
Embedding Mental Health as Schools Change

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(Draft distributed for feedback)

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To facilitate efforts to address barriers to learning, this resources is freely accessible online.
<http://smhp.psych.ucla.edu/pdfdocs/barriersbook.pdf>

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Preface

During the COVID-19 crisis and the renewed protests about racial injustice, widespread statements have appeared anticipating the growing number of learning, behavior, and emotional problems schools would confront. Concern for mental health has grown exponentially. How schools plan to address these matters remains a marginalized discussion.

In the past, many well intentioned initiatives and policy reports focused on expanding mental health services in schools. But schools in most locales never had the resources to scale-up the type of clinical approach usually advocated. And with tightening budgets, the situation is worse today.

The challenge at this time is to escape old ways of thinking about mental health in schools. New directions are needed.

A promising new direction is to ensure mental health concerns are fully embedded in efforts to *transform* how schools address barriers to learning and teaching and re-engage disconnected students. Pursuing such a transformation calls for innovative, big picture thinking about revamping available student and learning supports.

The aim of the transformation is to respond effectively in-classrooms and schoolwide (and, as appropriate, online) to the overlapping emotional, behavior, and learning problems that interfere with the best teaching practices. The intent is to help all students who are not doing well and enhance equity of opportunity for success at school and beyond.

Before the pandemic, we laid out prototypes for reframing and reorganizing student and learning supports. These are included online in two free and accessible books:

>*Improving School Improvement*

http://smhp.psych.ucla.edu/improving_school_improvement.html

>*Addressing Barriers to Learning: In the Classroom and Schoolwide*

http://smhp.psych.ucla.edu/improving_school_improvement.html

The prototypes provide blueprints for adapting current policy and practices to unify and weave together available resources and rework the operational infrastructure at schools and districts. We have incorporated the prototypes into this book to clarify how they apply to embedding mental health into a unified, comprehensive, and equitable system of student/learning supports. In the process, we highlight the type of new directions that are fundamental to effectively promoting whole child development, improving school climate, and enhancing equity of opportunity for all students to succeed at school.

The ambitious agenda for change discussed requires the attention of all who have a stake in public education. Therefore, our intended audience is quite broad (e.g., field leaders, administrators, student support staff, teachers, other practitioners, researchers, those involved in personnel preparation, and policy makers).

As always, we owe many folks for the contents of this work. Many of these are reflected in the references cited at the end.

We thank everyone for their contribution, and of course, we take full responsibility for any misinterpretations and errors.

Howard Adelman & Linda Taylor*

*Over the years, we have pursued the advancement of mental health in schools by focusing on fully embedding the efforts into school improvement policy, planning, and practice. Since 1986, our work has been carried out under the auspices of the *School Mental Health Project* at UCLA, and since 1995, our efforts have been pursued as a national Center.

Initially, the Center was named the *Center for Mental Health in Schools*; in 2017, to more fully underscore the breadth of the work, the Center name was expanded to *Center for MH in Schools & Student/Learning Supports*. One facet of the Center's work is designed to facilitate discussion of issues, write and share policy and practice analyses and recommendations, and develop prototypes for new directions. Another facet provides guides to and resources for practice. Readers who want to drill deeper into the many topics covered in this book can turn to the growing body of resources available at no cost on the Center's website – <http://smhp.psych.ucla.edu/> .

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Introduction

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

As school re-open with and without online instruction, each day offers a variety of opportunities and challenges. The challenges include the many psychosocial and health problems that can affect learning and performance in profound ways. And the challenges are exacerbated as students internalize the debilitating effects of performing poorly at school.

All this has long been understood. In response, schools have provided a range of supports to address students' learning, behavior, and emotional problems. For example, with respect to mental health, researchers have reported that three-fourths of children receiving mental health services were seen in the education sector. Still, while schools see the need to deal with mental health problems to the degree feasible, it is not a priority unless a student is diagnosed for special education.

Anyone who has spent time in schools can itemize the multifaceted mental health and psychosocial concerns that warrant attention. Around the world, many stakeholders are determined to enhance how schools address mental health and psychosocial concerns. For some, this includes promoting mental *health* and prevention of problems.

The growing interest makes this a critical period for moving forward. For those committed to advancing mental health in schools, the question is:

How should our society's schools address these matters?

The answers put forward tend to reflect different agenda. For example, agencies and advocates whose mission is to improve mental health *services* see schools as a venue for enhancing access and meeting the needs of children (and their families). School professionals, however, want schools to do more about addressing mental health concerns to minimize problems at school and enhance student performance.

At the same time, school policy makers are quick to point out that education is the mission of schools. This limits what schools can do with respect to mental health and other societal concerns. They agree that healthier students learn and perform better, but they are constrained by sparse resources and the emphasis in school accountability to quickly raise achievement test scores.

Nevertheless, as the Carnegie Council Task Force on Education of Young Adolescents states:

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.

In response to the prevailing state of affairs, the Policy Leadership Cadre for Mental Health in Schools in 2001 stressed that advancing mental health in schools is about much more than expanding services and creating full-service schools. Rather, the aim is to embed a full range of mental health concerns into a comprehensive, multifaceted, systemic approach that enables schools to play a significant role in addressing barriers to learning and teaching and re-engaging disconnected students. Such an approach must encompass promoting mental *health*, preventing problems, responding quickly when problems appear, and playing a role in serving those students who have chronic, severe problems.

In moving forward, stakeholders concerned with enhancing a focus on mental health in schools would be wise to 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. Based on such understanding, they will be in a better position to clarify how agenda items for mental health in schools can help accomplish that mission. Of particular importance is how proposed approaches

help meet the demand for improving schools, reducing dropout rates, closing the opportunity and achievement gaps, and addressing racial, ethnic, disability, and socioeconomic disparities.

Unfortunately, the COVID-19 pandemic and the pandemic of racial injustices are increasing the opportunity gap, and this will increase the achievement gap. Some students are not thriving under current conditions, and those students who have not done well in school previously are falling further behind. Distance learning has taken its toll on students and their families and on school professionals and their families. There is no way that business as usual can be sufficient as schools re-open. If education professionals fail to take time to plan innovatively, the number of dropouts and the related personal and societal costs will exacerbate the health and economic consequences.

Our aim in what follows is to clarify the need for and ways to fully embed mental health concerns into a school's mission. Our research indicates that this will require transforming existing approaches to providing student and learning supports. To aid such a transformation, this book provides broad frameworks and synthesizes a wide range of available information and scholarship.

- Parts I and II reflect briefly on what schools have been doing about matters related to mental health. While we highlight system deficiencies and concerns, we know that the work is carried out by professionals who strive each day to ensure the well-being of students.
- In discussing new directions, Part III emphasizes transforming how schools address barriers to learning and teaching and re-engage disconnected students. This includes embedding mental health concerns into a unified, comprehensive, and equitable system of student/learning supports.
- Part IV organizes classroom and school-wide student/learning supports into six domains of common-purpose interventions.
- Part V stresses what is involved in transforming student/learning supports, focusing on facilitating sustainable systemic change.

Equity of opportunity is fundamental to enabling civil rights;
transforming student and learning supports is fundamental to
promoting whole child development, advancing social justice,
and enhancing learning and a positive school climate.

Part I: About Mental Health in Schools

School policy makers have a lengthy (albeit somewhat limited) history of trying to address mental health concerns. Prominent examples are seen in the range of counseling, psychological, and social service programs schools provide.

In addition, over the past 30 years renewed efforts have been made to increase linkages between schools and community service agencies. This "school-linked services" agenda has added impetus to advocacy for mental health in schools.

More recently, advocacy for school-linked services has merged with forces working to enhance community schools, youth development, and the preparation of healthy and productive citizens and workers. The merger has expanded interest in social-emotional learning and protective factors as avenues to increase students' assets and resiliency and reduce risk factors.

All the activity has produced a variety of policies and initiatives. Some directly support school programs and personnel; others connect community programs and personnel with schools. Programs have been developed for purposes of early intervention, crisis intervention and prevention, treatment, and promotion of positive social and emotional development. As a result, most schools have some programs to address a range of mental health and psychosocial concerns (e.g., school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, violence.) This is why schools are seen as the main providers of mental health services for youngsters.

Part I discusses what schools have and can do to address mental health concerns.

