sustainability and even about replicating the work on a large scale.

However, to be successful at the table, support staff must also embed the work into the broader context of school improvement planning. For example, mental health activity can be presented as an integral part of the type of comprehensive enabling/learning supports component described in this book and such a component should be braided into other school improvement initiatives.

By moving in these directions, project staff position themselves to be a potent catalytic force.

Concluding Comments

As Seymour Sarason (1971) stressed a long time ago:

*Good ideas and missionary zeal are sometimes enough to change the thinking of individuals; they are rarely, if ever, effective in changing complicated organizations (like the school) with traditions, dynamics, and goals of their own.*

As we have highlighted in this chapter, those who set out to enhance mental health in schools across a district are confronted with two enormous tasks. The first is to develop prototypes; the second involves large-scale replication. One without the other is insufficient. Yet considerably more attention is paid to developing and validating prototypes than to delineating and testing systemic change processes required for sustainability, replication, and scale-up. Clearly, it is time to correct this deficiency.

For significant prototype development and systemic change to occur, policy and
program commitments must be demonstrated through effective allocation and redeployment of resources to facilitate organizational and operational changes. That is, finances, personnel, time, space, equipment, and other essential resources must be made available, organized, and used in ways that adequately operationalize policy and promising practices. This includes ensuring sufficient resources to develop an effective structural foundation for prototype development, systemic changes, sustainability, and ongoing capacity building.

At the same time, in pursuing systemic changes, it is essential not to lose sight of a basic reality:

_Schools are unlikely to invest and embrace substantive change unless it significantly enhances their capability to meet current accountability indicators._

We do not mean to belabor all this. Our point simply is to make certain that there is a greater appreciation for and more attention paid to the problems of systemic change. To do less is to undermine substantive systemic change and perpetuate an unsatisfactory status quo.


A Few Other Related Center Documents and Publications


Toward a Scale-Up Model for Replicating New Approaches to Schooling. Online at http://smhp.psych.ucla.edu/publications/06%20toward%20a%20scale%20up%20model%20for%20replicating%20new%20approaches.pdf


On Sustainability of Project Innovations as Systemic Change. Online at http://smhp.psych.ucla.edu/publications/45%20on%20sustainability%20of%20project%20innovations%20as%20systemic%20change.pdf

Systemic change for school improvement. (This is an in press article available on request.)


Diffusion of Innovations and Science-Based Practices to Address Barriers to Learning & Improve Schools: A Series of Information Resources on Enabling System Change

> Brief Overview of Major Concepts from E.M. Rogers’ Work on Diffusion of Innovations
> Brief Overview of Malcolm Gladwell’s Concept of the Tipping Point
> Some Key Terms Related to Enabling System Change
> Systemic Change for School Improvement
> Change Agent Mechanisms for School Improvement: Infrastructure not Individuals
> System Change and Empirically-Supported Practices: The Implementation Problem
> Policy Implications for Advancing Systemic Change for School Improvement
> Some Key References Related to Enabling System Change
Call to Action: Moving Forward

In most places, mental health in schools still gets defined mainly as mental illness and the form of intervention tends to be case-oriented and clinical. This provides services for only a relatively few of the many students experiencing behavior, learning, and emotional problems.

It’s fortunate that school personnel and/or co-located and linked community service providers have been able to supplement existing efforts to provide individual and small group counseling/therapy for those children and adolescents who need it. And, it’s tragic that not enough of these clinical services are equitably available.

It is clear, however, that the number of students in need far outstrips the possibility of providing more than a small percentage with clinical services – even if this were the best way to address the wide range of concerns. And, because resources are so sparse, providing so much for a few students tends to work against developing programs to prevent problems and promote social and emotional health.

Given all this, leaders concerned with advancing mental health in school need to focus on much more than just increasing clinical services. That, of course, has long been the message conveyed by those who stress that concerns about mental health involve much more than the focus on mental illness. This view includes an emphasis on promoting youth development, wellness, social and emotional learning, and fostering the emergence of a caring, supportive, and nurturing climate throughout a school.

In the abstract, most stakeholders support all efforts to advance the mental health field. When it comes to policy, however, competition arises related to priorities. Advocates for those with serious and chronic personal problems know there are not enough available and accessible services, especially for low income families. So, they mainly support expansion of specialized clinical services and tend to view other mental health agenda items (e.g., promotion of mental health, primary prevention) as competition for sparse resources.