>Chapters 1 and 2 highlight some history, data on the problems students experience, definitions, diagnostic bias, and current advocacy and practices.

>Chapter 3 focuses on promotion of mental *health* at school.

>Chapters 4 and 5 explore what schools can offer in terms of mental health assistance.

All of this is a preamble for understanding why and how mental health interventions in schools can be improved by embedding them into the broader concept of addressing barriers to learning and teaching.

1. Mental Health: Why Schools are Involved

Is the focus on mental illness, mental health, or both?

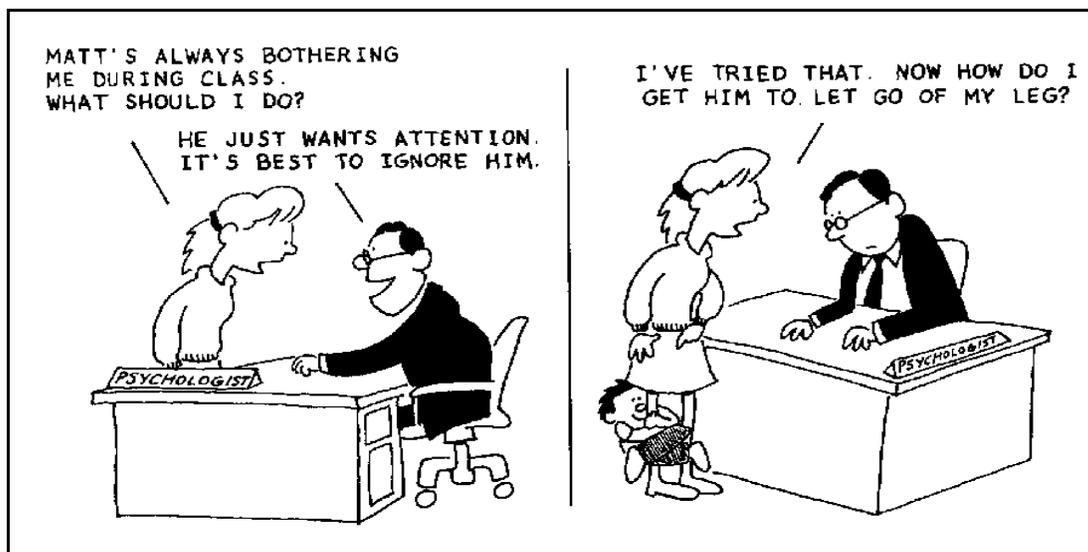
How it Started

Health and Social Services at Schools
Frequent Calls for Collaboration
School Professionals Have Led the Way

Data on the Problems Students Experience

Understanding the Concept of “Mental Health” *in Schools*

Mental *Health* or Mental *Illness*?
Mental Health in Schools: A Broad Concept



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, evaluation, and improvement?

A brief overview of the past and present related to mental health in schools provides a logical jumping off place and a good foundation for advancing the field.

How it Started

One policy benchmark appeared in 1964 when the National Institute of Mental Health (NIMH) increased the focus on mental health in schools by publishing a major monograph on the topic by Lambert, Bower, and Caplan. Another landmark occurred in 1972 when the U.S. Office of Education and NIMH published *Mental Health and Learning*. Since then, many initiatives and various agenda have emerged – including efforts to expand clinical services in schools, develop new programs for “at risk” groups, increase prevention programs, and promote social-emotional development.

Health and Social Services at Schools

Over the past 40 years, health and social service agencies have wrestled with ways to improve access to their clientele. One strategy has been to link-up with schools, including co-location of services on school sites. This "school-linked services" movement added impetus to advocacy for mental health in schools and promoted development of school-based health centers, school-based family resource centers, wellness centers, after school programs, and other efforts to connect community resources to the schools.

Many advocates for school-linked services have coalesced their efforts with those working to enhance initiatives for youth development, community schools, public health, and vocational preparation. These coalitions have expanded interest in social-emotional learning and protective factors as ways to increase students' assets and resiliency and reduce risk factors. However, the amount of actual mental health activity in schools generated by these efforts remains relatively circumscribed.

With a view to advancing the work in schools, the U.S. Department of Health and Human Services in the mid 1990s established the Mental Health in Schools Program. The program provided initial funding for two national centers: our Center for Mental Health in Schools at UCLA (recently renamed the Center for MH in Schools & Student/Learning Supports) and a center at the University of Maryland, Baltimore. The emphasis of the two centers has been on increasing the capacity of policymakers, administrators, school personnel, primary care health providers, MH specialists, agency staff, consumers, and other stakeholders to enhance how schools and communities address psychosocial and mental health concerns.

Other federal initiatives have promoted mental health in schools through programs, projects, and initiatives supported by various agencies. Besides the U.S. Department of Education's support for safe schools and special education, and some of the school improvement initiatives under the Every

Student Succeeds Act, a smattering of other activity has been supported by agencies such as the Substance Abuse and Mental Health Services Administration (SAMHSA), the U.S. Department of Justice, and the Center for Disease Control and Prevention. (Note: All federal programs related to MH in schools are subject to significant shifts with political changes and economic downturns.)

In recent years, a growing number of states have pursued projects and initiatives with varying agenda related to mental health in schools. And some states have passed legislation.

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*.

In 2013, the World Health Organization (WHO) issued a *Comprehensive mental health action plan 2013–2020* (http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1).

In 2020, the COVID-19 crisis and school closures produced widespread concern about students' mental health. One immediate reaction was for school psychologists, counselors, social workers, and School Based Health Centers to add telehealth to school mental health activity.

Frequent Calls for Collaboration

For some time, efforts have been made to enhance collaboration among those involved with mental health in schools. A notable example was the *Policymaker Partnership*. In 2000, this group met at a meeting of the National Association of State Directors of Special Education and the National Association of State Mental Health Program Directors. The focus was on how the two associations could collaborate to promote closer working relations between state mental health and education agencies, schools and family organizations. This led, in 2002, to a 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 with the broad intent 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 focused on needed policy development and changes to move toward systemic coordination and integration of programs and services. The aim was 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 stressed:

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.

While the Policymaker Partnership came to a close at the end of 2016, over its 15 years of operation, national organizations did some work together on issues and on documents that reflect a variety of concerns relevant to mental health in schools.

A Unique Example of a Contract Between a School District and a County MH Agency

In 1993, the Los Angeles Unified School District entered into an interagency contract (the first of its kind in the country) with the L.A. County Department of Mental Health. The contract created a blended funding agreement allowing the districts school mental health clinics to become a provider for Medi-Cal certified out-patient mental health services. The contract was for a total \$640,000 for the 1993 fiscal year, with 8 full-time equivalent (FTE) PSWs and psychiatric nurses serving students. ... In 2014, the contract increased nearly tenfold, from \$640,000 to \$6.3 million dollars, with over 60 FTE PSWs, clinical psychologists, and child psychiatrists serving students and families. The contract provides reimbursement dollars from an array of federal and state dollars.

The COVID-19 crisis generated a broader recognition of the necessity for collaboration among societies' agencies. With respect to young people, a renewed interest arose for establishing Children's Cabinets. This type of collaborative body brings agencies from inside and outside of government together to focus on the well-being, development, and education of young people.

As described by Paul Reville:

Children's Cabinets are not only a huge asset for communities in addressing the current emergency plaguing the world, but that they present a viable, permanent model for structuring community action in service of equitable outcomes for all children. These Cabinets typically operate in the following way:

- Map out an ideal cradle-to-career pipeline designed to assure the success of their young people.
- Conduct a gap analysis: What's missing? Where do services, supports, and opportunities fall short in their communities?
- Identify available and potential assets to fill those gaps.
- Select and implement strategies for closing the gaps, points of entry for building a stronger children's system like more access to high-quality early childhood education or more access to mental health counseling.

We discuss collaboration in more detail in subsequent chapters.

School Professionals Have Led the Way

Unquestionably, the most widespread activity related to mental health in schools has been carried out by school staff described variously as student support staff, pupil services personnel, and specialists. With passage of the Every Student Succeeds Act (ESSA), pupil services personnel were renamed "specialized instructional support personnel."

School professionals who play a role related to mental health include counselors, psychologists, social workers, nurses, special education staff, resource teachers, and various other therapists, as

well as regular classroom teachers and some paraprofessionals. In 2007 the *School Health Policies and Program Study* (SHPPS) conducted by a unit of the Center for Disease Control and Prevention (CDC) gathered data on a segment of these personnel from 51 state departments of education (538 school districts, 1,103 schools). Findings for specialist support staff indicated 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.

Current estimates are that there are 32,300 school psychologists – one for every 1,381 students. Most serve more than one school. Estimates indicate there are about 111,000 school counselors – an average of one for every 482 students. (Nearly 90 percent of districts report employing at least one school counselor.) Only about one third of districts nationwide require a school to have a full-time school nurse.

The most recent CDC report collected data from a stratified random sample of public school districts (SHPPS, 2016). Not surprisingly, the survey found the percentage of districts requiring schools to offer specific services varied widely by type of service. In contrast to findings from 2000, collaboration significantly improved among district-level staff providing counseling, psychological, and social services, the percentage of districts that had someone to oversee and coordinate counseling, psychological, or social services in the district also increased.

As a result of COVID -19, schools recognize an increased need for student support staff (e.g., frequently cited are nurses and counselors). At the same time, budget cuts target such personnel for lay-offs.

Data on the Problems Students Experience

Available data underscore an urgent need for addressing the mental health of children and adolescents. Commonly cited figures for 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.

For a recent set of data from the Centers for Disease Control and Prevention (CDC), see Exhibit 1 at <http://smhp.psych.ucla.edu/pdfdocs/cdcddata.pdf>.

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 deemed “at risk”. The reality for too many large urban schools is that well-over 50% of their students manifest significant behavior, learning, and emotional problems. For a large proportion of these youngsters, the problems are rooted in the restricted opportunities, racial injustice, and difficult living conditions associated with poverty. Almost every current policy discussion stresses the crisis nature surrounding growing-up in poverty in terms of future health and economic implications for individuals and for society; the consistent call is for major systemic reforms.

It is noteworthy that school employees recently also have become a mental health focus. A CDC survey found “a significant increase since 2006 in the percentage of districts that require each school to have someone oversee or coordinate employee wellness programs, as well as in the percentage that provided funding for health risk appraisals or offered health risk appraisals for employees” (SHPPS, 2016). The report concludes, however, that “despite these positive changes, the prevalence of this requirement and this practice remain low. And, of course, there is considerable variation state-by-state.”

Concerns About Diagnostic Bias

Not surprisingly, debates about diagnostically labeling young people tend to be heated. There is concern that “everyday” emotional and behavioral problems too often are seen as “symptoms,” designated as disorders, and assigned formal psychiatric diagnoses. Besides the fact that differential *diagnosis* is a difficult process fraught with complex issues, the trend to move quickly to assigning a diagnostic label may reflect a bias for attributing people’s problems to internal pathological conditions. The prevailing comprehensive formal systems used to classify problems in human functioning collude with such a bias. The problem is well-illustrated by the widely-used *Diagnostic and Statistical Manual of Mental Disorders – DSM-5* published by the American Psychiatric Association and revised most recently in 2013 with an updated supplement in 2018.

The concern for diagnostic bias has generated some efforts to frame pathology as a vulnerability that only becomes evident under stress. Most differential diagnoses of children’s problems, however, continue to focus 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 reality is that 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 personal pathology constitute a relatively small group.

Biases in definition that overemphasize an individual’s internal pathology narrow what is done to classify and assess problems. The bias is compounded by the lack of a comprehensive classification system for environmentally caused problems or for psychosocial problems (caused by the transaction of internal and environmental factors).

The overemphasis on classifying problems in terms of personal pathology has skewed theory, research, practice, and public policy. The narrow focus has limited discussions of cause, diagnosis, and intervention strategies, especially efforts to prevent and intervene early after onset.

The need to address a wider range of variables in labeling problems is clearly seen in efforts to develop multifaceted systems. An example 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 in 1996 and prepared by Wolraich, Felice, and Drotar. 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.

So caution is needed. 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 diagnose 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. Current policy and practice suggest that the way to reduce misdiagnoses and misprescriptions is to place mental illness in perspective with respect to psychosocial problems and to broadly define mental health to encompass the promotion of social and emotional development and learning. Schools are being asked to play a major role in all this through strategies such as using “response to intervention” prior to diagnosis (discussed in subsequent chapters).

Throughout this book we emphasize the importance of understanding children’s problems in terms of reciprocal determinism (i.e., person-environment transactions).

Understanding the Concept of “Mental Health” *in Schools*

Mental health is a fundamental and compelling societal concern. From both the perspective of promoting positive well-being and minimizing the scope of mental and physical 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.

Mental *Health* or Mental *Illness*?

The trend toward overusing psychiatric labels reflects the widespread tendency to reduce the topic of mental health 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 simply as the absence of problems, and there is a lack of emphasis on the enterprise of promoting positive social and emotional development. This is unfortunate given that the problems experienced by most youngsters are not due to psychopathology but stem from psychosocial factors (e.g., socio-cultural and economic conditions) and often can be countered through promotion and prevention.

Over the years, considerable attention has been paid to providing a fuller definition. For example:

- SAMHSA’s Center for Mental Health Services’ glossary of children’s mental health terms defines mental health 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; the term mental disorders is described as another designation for mental health problems. (The term mental illness was reserved for severe mental health problems in adults).
- The federal Department of Health and Human Services states: “Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood.
Over the course of your life, if you experience mental health problems, your thinking, mood, and behavior could be affected. Many factors contribute to mental health problems, including (a) biological factors, such as genes or brain chemistry, (b) life experiences, such as trauma or abuse, (c) family history of mental health problems
- In 2015, Galderisi, Heinz, Kastrup, Beezhold, and Sartorius advocated for moving toward the following definition: “Mental health is a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium.”

Mental Health in Schools: A Broad Concept

Because of the trend to hear mental health as referring to an individual's problems, many people hear *mental health in schools* and think it's only about therapy and counseling. However, the reality is that schools are involved in much more than just providing students with clinical services.

Broadly conceived, mental health in schools focuses on:

- promoting social-emotional development
- preventing mental health and psychosocial problems
- enhancing resiliency and protective buffers
- intervening as early after the onset of behavior, learning, and emotional problems as is feasible
- addressing the needs of students with chronic and severe problems
- addressing systemic concerns 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 instruction
- developing a unified, comprehensive, and equitable system of school-community interventions to address barriers to learning and teaching and re-engage disconnected students
- building the capacity of all school staff to address barriers to learning and promote healthy development
- fostering the mental health of families and school staff.

When schools had to move to online schooling due to COVID-19, concerns about mental health and other student needs caused student support professional to further broaden their thinking. The organizations representing the various professionals provided special guidelines. See the following:

- (1) American School Counselor Association – *Planning for Virtual/Distance School Counseling During an Emergency Shutdown*
- (2) National Association of School Psychologists – *Virtual Service Delivery in Response to COVID-19 Disruptions*
- (3) National Association of School Nurses – *Considerations for School Nurses When Providing Virtual Care*
- (4) School Social Work Association of America – *Covid-19 health crisis and the role of school social workers*

Concluding Comments

For much of the 20th century, mental health in schools has been a marginalized item on the agenda of schools. The early trend was to approach the matter in terms of mental illness and for interventions to be case-oriented and clinical. This led to overdiagnosing common problems and misprescribing interventions. It also resulted in providing assistance to relatively few of the many students who need some form of help but do not necessarily require clinical services. And, for the most part, efforts to promote social and emotional health and prevent problems, were given short shrift.

Over time, as further illustrated in Chapter 2, the concept of mental health in schools has broadened considerably, but diverse agenda have produced an ad hoc and piecemeal approach.

*Why does history keep
repeating itself?*



*Because we didn't
heed the lessons!*

2. Diverse Agenda for Mental Health in Schools

The diverse agenda for mental health in schools has resulted in a fragmented and piecemeal enterprise that is fraught with counter-productive competition for sparse funds.

About Current Practice and Policy

Sparse Funding

Impact of COVID-19 Pandemic

What's your agenda?



Winning!

Understanding of the current state of affairs related to mental health in schools requires appreciation of the diverse agenda stakeholders bring to schools, current policy and practice, and the funding situation.