One poignant irony in all this is that advocacy for specialized clinical services has contributed not only to identifying more students who have diagnosable problems, but also to formally assigning diagnostic labels to many commonplace behavior, learning, and emotional problems. In the last decade the number of youngsters diagnosed as ADHD, LD, and clinically depressed has escalated exponentially. How many are misdiagnosed is anyone’s guess. However, it is highly probable that many students whose problems can and should be addressed through other means are consuming resources needed for those with severe and chronic problems. And, the demand for clinical services continues to outstrip supply in alarming ways.

Continuing along this path is untenable.
Needed: Widespread Acknowledgment of the Zero Sum Game

A zero sum game is a situation or interaction in which one participant's gains result only from another's equivalent losses. In trying to make the world a better place for children and adolescents, many advocates feel they must focus strategically and laser-like on one concern because resources are sparse and distributed politically. Thus, they enter into a zero sum game.

The continuing tendency of many advocates for mental health in schools is to compete in this way even though it pits the needs and interests of some youngsters against the needs and interests of others. And, too often, it generates counterproductive relationships among school staff and between school and community professionals, with the situation sometimes exacerbated by narrow pursuit of specific professional guild interests.

It is inevitable that some advocates will fight for specific groups of children and adolescents. Given current policy inequities, however, they can hope only for small zero sum successes. With respect to mental health in schools, usually this means immediate clinical help for a few more students, but at a cost for others that seldom is articulated.

The mission of schools calls for ensuring that all students have an equal opportunity to succeed at school and beyond. Therefore, advocacy for mental health in schools must address the needs and interests of all students. And, given that these needs and interests depend largely on the way school staff function, advocacy for mental health in schools must encompass a focus on staff as well as students.

Needed: A New Advocacy Coalition for the Few AND the Many

Anyone who has done a substantive analysis of what schools do to address psychosocial and mental health concerns can articulate a host of deficiencies. Adequate data are available to make the case that something needs to be done to improve matters.

Those who view mental health in schools through the lens of providing as many specialized clinical services as possible point to the number who are not served and then advocate for more services. A different agenda surfaces when the situation is viewed by those concerned mainly with classroom management and school discipline interventions. And, still other agenda arise when the concern is about promoting youth development, wellness, social and emotional learning, and fostering the emergence of a caring, supportive, and nurturing climate throughout a school.

The different perspectives have led to advocacy for a variety of initiatives, such as Positive Behavior Support, Coordinated School Health, Safe Schools/Healthy Students, Response to Intervention, Early Intervening, social and emotional learning, character education, projects to ameliorate bullying, violence, substance abuse,
pregnancy, dropouts, efforts to enhance school connectedness and student re-engagement, and many more. Each initiative focuses on a major concern; each has a political constituency and a silo of economic support; each has established a niche. And, each has contributed to the piecemeal, ad hoc, and often simplistic approaches that characterize efforts to address problems.

**Support Staff: Time to Awaken the Sleeping Giant**

As we have reported widely, our Center’s policy and program analyses make it clear that student support staff are not appropriately accounted for in school improvement planning and implementation. For the most part, support staff are absent from the tables where school improvement plans and decisions are made. In addition, discussion of the roles and functions of support staff and how they should work together tend not to reflect the context of the type of system building required for comprehensive school improvement.

We have come to think of the collective mass of student support staff as a sleeping giant. And, our reading of literature and politics suggests that sleeping giants often are at risk. Before it is too late, the leadership for student supports must arouse their constituencies.

Student support staff must:

- be more proactive in school improvement planning
- come to planning and decision making tables with sophisticated and detailed analyses of how the school is and is not addressing barriers to learning and teaching
- be prepared to articulate ways for a school to develop a comprehensive system to address such barriers.

Toward these ends, pre- and in-service student support personnel preparation programs and the associations and guilds representing such staff must make these matters a high priority. Implied in all this is the need for accelerated work on defining expanded roles and functions for school support staff. The focus needs to be on:

- delineating general functions for all support staff in developing a comprehensive system of learning supports as a primary and essential component of school improvement
- embedding specialized functions into that context.