Agenda

Different stakeholders are pursuing different and sometimes conflicting agenda. Analyses of the contrasting enterprises being pursued under the banner of mental health in schools suggest 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. While some agenda are complementary, some are not.

Exhibit 2

Diverse Agenda for Mental Health in Schools

- (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).

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 low priority and the backlash related to efforts to enhance policy and practice for mental health in schools.

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 re-engage disconnected students 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 appreciation of the importance of intrinsic motivation in engaging and re-engaging students, staff, and other school stakeholders.

About Current Practice and Policy

Data on schools, districts, and students in public schools are in a constant state of flux. U.S.A. data for 2018 indicate there are over 130,000 schools (about 97,000 are public), enrolling about 56 million students K-12 (about 50 million in public schools). Data for 2016 indicate over 13,000 school districts.

Currently, 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.

The tendency in looking at the current state of affairs related to mental health in schools is to highlight services and programs. See Exhibit 3. Such cataloguing of services and their use is certainly necessary. However, in addition to appreciating the diverse agenda, understanding current policy and practice and the funding situation is essential.

Practices. School-based interventions relevant to mental health encompass a wide variety of practices, an array of resources, and many issues. However, as we have noted, addressing psychosocial and mental health concerns in schools typically is done in an ad hoc, piecemeal, and highly marginalized way. Such matters gain special attention whenever a high visibility event occurs – a shooting on campus, a student suicide, an increase in bullying. But the attention often is diverted when another concern arises.

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 3

Some Base Line Data on School Mental Health Services

from the 2015–16 School Survey on Crime and Safety (SSOCS)

<https://nces.ed.gov/pubs2018/2018107.pdf>

[Data are from principals who reported whether “diagnostic assessment and treatment services for mental health were available to students under the official responsibilities of a licensed mental health professional (e.g., psychiatrists, psychologists, psychiatric/mental health nurse practitioners, psychiatric/mental health nurses, clinical social workers, professional counselors).]

In school year 2017-18, 51.2% of public schools reported having diagnostic assessments for student MH disorders (i.e., disorders or health conditions characterized by alterations in thinking, mood, or behavior or some combination thereof associated with distress and/or impaired functioning). 38% of schools reported available treatment (e.g., psychotherapy, medication, counseling).

The prevalence of MH services varied by school level. In middle and high schools, diagnostic assessment services were more common than treatment services: 55.7% of middle and 60.8% of high schools reported diagnostic assessments were available, compared with 39.1% of middle schools and 44.5% of high schools reporting treatment services were available. Compared to primary schools, a higher percentage of high schools reported both types of mental health services available. The percentage of schools with 1,000 or more students that reported having diagnostic assessment services available (64%) was higher than the percentages of schools with fewer than 300 students (43.2%), 300–499 students (49%), and 500–999 students (53.7%).

All the above percentages were lower than the data reported in the 2015-16 report.

In general, the most common factors reported as limiting a school's efforts to provide mental health services to students are inadequate funding and lack of parental support.

It has always been the case that only a small percent of have received services for emotional or behavioral problems. An earlier national survey by the Substance Abuse and Mental Health Services Administration, for example, reported that the combined 2005 and 2006 data for youth 12-17 years of age indicated an annual average of 3.3 million youths (13.3%) received services for emotional or behavioral problems in a specialty mental health setting; around 752,000 (3%) received such services in a general medical setting; 3.0 million youths (12%) received services in a school-based setting. Females were more likely than their male counterparts to receive services in a specialty mental health or educational setting (SAMHSA, 2008).

Exhibit 4 highlights five major *delivery mechanisms and formats* used in schools to pursue various mental health agenda.

Personnel and their functions. As already noted, school districts hire a variety of personnel to address student and learning support concerns. Federal and state mandates tend to determine how many such professionals are employed, and states regulate compliance with mandates. Governance of their work usually is centralized at the district level. For example, 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 on students seen as having or causing 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.

Exhibit 4

Delivery Mechanisms and Formats for MH in Schools

1. *School-Financed Student Support Services* – Most districts employ 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 centralized mental health units that encompass clinic facilities, as well as providing services and consultation to schools. Some districts have started financing their own school-based health or wellness Centers with mental health services as a major element.

3. *Formal Connections with Community Mental Health Services* – Increasingly, schools have developed connections with community agencies, often as the result of the Community Schools and School-based Health Center movements, 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 Community Schools and School-Based Health Centers
- 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* – Some school districts are rethinking their piecemeal and fragmented approaches to addressing barriers that interfere with students having an equal opportunity to succeed at school. 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. Efforts to move toward a unified, comprehensive, and equitable system are being advocated. Three formats are emerging:

- mechanisms to coordinate and integrate school and community services
- initiatives to restructure student/learning supports and integrate them into school improvement agenda
- comprehensive community schools

Over the years, a variety of mental health curricula have been developed for schools. In 2019, SAMHSA support for the Mental Health Technology Transfer Center Network Coordinating Office (MHTTC NCO) resulted in publication of “the MHTTC National School Mental Health Curriculum,” co-developed by the Mental Health Technology Transfer Center (MHTTC) Network and the National Center for School Mental Health.

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.

Sparse Funding

School funding commonly is described as complex and mystifying, with extreme variations in annual funding for students (see Exhibit 5). For example, data before the COVID-19 crisis indicate that in New York the per student expenditure reached a high of \$23,091 while Utah expended around \$8,000.

A 2018 report from the Center for American Progress stressed that “students in high-poverty communities continue to have less access to core academic services that increase student outcomes” (i.e., such services were systematically unavailable to students in low-income schools).

Inadequate data generally are available on how much schools spend to address behavior, emotional, and learning problems. Figures most often gathered and reported focus on those professional designated in the Every Student Succeeds Act as specialized instructional support personnel (e.g., counselors, psychologists, social workers, nurses). Reported data suggest that about 7% of a school district’s budget goes to paying the salaries of such personnel.

In calculating how much schools spend on addressing behavior, emotional, and learning problems, a focus solely on the salaries of specialized instructional support personnel 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 schools, drug and 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.

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, policy-makers and practitioners are deprived of information that is essential to determining equity and enhancing system effectiveness.

Exhibit 5

About School Funding

Excerpt from: *How are Public Schools Funded?*

Nearly \$700 billion per year flows through the K-12 public education system, but the way dollars flow from funding sources to classrooms is complicated and often mysterious - even to people who work within school systems. Many dollars flow through more than one funding formula before reaching students, making it even harder to follow the money. The method used to determine how resources reach students in schools has a significant impact on whether expenditures are equitable, so it's critical for school communities to critically evaluate different allocation methods and choose a formula that best meets the needs of the local student population.

School districts are funded through a combination of state, federal, and local dollars, many of which come with a dizzying list of regulations dictating how, where, and on whom they may be spent. Federal grants (Title, IDEA) are allocated to districts based mainly on student need. State-provided education funds go through a state-specific funding formula to calculate the amount of the state education budget that will be allocated to each district in the state. State general aid funding formulas typically take into account district enrollment, student characteristics, and community wealth. States also provide categorical grants that are more similar to federal funds, in that they are restricted to specific kinds of expenditures.

About half of district funding comes from local revenue sources, the most common of which is property taxes. Higher property values can yield more property tax revenue per student, even at lower tax rates. The dependence on property tax revenues to support schools often reinforces inequity by ensuring that wealthier communities have better-funded schools. State funding is often meant to equalize these differences between local school communities but is rarely successful at overcoming these differences.

Once the district has the total revenue projection from each of these sources, districts have broad autonomy over how dollars and staffing resources are allocated to each school in the district (federal grants are often an exception because they have very rigid guidelines). Creating and modifying funding and/or staffing allocation methods can be especially challenging with large districts where there can be huge variances in enrollment and student need from one school to another.

To make this even more complicated, there's no standard method or formula for allocating district dollars to schools: there are unweighted staffing ratios, weighted staffing ratios, and weighted student funding models, to name a few, and each of these can be almost endlessly tweaked and customized. If you're keeping score at home, that means that across about 100,000 public K-12 schools in the US, there are about as many unique funding calculations that generate individual school budgets. Even most principals struggle to get clarity on the calculations driving their school's budget allocations.

Understanding why funding inequities exist between schools requires understanding both interdistrict inequalities generated by federal, state, and local policies and intradistrict inequities, driven by district-controlled resource allocation methods and processes.

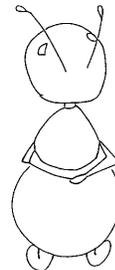
ESSA regulations require reporting per-pupil actual expenditures at the school level, which is a break from reporting average per-pupil spending across the district or state. Inequities are easily obscured in averages, and allocation methods are often the culprit for perpetuating school funding inequity. Unexamined, the wrong allocation method can lead to a model where the highest need students in the district are effectively subsidizing the education of other students in schools across town.

Note: *Different allocation models and post COVID-19 budgets complicate enhancing equity.*

Diverse school (and community) resources are attempting to address complex and overlapping psychosocial and mental health concerns. However, 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 ear-marked 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 student 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. The need was great before and is greater after the COVID-19 crisis. Current resources are grossly insufficient.



*With all the budget problems,
we have to do everything on
a shoestring.*



*Are you saying you still
have a shoestring?*

Impact of COVID-19 Pandemic

As we write, plans are being made for re-opening schools after Coronavirus crisis (see Exhibit 6.) It is anticipated that the unique circumstances surrounding this return to school will be particularly difficult for some. Everyone (students, families, staff) will have experienced considerable stress, some will have been ill, some will be grieving for a relative or friend who died. And transition-back stressors are likely to exacerbate other factors that interfere with school adjustment and thus with learning and teaching. It is predictable that schools will see an increased number of learning, behavior, and emotional problems.

In responding to the challenges ahead, schools will be confronted as never before with advocacy for addressing mental health concerns. As this book illustrates, our advocacy will continue to stress that this is an opportunity to transform student/learning supports.

Exhibit 6

Embedding Mental Health Concerns in COVID-19 School Re-opening Plans

During the COVID-19 crisis, planning was started for the re-opening of schools. Some plans provided a detailed list of activities that embedded mental health concerns. Here's an example.

From *Maryland Together: Maryland's Recovery Plan for Education* (DRAFT)

<http://marylandpublicschools.org/newsroom/Documents/MSDERecoveryPlan.pdf>

STUDENT SERVICES (DRAFT)

As schools reopen Student Services provide support in meeting the social/emotional needs of students, enrolling and transferring students, addressing health needs, assisting parents, communicating with outside agencies, etc. The services and strategies needed are described in ... to assist central office and school based personnel.

Tables provide specifics for the work of school counselors, psychologists, social workers, pupil personnel workers focusing on foster care and homeless students, school health services, and school based health centers. Here is the gist of what is detailed for school counselors:

PRE-PLANNING FOR PHASED RE-ENTRY

Professional Development

- Professional development for staff regarding typical childhood reactions to stress and trauma which might have resulted from home confinement
- Help student service staff create professional development for teachers and adult staff (remember bus drivers, cafeteria, and janitorial staff)
- Co-facilitate staff training related to re-entry concerns, e.g. trauma, grief, etc.

Transitions – services that can be implemented spring and summer

- Assist in the development of a re-entry protocol with the school leadership team and communicating the plan to students and families.
- Secure posters of each high school senior near school or on student's front yard
- Create virtual celebrations for seniors (Awards ceremonies, graduations, reflection of high school ceremonies produced by school staff for seniors, college and career days, school spirit days)
- Consider drive-by awarding of diplomas;
- Utilize social media to celebrate maintaining privacy of students
- Provide same ideas for middle school students transitioning to high school and consider some sort of ceremony for elementary school children transitioning to middle school.
- Hold virtual transition meetings between school counselors at sending and receiving schools.
- Work with special education to participate or to hold additional meetings.
- Share transitioning materials with elementary to middle school students and middle to high school students.
- Provide virtual school tours of receiving schools, if possible.
- Collaborate with receiving school counselors to have them present to transitioning school students. For example, have high school counselors and staff hold a virtual welcome to 9th grade.
- Create classroom guidance lessons on transitioning to a new level. In person, if possible, (e.g., students practice opening locks on lockers)
- Coordinate a parent night for parents of students who are transitioning to new school level (elementary to middle and middle to high). Include current parents of students who transitioned in the previous year.
- Prepare to offer real tours and meetings for transitioning students when it is safe to do so

(cont.)

Exhibit 6 (cont.)

Embedding Mental Health Concerns in COVID-19 School Re-opening Plans

MENTAL HEALTH SUPPORT

Classroom guidance, individual counseling, group counseling, referrals, student support team referrals, community referrals

Consult with classroom teachers about student needs and develop classroom guidance lessons as appropriate to the age and grade level

Teach, or co-teach social emotional learning strategies to help students adjust to the changes in their environments

Assist teachers with celebrating individual student resilience (What I did during the virus to be safe)

Analyze student work to assess mental health needs (Journals, art work, etc.)

Develop classroom guidance lessons on gratefulness: post student work in hallways thanking the cleaning staff, the nurses, doctors, grocery workers, etc.

Assist teachers or create classroom guidance lessons on how to help others at a safe distance.

Encourage virtual hellos and stories to seniors in nursing homes, etc.

Provide individual counseling to students who express fears, loss, anxiety and/or signs of depression

Refer students to outside counseling as needed

Provide safe, social distancing for group counseling

Co-teach lesson (health) on depression symptoms and warning signs and offer referral services to students and staff

Observe and talk to students who may have signs of abuse or neglect.

Use referral processes to secure help for the student and family

Plan with administrators for sudden closing of schools due to resurgence of the virus.

- How to reach homeless students, student without internet services, etc.

- How to stock up on needed supplies should the virus return

- Communication strategies for parents, students, staff and teachers

Collaborate with student support staff and administrators for emergency planning should the virus return and schools need to close again.

- Continuation of learning, disinfecting schools, mental health concerns of repeated stress of isolation, return, and re-isolation.

Check in with staff to determine their mental health needs and work with Employee Assistance as needed.

Provide professional development for staff on issues related to the possible return of the virus and stress management

Developmental Classroom Support

Provide classroom lessons on school expectations and structure to help students re-adjust to a full school schedule

Facilitate classroom guidance on social distance practices in school, community, home, etc.

Assist teachers with behavioral concerns and counsel students to determine root causes

ACADEMIC AND SCHOOL SUCCESS (including concerns for career and college)

See the draft's list of specifics items re. scheduling, grades, new entrants, and transfers

CONSULTATION/COORDINATION

See the draft's list of specific items re. parent and community outreach

Additional supports are detailed for the other student/learning support staff.

Concluding Comments

In sum, most schools have some interventions to address a range of mental health and psychosocial concerns, such as school adjustment and attendance problems, dropouts, physical and sexual abuse, substance abuse, relationship difficulties, emotional upset, delinquency, and violence. Some are funded by the schools or through extra-mural funds schools seek out; others are the result of linkages with community service and youth development agencies.

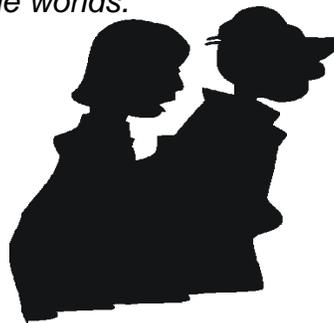
But It Is All Marginalized. Despite the range of activity related to mental health and psychosocial problems, we have stressed throughout this chapter that mental health in schools is not assigned a high priority except when a politically sensitive matter arises. This reflects the fact that the case for student/learning supports as an imperative for school improvement has not been made.

The continuing trend is for schools and districts to treat student/learning supports as desirable but not a primary policy and practice 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.

Because student supports are so marginalized, they continue to be developed in a piecemeal manner. 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 effectively.

It also spills over into school improvement. Analyses of school improvement plans indicate that too little attention is given to how schools do and do not address mental health and psychosocial concerns (see links to recent analyses by our Center – <http://smhp.psych.ucla.edu/newinitiative.html>).

An optimist thinks this is the best of all possible worlds.



And a pessimist fears that this is true.

Anyone who has worked in a school knows how hard school professionals toil and can tell many stories about great programs and outcomes observed over the years. As the description in this chapter of current practices underscores, an exceptional talent and effort has been expended to bring the field to this stage in its development.

At the same time, it must be recognized that current practices have been generated 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 is not meant as a criticism of those who are doing their best to help students in need. It is a recognition of 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. Analyses indicate that school policy is currently dominated by a two-component systemic model. 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 throughout this book.