And, in coming to school improvement planning and decision making tables, student support staff must place less emphasis on intervention ownership and more on accomplishing desired outcomes through flexible and expanded roles and functions for staff. This recognizes that there are underlying commonalities among a variety of school concerns and intervention strategies. And, it calls for increased cross-disciplinary training and interprofessional education. All this has major implications for changing professional preparation and credentialing.
The Aim is to Transform Student and Learning Supports

Given that many problems experienced by students arise from the same underlying causes, it makes sense not to consider each separately. Indeed, various policy and practice analyses indicate that it is unwise to do so. The complexity of factors interfering with learning and teaching underscore the need to coalesce efforts to address the variety of factors that interfere with a school accomplishing its mission. And, the coalesced efforts must be embedded into the larger agenda for school improvement.

To these ends, we have suggested that four fundamental concerns must be brought to school improvement planning tables. These concerns stress the need to:

(1) **Expand policy** – broadening policy for school improvement to fully integrate, as primary and essential, a comprehensive, multifaceted, and cohesive system for addressing barriers to learning and teaching, with school safety embedded in natural and authentic ways,

(2) **Reframe interventions** in-classrooms and school-wide – unifying the fragmented interventions used to address barriers to learning and teaching and promote healthy development under a framework that can guide development of a comprehensive system at every school,

(3) **Reconceive infrastructure** – reworking the operational and organizational infrastructure for a school, a family of schools, the district, and for school-family-community collaboration with a view to weaving resources together to develop a comprehensive system,

(4) **Rethink the implementation problem** – framing the phases and tasks involved in "getting from here to there" in terms of widespread diffusion of innovations in organized settings that have well-established institutional cultures and systems.

Properly addressed, these are key to transforming the current marginalized and fragmented set of student and learning supports into a comprehensive systemic approach.

Focus on Expanding School Improvement Policy as a Means to Better Practice

If school improvement efforts are to be effective in enabling all students to have an equal opportunity to succeed at school, policymakers must move significantly beyond prevailing thinking. They must revise policy that perpetuates narrow-focused, categorical approaches since such policy is a grossly inadequate response to the many complex factors that interfere with positive development, learning, and teaching. Current policy promotes an orientation that overemphasizes individually prescribed treatment services to the detriment of prevention programs, results in marginalized and fragmented interventions, and undervalues the human and social capital indigenous to every neighborhood. School improvement policy must be expanded to support development of the type of comprehensive, multifaceted, and
cohesive approach that can effectively address barriers to learning and teaching. To do less is to make values such as *We want all children to succeed* and *No child left behind* simply rhetorical statements.

Needed is a fundamental, systemic *transformation* in the ways schools, families, and communities address major barriers to learning and teaching. Such a transformation is essential to enhancing achievement for all, closing the achievement gap, reducing dropouts, and increasing the opportunity for schools to be valued as treasures in their neighborhood.

Given the current state of school resources, the transformation must be accomplished by rethinking and redeploying how existing resources are used and by taking advantage of the natural opportunities at schools for countering problems and promoting personal and social growth. Staff and students need to feel positive about themselves and what they are doing if they are to cope with challenges proactively and effectively. Every school needs to commit to fostering staff and student strengths and creating an atmosphere that encourages mutual support, caring, and sense of community. For example, a welcoming induction and ongoing social support are critical elements both in creating a positive sense of community and in facilitating staff and student school adjustment and performance. School-wide strategies for welcoming and supporting staff, students, and families at school *every day* are part of creating a safe and healthy school – one where staff, students, and families interact positively and identify with the school and its goals.

All this, of course, involves major systemic changes. Such changes require weaving school owned resources and community owned resources together over time at every school in a district. And, it requires addressing the complications stemming from the scale of public education in the U.S.A.

The next decade must mark a turning point for how schools, families, and communities address the problems of children and youth. In particular, the focus must be on initiatives to transform how schools work to prevent and ameliorate the many problems experienced by too many students. There is much work to be done as public schools across the country strive to leave no child behind by meeting the needs of the many as well as the few.
Appendix A

Leadership at a School Site for an Enabling or Learning Supports Component:

Job Descriptions

Given that an Enabling or Learning Supports Component is one of three primary and essential components of a comprehensive school reform model, it is imperative to have designated administrative and staff leadership. These may be specified as the Enabling or Learning Supports Component’s

- **Administrative Lead** – may be an assistant principal, dean, or other leader who regularly sits at administrative and decision making “tables”

- **Staff Lead for Daily Operations** – may be a support service staff member (e.g., a school psychologist, social worker, counselor nurse), a program coordinator, a teacher with special interest in this area.

These leaders, along with other key staff, embody the vision for the Enabling or Learning Supports Component. Their job descriptions should delineate specific functions related to their roles, responsibilities, and accountabilities.

The major functions for these lead personnel involve the following spheres of activity with respect to addressing barriers to student learning and promoting healthy development:

I. Enhancing interventions and related systems within the school

- Coordination and integration of programs/services/systems
- Development of programs/service/systems

II. Enhancing school-community linkages and partnerships through coordination and integration of school-community resources/systems

III. Capacity building (including stakeholder development)
Administrative Lead for an Enabling or Learning Supports Component

For the Enabling or Learning Supports Component to be, in fact, one of three primary and essential components in school improvement, it is imperative to have an administrative leader who spends at least 50% of each day pursuing functions relevant to the Component. This leader must ensure that the school’s governance and advisory bodies and staff have an appropriate appreciation of the Component and account for it in all planning and decision making.

Examples of Specific Job Duties

- Represents the Enabling or Learning Supports Component at the decision making and administrative tables to address policy implementation, budget allocations, operational planning, infrastructure development and maintenance, interface with instruction and governance, information management, development of an effective communication system, development of an effective system for evaluation and accountability with an emphasis on positive accomplishments and quality improvement

- Provides support, guidance, visibility, public relations, and advocacy for the Component at the school and in the community (e.g., maintaining a high level of interest, support, and involvement with respect to the Component)

- Ensures effective communication, coordination, and integration among those involved with the Component and among the three components (i.e., the Enabling/Learning Supports Component, the Instructional Component, and the Management/Governance Component.

- Leads the Component Steering Committee which reviews, guides, and monitors progress and long range plans, problem solves, and acts as a catalyst to keep the Component linked to the Instruction and Management/Governance Components.

- Participates on the Learning Supports Resource Team to facilitate progress related to plans and priorities for the Component.

- Mentors and helps restructure the roles and functions of key Learning Supports staff (e.g., pupil services personnel and others whose roles and functions fall within the arenas of the Component); in particular, helps redefine traditional pupil serve roles and functions in ways that enables them to contribute to all six arenas of the Component.

- Anticipates and identifies problems and provides rapid problem solving (including a focus on morale).

- Identifies capacity building impact and future needs related to the Component (e.g., status of stakeholder development and particularly inservice staff development) and takes steps to ensure that plans are made to meet needs and that an appropriate amount of capacity building is devoted to the Component.

- Meets with the Staff Lead for daily Learning Supports operations on a regular basis to review progress related to the Components and to discuss and advocate for ways to enhance progress.
Staff Lead for Daily Operations of an Enabling or Learning Supports Component

The staff lead works under the direct supervision of the school’s Administrative Lead for the Component. The job entails working with staff and community resources to develop, over time, a full array of programs and services to address barriers to student learning and promote healthy development by melding school, community, and home resources together. Moreover, it involves doing so in a way that ensures programs are fully integrated with each other and with the Instructional and Management/Governance Components at the school.

The essence of the staff lead’s day-by-day functions is to be responsible and accountable for ongoing progress in developing a comprehensive, multifaceted, and integrated approach to addressing barriers to student learning and promoting healthy development. This encompasses systems related to (a) a full continuum of interventions ranging from primary prevention through early intervention to treatment of serious problems and (b) programs and services in all content arenas of an Enabling or Learning Supports Component. (Note: The arenas have been delineated as: 1) enhancing regular classroom strategies to enable learning, 2) providing support for the many transitions experienced by students and families, 3) increasing home and school connections, 4) responding to and preventing crises, 5) facilitating student and family access to effective services and special assistance as needed, and 6) expanding community involvement and support.)

Examples of Specific job duties:

• Has daily responsibility to advance the agenda for the Component; carries out daily tasks involved in enhancing the Component; ensures that system and program activity is operating effectively; provides daily problem-solving related to systems and programs.

• Organizes and coaches the Learning Supports Resource Team and its various work groups.

• Monitors progress related to plans and priorities formulated by for the Component.