A question to ponder at this point and as you read on:

How can the current situation related to addressing mental health concerns at school be improved?

3. Promoting Mental Health

Besides academic achievement, schools aim to turn out good and productive citizens. Accomplishing these aims requires fostering healthy and holistic development and preventing and ameliorating problems. A critical facet in all this is promoting mental health.

Promotion and Prevention

Mental Health Education as a Contributor to Prevention

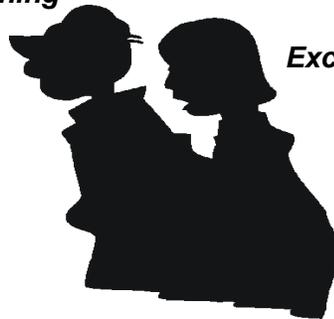
About Social Emotional Learning and Development

What is Social and Emotional Learning?

Natural Opportunities to Promote Social and Emotional Learning

Interventions to promote mental health overlap interventions to prevent mental health and psychosocial problems.

*I guess I have everything
I need for school.*



Except the right attitude.

Mental health promotion is a key facet of whole child development. Promoting mental health payoffs both academically and in reducing problems at schools and at home.

Promotion of mental health involves enhancing knowledge, skills, and attitudes in order to foster social and emotional development, a healthy lifestyle, personal well-being, and a value-based life. Interventions for youngsters are designed to (1) strengthen positive attitudes and behaviors (e.g., enhancing motivation and capability to pursue positive goals, resist negative influences, and overcome barriers) and (2) enhance supportive conditions at school, at home, and in the neighborhood (e.g., increasing opportunities for personal development, safety, empowerment and inoculation against problems).

Exhibit 7 outlines a synthesis of major areas of focus for mental health promotion. While schools alone are not responsible for all that is outlined in the Exhibit, they do play a significant role in social and emotional development, albeit not always a positive one. With this in mind, policy makers need to attend to how schools (1) *directly facilitate* social and emotional (as well as physical) development and (2) *minimize threats* to positive development. In doing so, appreciation of differences is essential (e.g., accounting for cultural background and individual differences in development and motivation).

Mental *health* is positively associated with school engagement and academic progress and negatively associated with student anxiety, fear, anger, alienation, a sense of losing control, and more.

Exhibit 7

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, judgment, and decision making)

Self-evaluation, self-direction, and 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, “thinking outside the box”)

Promotion and Prevention

While *prevention* promotes well-being, the primary concern is 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. The emphasis on contextual conditions recognizes that the primary causes for most youngsters' emotional, behavior, and learning problems are external factors (e.g., 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, continuing concern is given to problems stemming from individual disorders and differences (e.g., medical problems, low birth weight and neurodevelopmental delay, psychophysiological problems, difficult temperament and adjustment problems).

Protective factors *buffer* against risk factors. The term *resilience* usually refers to an individual's ability to cope in ways that buffer against the impact of risks. Protective buffers prevent or counter risk-producing conditions by fostering individual, neighborhood, family, school, and/or peer strengths, assets, and coping mechanisms. Intervention strategies are designed to develop special relationships and provide special assistance and accommodations.

Examples of Protective Buffers

Conditions that prevent or counter risk producing conditions – strengths, assets, corrective interventions, coping mechanisms, special assistance and accommodations

Environmental Conditions*

Person Factors*

<i>Neighborhood</i>	<i>Family</i>	<i>School and Peers</i>	<i>Individual</i>
<ul style="list-style-type: none"> >strong economic conditions/emerging economic opportunities >safe and stable communities >available & accessible services >strong bond with positive other(s) >appropriate expectations and standards >opportunities to successfully participate, contribute, and be recognized 	<ul style="list-style-type: none"> >adequate financial resources >nurturing supportive family members who are positive models >safe and stable (organized and predictable) home environment >family literacy >provision of high quality child care >secure attachments – early and ongoing 	<ul style="list-style-type: none"> >success at school >safe, caring, supportive, and healthy school environment >positive relationships with one or more teachers >positive relationships with peers and appropriate peer models >strong bond with positive other(s) 	<ul style="list-style-type: none"> >higher cognitive functioning >psychophysiological health >easy temperament, outgoing personality, and positive behavior >strong abilities for involvement and problem solving >sense of purpose and future >gender (girls less apt to develop certain problems)

*A reciprocal determinist view of behavior recognizes the interplay of environment and person variables.

Focusing just on enhancing assets is insufficient. As Scales and Leffert indicate in their work on developmental assets:

Young people also need adequate food, shelter, clothing, caregivers who at the minimum are not abusive or neglectful, families with adequate incomes, schools where both children and teachers feel safe, and economically and culturally vibrant neighborhoods—not ones beset with drugs, violent crime, and infrastructural decay. For example, young people who are disadvantaged by living in poor neighborhoods are consistently more likely to engage in risky behavior at higher rates than their affluent peers, and they show consistently lower rates of positive outcomes. Moreover, young people who live in abusive homes or in neighborhoods with high levels of violence are more likely to become both victims and perpetrators of violence.

Note that reducing risks and enhancing protection can minimize problems but are insufficient for fostering full development, well-being, and a value-based life. Those concerned with establishing systems for promoting healthy development stress that being problem free is not the same as promoting positive development. They advocate for strategies that directly facilitate development and empowerment, including the mobilization of individuals for problem solving and self-direction.

In many cases, interventions to create buffers and foster full development are identical, and the pay-off is the cultivation of developmental strengths and assets. However, promoting healthy development is not limited to countering risks and engendering protective factors. Promotion of full development is intended to produce ends valued in and of themselves and to which most of us aspire.

Examples of Conditions for Promoting Full Development

Conditions, over and beyond those that create protective buffers, that enhance healthy development, well-being, and a value-based life

E n v i r o n m e n t a l C o n d i t i o n s *

P e r s o n F a c t o r s *

Neighborhood

- >nurturing & supportive conditions
- >policy and practice promotes healthy development & sense of community

Family

- >conditions that foster positive physical & mental health among all family members

School and Peers

- >nurturing & supportive climate school-wide and in classrooms
- >conditions that foster feelings of competence, self-determination, and connectedness

Individual

- >pursues opportunities for personal development and empowerment
- >intrinsically motivated to pursue full development, well-being, and a value-based life

*A reciprocal determinist view of behavior recognizes the interplay of environment and person variables.

Personnel working in schools can encourage youngsters and their families to take advantage of opportunities at school and in the community to prevent problems, enhance protective buffers, and promote mental health. Examples include enrollment in the following:

- Direct instruction designed to enhance specific areas of knowledge, skills, and attitudes
- Enrichment programs and service learning opportunities at school and/or in the community
- After school youth-development programs

In addition, personnel working in schools have a role to play in special mental health initiatives. For example, the National Strategy for Suicide Prevention has as its first goal promoting awareness that suicide is a preventable public health problem. Strategies include developing public education campaigns, sponsoring national conferences on suicide prevention, organizing special-issue forums, and disseminating information (see <https://www.hhs.gov/surgeongeneral/reports-and-publications/suicide-prevention/index.html>).

With respect to school environment, the aim should be to ensure it is inviting and accommodating. This requires restructuring that promotes a sense of community. Examples include ensuring new students and families are welcomed and supported, teaching peers and volunteer adults to provide support and mentoring, and enhancing the range of available recreation, work, and community service opportunities.

COVID-19 – A Unexpected Transition Concern

A major transitional concern has always been initial entry or reentry into a school, and most schools take steps to ease the process. These include (a) introductory and welcoming strategies (e.g., welcoming receptions, orientations, and related resources), (b) provision of some social, emotional, and academic supports, and (c) accommodations for special populations.

During the COVID-19 pandemic, students, their families, and school staff experienced a difficult set of transitions and considerable stress. Returning to school after such a crisis is a particularly hard transition for many. And schools must anticipate an increase in learning, behavior, and emotional problems.

Under such conditions, special transition planning is called for related to providing personalized supports for

- welcoming, immediate social and academic support, and outreach
- rapid identification of students who aren't successfully adjusting at school
- daily transitions during the first weeks

For more discussion of this and links to resource aids, go to

<http://smhp.psych.ucla.edu/pdfdocs/newsletter/spring20.pdf>

Mental Health Education as a Contributor to Prevention

Mental health education aims at protecting, promoting, and maintaining the well-being of students. The focus ranges from disseminating mental health information to course instruction and open-enrollment programs aimed at facilitating social and emotional development and wellness. Schools vary considerably in what they offer with respect to mental health education.