• Monitors current Component programs to ensure they are functioning well and takes steps to improve their functioning and ongoing development (e.g., ensuring program availability, access, and effectiveness).

• Participates in the Leadership Group to contribute to efforts for reviewing, guiding, and monitoring progress and long range plans, problem solving, and effectively linking with the Instructional and Management/Governance Components.

• Provides support, guidance, visibility, public relations, and advocacy for the Component at the school and in the community (e.g., maintaining a high level of interest, support, and involvement with respect to the component.

• Supports capacity building for all stakeholders (staff, family members, community members).

• Ensures all new students, families, and staff are provided with a welcome and orientation to the school and the activities related to addressing barriers to learning and promoting healthy development.

• Coordinates activity taking place in the Family Center (where one is in operation).
• Ensures effective communication, coordination, and integration among those involved with the Component and with the Instructional and Management/Governance Components

• Anticipates and identifies problems and provides rapid problem solving (including a focus on morale).

• Acts as the liaison between the school and other entities (e.g., community resources) who work with the site related to enabling activity.

• Ensures that the activities of other entities (e.g., community resources) who work with the site related to addressing barriers to learning and promoting healthy development operate under the umbrella of the Component and are well-coordinated and integrated with daily activities.

• Meets with the Administrative Lead for the Component on a regular basis to discuss and advocate for ways to enhance progress.

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Examples of Generic Criteria for Evaluating Performance for this Position

I. Related to interventions to enhance systems within schools

   A. Coordinates and integrates programs/services/systems (e.g., demonstrates the ability to plan, implement, and evaluate mechanisms for collaborating with colleagues to ensure activities are carried out in the most equitable and cost-effective manner consistent with legal and ethical standards for practice – examples of mechanisms include case-oriented teams; resource-oriented teams; consultation, coaching and mentoring mechanisms; triage, referral, and care monitoring systems; crisis teams).

   B. Facilitates development of programs/services/systems (e.g., demonstrates the ability to enhance development of a comprehensive, multifaceted, and integrated continuum of interventions for equitably addressing barriers to learning and promoting healthy development; works effectively to bring others together to improve existing interventions and to fill gaps related to needed prevention programs, early-after-onset interventions, and specialized assistance for students and families)

II. Related to interventions to enhance school-community linkages and partnerships

   Coordinates and integrates school-community resources/systems (e.g., demonstrates the ability to plan, implement, and evaluate mechanisms for collaborating with community entities; facilitates weaving together of school and community resources and systems to enhance current activity; enhances development of a comprehensive, multifaceted, and integrated continuum of interventions for a diverse range of students and their families)

III. Related to capacity building

   Supervises professionals-in-training; facilitates welcoming, orientation, and induction of new staff, families, and students; represents component in planning arenas where budget, space, and other capacity building matters are decided (e.g., demonstrates the ability to coach, mentor, and supervise professional-in-training; provides orientation to the Learning Support component for newly hired personnel; ensures effective support for transitions of all newcomers)
Appendix B

Recommendations for Changes in the ESEA to Move Forward

To: Congressmembers Miller and McKeon

From: Howard Adelman & Linda Taylor, Co-Directers
Center for Mental Health in Schools at UCLA
(a national policy and practice analysis center)

Thank you for the opportunity to offer revisions for reauthorizing the ESEA.

Our national Center at UCLA has done several policy and practice analyses of the No Child Left Behind Act focusing specifically on deficiencies related to school improvement efforts for addressing barriers to learning and teaching.

In reporting findings, we have stressed that the upcoming reauthorization provides an opportunity to correct significant deficiencies related to this critical matter. Specifically, additions are needed to Title I that go to the core of enabling all students to have an equal opportunity to succeed at school. These additions call for the promotion of a systematic focus on learning supports to address barriers to learning and teaching. (In the current act, such barriers are referred to as “major factors that have significantly affected the academic achievement of students.”)

The proposed additions emphasize promoting the development of a comprehensive and systemic learning supports component in all schools. This is to be accomplished through reframing and redeploying existing personnel and programmatic resources and through enhanced connections with community resources. (Thus, additional appropriations are not an issue.)

The immediate objective is to provide guidance to schools for strategically addressing barriers to learning and teaching and for ending the tendency to generate learning supports in an ad hoc, piecemeal and fragmented manner. The longer-term aim is to create a comprehensive and cohesive system of learning supports in all schools based on defined standards and with specific accountability indicators.

As per the Committee’s invitation, below are examples of page and line numbers to which we suggest additions.

It is proposed that the following additions be made to Title I.

Note: For the most part, only sections affected are included below; the proposed added text is underlined.

While the draft version we received did not address the Statement of Purpose (SEC. 1001 in the NCLBA), we need to start there to be certain that the critical need for a System of Learning Supports to address barriers to learning and teaching is accounted for from the onset.

SEC. 1001. Statement of Purpose

New (6) enabling all students to have an equal opportunity to succeed at school through promoting development of a comprehensive, multifaceted, and cohesive system of learning supports at schools;

App. B- 1
providing greater decision-making authority and flexibility to schools, teachers, and learning supports staff in exchange for greater responsibility for student performance;

promoting schoolwide reform and ensuring the access of children to effective, scientifically based instructional strategies, and challenging academic content, and learning supports;

significantly elevating the quality of instruction and learning supports by providing staff in participating schools with substantial opportunities for professional development;

coordinating and integrating programs and services under all parts of this title with each other, with other educational services, and, to the extent feasible, with other agencies providing services to serving youth, children, and families;

SEC. 1005 –
On page 6, line 23 ‘‘SEC. 1005. STATE COORDINATION OF SERVICES.

The terms “Coordination” and “services” are ambiguous and have limited the focus of what needs to be done. We suggest changing to
STATE COORDINATION AND INTEGRATION OF LEARNING SUPPORTS

On page 8, lines 3-11, expand number (7) and include (8) and modify and renumber (9) as a new (8)

(7) to support collaborative partnerships among schools, families, and community resources to promote (a) coordination and integration of programs and services under all parts of this title with each other, with other educational services, and, to the extent feasible, with other agencies serving youth, children, and families and (b) development of a comprehensive, multifaceted, and cohesive system of learning supports at schools;

(8) to evaluate educational and learning supports programs and supplemental educational service providers funded under this Act.”.

SEC. 1006 p. 20, lines 3-14, revise as follows:

(C) developing a comprehensive system of learning supports to meet students’ academic and nonacademic needs by addressing barriers to learning and teaching; such a system must encompass a wide range of supports for transitions, including the transition from elementary to middle and middle to secondary school;

(D) supporting collaborative partnerships among schools, families, and community resources to promote (a) coordination and integration of programs and services under all parts of this title with each other, with other educational services, and, to the extent feasible, with other agencies serving youth, children, and families and (b) development of a comprehensive, multifaceted, and cohesive system of learning supports at schools; and

(E) providing professional development to teachers, principals, and specialized instructional support personnel, and learning supports staff to support the activities described in subparagraphs (A)
through (D).

SEC. 102 – Subpart 1 – Basic Program Requirements

SEC. 1111 STATE PLANS
On page 22, lines 13 and 14
(b) ACADEMIC STANDARDS, ACADEMIC ASSESSMENTS, LEARNING SUPPORTS, AND ACCOUNTABILITY

On page 88, lines 22-25 and on page 89, lines 1-9:
(12) FACTORS AFFECTING STUDENT ACHIEVEMENT – Each State plan shall include an assessment non-academic factors interfering with student achievement and an assurance that the State educational agency will

(A) promote development of a standards-based comprehensive, multifaceted, and cohesive system of learning supports at schools through

(i) developing a nonregulatory guidance document for the establishment of a school Learning Supports Component;
(ii) providing ongoing technical assistance, leadership training, and other capacity building supports;
(iii) developing aids for districts and schools to rethink the roles of pupil services personnel and other student support staff;
(iv) developing aids for reframing infrastructure mechanisms at school and district levels and with public and private community resources to appropriately pursue development of a comprehensive learning support system. Such aids will clarify effective mechanisms for