Most schools generally provide information about some of the following matters:

- Positive opportunities for recreation and enrichment
- Opportunities to earn money
- How to stay healthy – physically and mentally
(This usually encompasses 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 students and parents should do when problems arise
- Warm lines and hotlines
- Services on and off campus.

Schools can capitalize on the strengths of staff by facilitating a greater range of mental health roles for them to play. For instance, during the instructional day, curricula in many classes touch upon matters related to positive social and emotional development and wellness. Incorporating mental health as a major facet of health education is a natural venue. Schools can also offer a range of open-enrollment programs designed to foster positive mental health and socio-emotional functioning. In addition, school personnel can learn to respond more effectively each day as mental health and psychosocial concerns inevitably arise.

About Social and Emotional Development and Learning

One facet of proactively promoting mental health is promoting healthy social and emotional development. This meshes well with a school's goals related to enhancing students' personal and social well-being. It also supports efforts to transform classrooms and schools by creating an atmosphere of *caring, cooperative learning, and a sense of community*.

Agenda for promoting social and emotional learning encourages a holistic and family-centered orientation and practices that increase positive engagement in learning at school. Encompassed are strategies to enhance personal responsibility (social and moral), integrity, self-regulation (self-discipline), a work ethic, diverse talents, and positive feelings about self and others.

While fostering students' social and emotional development and functioning are positive goals unto themselves, promoting such outcomes also is intended to contribute to

- student holistic development
- student motivation and capability for academic learning
- the daily smooth functioning of schools and the emergence of a safe, caring, and supportive school climate
- optimizing life beyond schooling.

What is Social and Emotional Learning?

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, remember that symptoms are only correlates not validated indicators of cause.)

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 of self and others, self-management, responsible decision making, and relationship skills. (For more, see <https://casel.org/>.)

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. Whether this is the case or not, classroom and schoolwide practices can and need to do much more to (1) capitalize on *natural* opportunities at schools to promote social and emotional development and (2) minimize transactions that interfere with positive growth in these areas. Natural opportunities are authentic examples of “teachable moments.”

Observations during a school day and over the school year provide ample sightings of natural opportunities. For example, instruction can be carried out in ways that strengthen or hinder development of interpersonal skills and connections, such as through cooperative learning and sharing. Student understanding of self and others can be facilitated. Counterproductive competition can be minimized. Rather than just suppressing interpersonal conflicts, the events can be used as learning opportunities. Roles can be developed for all students to provide help throughout the school and community.

More generally, schools should be attending to the following:

- *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 such encounters 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. Special circumstances also are 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 8.
- *Transitions.* 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. Examples of school-wide and classroom-specific opportunities to address transitions proactively include a focus on welcoming new arrivals (students, their families, staff); providing social and academic supports as students adjust to new grades, schools, 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 8 offers examples of natural opportunities for promoting personal and social growth related to each of the above groupings. The exhibit can be used at schools as a stimulus to encourage greater attention to social and emotional development.

Exhibit 8

Examples of *Natural Opportunities at School to Promote Social-Emotional Learning*

I. *Using Natural Daily Opportunities*

- A. In the classroom and even online (e.g., when students interact with each other and staff during instruction; when cooperative learning and peer sharing and tutoring are used; as one facet of addressing interpersonal and learning problems)
- B. Schoolwide (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 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 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 Aint 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.

The COVID-19 crisis has increased interest in mental health concerns, including the promotion of social and emotional development. With respect to schools, CASEL states:

... we know that social and emotional learning (SEL) will be critical to re-engaging students, supporting adults, rebuilding relationships, and creating a foundation for academic learning. This unprecedented shift to a new type of learning experience may have a lasting and profound impact on young people's academic, social, emotional, and life outcomes. School leaders will need to bring together administrators, teachers, school staff, families, youth, and community partners to co-create supportive learning environments where all students and adults can enhance their social and emotional competencies, feel a sense of belonging, heal, and thrive.

From: An Initial Guide to Leveraging the Power of SEL as You Prepare to Reopen and Renew Your School Community

It should be noted that in discussing research analyses, CASEL states 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. However, note that such findings have been critiqued not only on empirical grounds but also with respect to the political, cultural, and educational assumptions upon which contemporary practices are based.

Concluding Comments

Efforts to promote mental health hold promise both for prevention and correction of personal and social problems. In recent years, it has become accepted by many school leaders that a focus on mental health education and social and emotional development are fundamental to a school's whole child agenda.

At the same time, promoting mental health is a complex and not well understood process. And the role schools should play is controversial in some locales.

In the post pandemic era, more and more schools will find it desirable to include mental health promotion on their agenda. In doing so, care must be taken not to reduce the focus to social skills training and interpersonal problem solving. Mental health education and facilitating social and emotional learning involves much more than training 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), or efforts to develop cognitive-affective orientations (e.g., empathy training).

The pressure to socialize children often stresses learning to manifest manners and mannerisms rather than assimilating the underlying values that lead to mental health.

Promoting mental health at schools also involves focusing on the well-being of school staff. This is central to enhancing a positive school climate and minimizing staff burnout. (See <http://smhp.psych.ucla.edu/pdfdocs/staffwellbeing.pdf>).

4. Mental Health Assistance for Students at School

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

Underscoring a Consumer Orientation for Mental Health

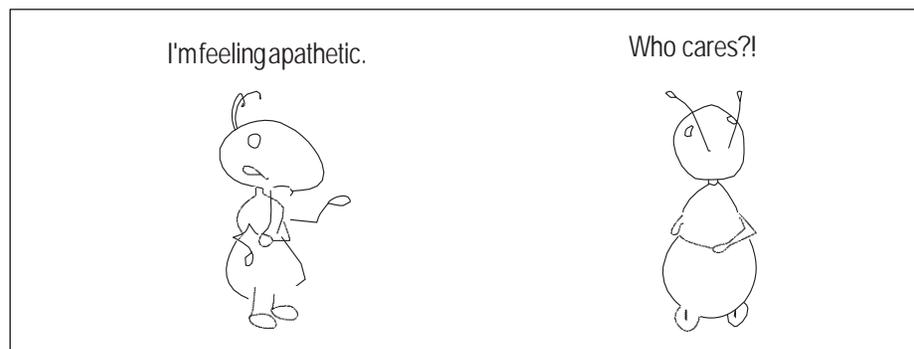
Forms of Mental Health Assistance at Schools

- Open-enrollment Programs
- Direct Instruction
- Psychosocial Counseling
- Highly Specialized Interventions for Severe Problems

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.

Bright Futures in Practice: Mental Health

from the National Center for Education in Maternal and Child Health



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 many need such supports, and it is evident that currently schools have not been able to meet the need. And the problem has been compounded by the COVID-19 crisis.

While the need is clear, there is no consensus when it comes to the question:

What should schools do in addressing mental health concerns?

Focusing only on the problems of specific students and pursuing clinical interventions tends to limit thinking about this question. In particular, such a narrow focus biases perceptions and attributions of what has caused the problems and what needs to change.

From a reciprocally determined (transactional) causal perspective, we stress that when a student is identified as having a problem, the first question is **not** necessarily:

What's wrong with the youngster?

Rather, an equally justifiable first question is:

Are external factors causing the problem?

Asking that question encourages assessment of conditions in the environment that need attention in correcting the problem of the student and other students as well. For a significant number of problems, changing environments and improving intervention are necessary and sometimes sufficient steps in preventing and correcting a problem at school. Of course, whether or not a problem resides with the environment, students may require some special assistance. Such practices and processes are explored in this chapter with an emphasis on students at school and those who are in some phase of transitioning back after the COVID-19 school closures.

Underscoring a Consumer Orientation for Mental Health

With the growing emphasis on school choice, schools increasingly have adopted a consumer orientation. So, let's briefly highlight a consumer orientation to mental health in schools.

In the helping professions, long-standing concerns are associated with processes that inappropriately distance, depersonalize, and desensitize practitioners from those they serve. Also of concern are practices that disempower individuals and groups and increase their dependency on professionals.