(I) assisting individuals and families with family decision-making and timely coordinated, and monitored referrals to school and community services when indicated;
(II) an administrative leader, student support staff, and other stakeholders to work collaboratively at each school and at the district level with a focus on resources in order to minimize duplication and fragmentation of learning supports and strengthen the Learning Supports Component;
(III) responding to, minimizing the psychosocial impact of, and, if feasible, preventing crises;
(IV) capacity building and regular support for all stakeholders involved in addressing barriers to learning and promoting healthy development;
(V) ensuring evaluation and accountability for a school’s Learning Supports Component;
(VI) minimizing duplication and fragmentation of learning supports when working with other schools and agencies.
(v) ensuring that Learning Supports are integrated within the organization of the State education agency in a manner that reflects the organization at school and district levels;
(vi) including an assessment of learning supports systems in all school review guidance documents and accountability reports. Such an assessment should focus on specific and directly relevant indicators of the impact of a school’s Learning Supports Component, such as

(I) increases in student attendance;
(II) increases in academic engagement and performance;
(III) increase in family involvement with student and school;
(IV) reductions in tardies;
(V) reductions in misbehavior;
(VI) reductions in bullying and sexual harassment;
(VII) fewer inappropriate referrals for specialized assistance and special education;
(VIII) fewer student pregnancies;
(IX) fewer suspensions and dropouts.

(B) coordinate and collaborate, to the extent feasible and necessary as determined by the State education agency, with agencies serving children, youth, and families within the State that are identified under section ____ and that request assistance with addressing major factors that have significantly affected the academic achievement of students in the local education agency or schools served by such agency.

SEC. 1112. LOCAL EDUCATIONAL AGENCY PLANS.

(a) PLAN PROVISIONS -

(1) IN GENERAL -

On page 121 starting on line 11 and following:

(E) a description of the strategy the local educational agency will use to coordinate programs under this part with programs under title II to provide professional development for teachers and principals and learning supports staff, and, if appropriate, specialized instructional support personnel, administrators, parents, and other staff, including local educational agency level staff in accordance with sections 1118 and 1119;

(F) a description of how the local educational agency will coordinate and integrate programs and services provided under this part with other educational services and learning supports at the local educational agency or individual school level, such as –

(i) Even Start, Head Start, Reading First, Early Reading First, and other preschool programs, including plans for the joint professional development in child development and learning of children below grade four for continuity of learning in such programs to local elementary school programs; and

(ii) services for English language learners including programs under title III, children with disabilities, including early intervening services as defined in section 613(f) of the Individuals with Disabilities Education Act, migratory children, neglected or delinquent youth, Indian children served under part A of title VII, homeless children, and immigrant children in order to increase program effectiveness, eliminate duplication, and reduce fragmentation of the instructional program;
(iii) a cohesive Learning Supports Component the scope of which covers a school-community continuum of interconnected intervention systems for

(I) promoting healthy development and preventing problems;
(II) intervening early to address problems as soon after onset as is feasible;
(III) assisting those who have chronic and severe problems.

(iv) a cohesive Learning Supports Component the content of which at each system level encompasses

(I) enhancing the capacity of teachers to address learning, behavior, and emotional problems within the context of the classroom, engage and re-engage pupils in classroom learning, and foster social, emotional, intellectual, and behavioral development. This would include an emphasis on inservice education. Examples of interventions include:

(aa) addressing a greater range of pupil problems within the classroom through an increased emphasis on strategies for positive social and emotional development, problem prevention, and accommodation of differences in the motivation and capabilities of pupils;

(bb) classroom management that emphasizes re-engagement of pupils in classroom learning and minimizes over-reliance on social control strategies;

(cc) collaboration with pupil support staff and family (or others involved in home care) in providing additional assistance to foster enhanced responsibility, problem solving, resilience, and effective engagement in classroom learning;

(dd) use of broadly conceived “Response to Intervention” strategies and “prereferral interventions to minimize unnecessary referrals for special services and special education;

(II) enhancing the capacity of schools to handle transition concerns confronting pupils and their families. The emphasis is on ensuring that systematic interventions are established to provide supports for the many transitions students, their families, and school staff encounter. Examples include:

(aa) welcoming and social support programs for newcomers;

(bb) before, during, and afterschool programs to enrich learning, promote healthy development, and provide safe recreation;

(cc) articulation programs to support grade transitions;

(dd) addressing transition concerns related to vulnerable populations, including, but not limited to, those in homeless education, migrant education, and special education programs;

(ee) vocational and college counseling and school-to-career programs;

(ff) support in moving to postschool living and work;
(gg) outreach programs to re-engage truants and dropouts in learning;

(III) responding to, minimizing the psychosocial impact of, and preventing crisis. The emphasis is on ensuring that systematic interventions are established for emergency, crisis, and follow-up responses and for preventing crises at a school and throughout a complex of schools. Examples include:

(aa) establishment of a crisis team to ensure immediate response when emergencies arise, and to provide aftermath assistance as necessary and appropriate so that pupils are not unduly delayed in re-engaging in learning;

(bb) schoolwide and school-linked prevention programs to enhance safety at school and to reduce violence, bullying, harassment, abuse, and other threats to safety in order to ensure a supportive and productive learning environment;

(cc) classroom curriculum approaches focused on preventing crisis events, including, but not limited to, violence, suicide, and physical or sexual abuse;

(IV) enhancing home/family system involvement. The emphasis is on ensuring there are systematic interventions and contexts at school that are designed to lead to greater involvement that supports student progress with respect to addressing learning, behavior, and emotional problems and promotes healthy development. Examples include:

(aa) interventions that address specific needs of the caretakers of a pupil, including, but not limited to, providing ways for them to enhance literacy and job skills and meet their basic obligations to the children in their care;

(bb) interventions for outreaching and re-engaging homes/family systems that have disengaged from school involvement;

(cc) improved systems for communication and connection between home and school;

(dd) improved systems for home/family involvement in decisions and problem solving affecting the student;

(ee) enhanced strategies for engaging the home/family systems in supporting the basic learning and development of their children to prevent or at least minimize learning, behavior, and emotional problems;

(V) outreaching to the community in order to build linkages. The emphasize is on ensuring that there are systematic interventions to provide outreach to and engage strategically with public and private community resources to support learning at school of students with learning, behavior, and emotional problems. Examples include:

(aa) training, screening, and maintaining volunteers and mentors to assist school staff in enhancing pupil motivation and capability for school learning;

(bb) job shadowing and service learning programs to enhance the expectations of pupils for postgraduation opportunities;

(cc) enhancing limited school resources through linkages with community
resources, including, but not limited to, libraries, recreational facilities, and postsecondary education institutions;

(dd) Enhancing community and school connections to heighten a sense of community and develop and benefit from social capital;

(VI) providing special assistance for pupils and families as necessary. The emphasis is on ensuring that there are systems and programs established to provide or connect with direct services when necessary to address barriers to the learning of pupils at school. Examples include:

(aa) special assistance for teachers in addressing the problems of specific individuals;

(bb) processing requests and referrals for special assistance, including, but not limited to, counseling or special education;

(cc) ensuring effective case and resource management when pupils are receiving direct services;

(dd) connecting with community service providers to fill gaps in school services and enhance access for referrals.

(G) - (0)

On page 125, line 22
(P) a description of the actions the local educational agency will take to implement extended learning time, public school choice, and learning supports and supplemental services, consistent with the requirements of section 1116;

On page 155, lines 1-16 – align with the proposed changes for Sec. 1112.

On page 156, line 4,
learning supports staff, and paraprofessionals

On page 165, lines 23 & 24 and page 166, lines 1 & 2
(C) use effective methods and instructional strategies that are based on scientifically valid research that strengthens the core academic and learning supports program of the school and that—
(then items i-iv need revision to align with the proposed changes for Sec. 1112)

On page 167, lines 9-10,
principals, learning supports staff, and paraprofessionals

SEC. 1116. SCHOOL AND LOCAL EDUCATIONAL AGENCY IMPROVEMENT AND ASSISTANCE.
As the above specific changes indicate, throughout this section there needs to be greater attention to helping schools attend to (a) development of a system of learning supports to address barriers to learning and teaching and (b) the professional development of learning supports staff.

On pages 212 and following dealing with Supplemental Educational Services either need to make this LEARNING SUPPORTS AND SUPPLEMENTAL EDUCATIONAL SERVICES or add a separate section to ensure a strong focus on (a) development of a system of learning supports to address barriers to learning and teaching and (b) the professional development of learning supports staff.

For example: (1) IN GENERAL.—In the case of any school designated in subsection (d)(4)(B) or (D) as a High Priority School, the local educational agency shall arrange for the enhancement of its System of Learning Supports.

As the above specific changes indicate, throughout the following sections there needs to be greater attention to helping schools attend to (a) development of a system of learning supports to address barriers to learning and teaching and (b) the professional development of learning supports staff.