The complexity of these matters increases for those working with minors and in schools. Questions arise daily about *What is in a youngster's best interest?* and *Who should decide?*

In school settings, adults make many decisions for students, often without involving the youngsters or their caregivers. As professionals know all too well, decisions made related to triage, referral, and "case" management often have a profound, life-shaping impact. Even the best interventions have negative consequences (often referred to as *side effects*).

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. Too often, such assistance is carried out in ways that are not consumer-oriented. For example, referrals often are made in a directive manner, without much information and discussion. And, systematically gathered consumer feedback is virtually nonexistent.

From another perspective, it is evident that decisions made about – rather than with – individuals often don't work out. Good intervention usually 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).

Given the above, a consumer-oriented approach to mental health in schools is indicated. Such an approach strives 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)
- >Use consultation processes that effectively involve clients in decisions.

The best consumer protection, of course, is a good professional (see Exhibit 9).

From a consumer orientation, *students must be involved in major decisions designed to provide them with special assistance*. Relatedly, parents or guardians also should be involved.

Obviously, there are significant exceptions to doing this. However, the benefits for most young people and for society are likely to far outweigh the costs.

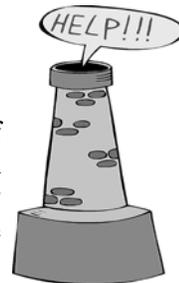
Exhibit 9

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 do the following:

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.

Forms of Mental Health Assistance at Schools



Schools offer a particularly good venue for students to find help. A challenge for school staff is how to encourage students (and families) to do so. This involves more than outreaching and ensuring students receive and understand information about what assistance is available and how to access it. School personnel must build student and family confidence and trust and guarantee privacy and confidentiality.

In reporting on school laws and policies, the Centers for Disease Control and Prevention (CDC) highlights the following about 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.

See the CDC website for updates on adolescent and school health policy

https://www.cdc.gov/healthyouth/policy/index.htm?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fhealthyouth%2Fabout%2Fpolicy.htm

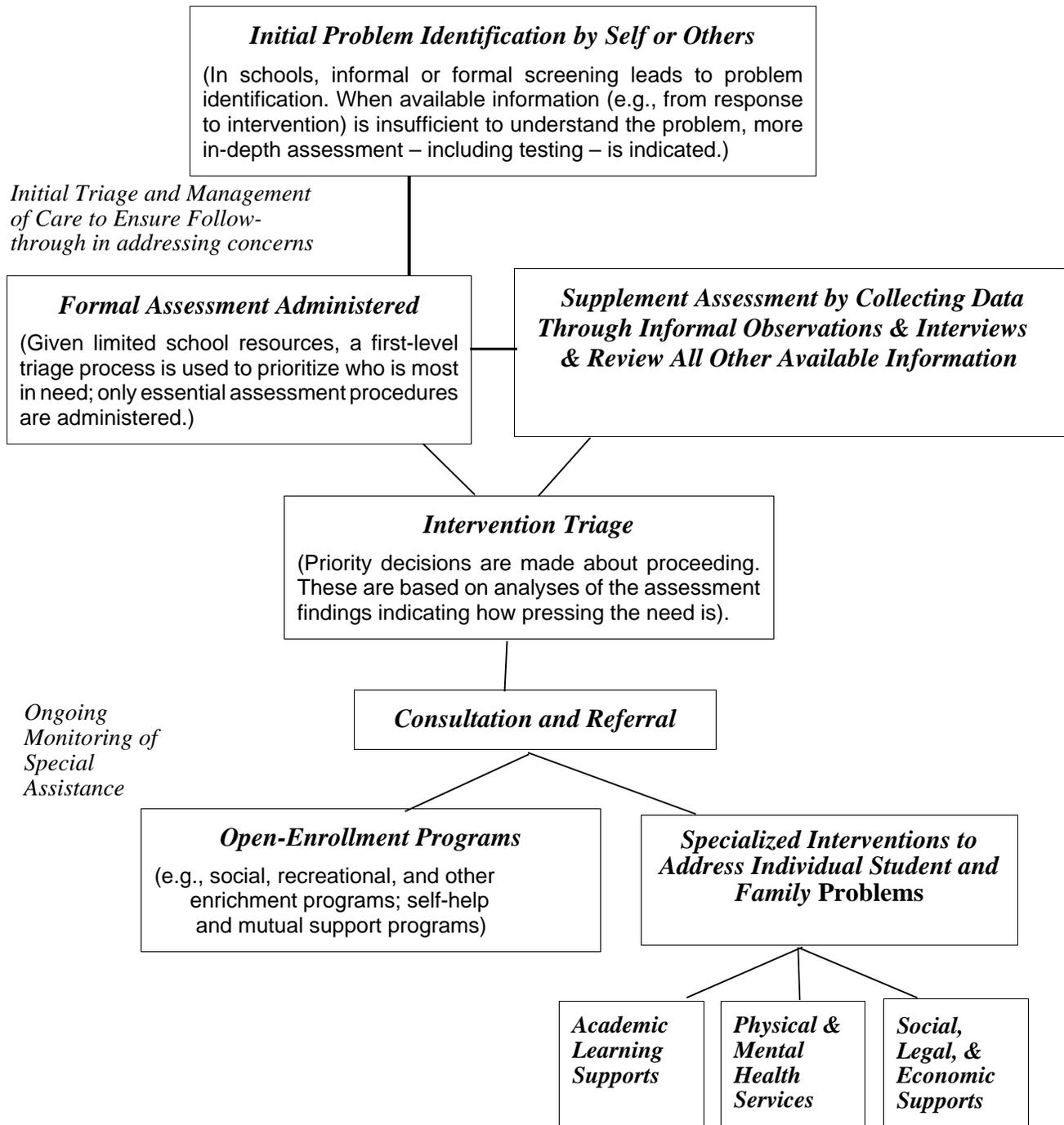
CDC stresses mental health interventions as *services*. However, in providing special assistance, schools offer more than services. Exhibit 10 outlines a flow chart to illustrate a broad range of interventions and a systematized set of processes that schools can (but don't always) use when addressing student problems.

In this chapter, we briefly discuss the five forms of corrective intervention outlined toward the bottom of Exhibit 10. They are (1) open-enrollment programs, (2) direct instruction, (3) psychosocial guidance and support, (4) psychosocial counseling, and (5) highly specialized interventions for severe problems.

In the next chapter, we explore the processes outlined in the flow chart that connect students with corrective interventions. And, we will highlight the use of psychological first aid in responding to crises and end with a note about accounting for diversity.

Exhibit 10

Processes for Problem Identification, Triage, Referral, & Management of Interventions



Note: Proper application of special assistance involves ongoing assessment, information sharing, and care monitoring and management. These processes can be facilitated by a computerized information management system (with effective privacy safeguards). 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.

Open-enrollment Programs

Schools can use a variety of open-enrollment programs to foster and enhance positive mental health and social-emotional functioning. Examples are after school clubs and intramural sports; service learning and job shadowing programs; music, drama, art, and crafts classes. Other such opportunities include helping establish strategies to change the school environment in ways that make it safer, more inviting, and accommodating. And students can take leadership roles in welcoming programs for new students and families and in peer tutoring, mediation, counseling, and mentoring programs. Other examples are found among the many online activities that students pursue regularly, and those they accessed while at home during the COVID-19 crisis.

Direct Instruction

Direct instruction can be used to enhance coping with mental health problems. Such interventions use 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 classrooms.

While direct instruction tends to emphasize cognitive and metacognitive processes, we stress that it is essential to attend to emotional and motivational concerns. In this respect, the less one understands about a student's background and experiences and current states of being, the harder it may be to create a good intervention fit. This problem is at the root of concerns about working with students who come from different cultures. More broadly, it is the basic concern that arises around in addressing a host of individual differences.

Psychosocial Guidance and Support

Each day many students require a small dose of personalized guidance and support to enhance their motivation and capability for coping with stressors. Personalized guidance and support is best provided on a regular basis in the classroom and at home. The COVID-19 crisis made this form of intervention especially important.

Guidance and support involves a range of potential activity:

- Advising
- Advocacy and protection
- Providing support for transitions (e.g., orienting students and connecting them with social support networks, phasing in returning students, 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

Student/learning support staff can help (a) teachers directly provide such support or learn to do so through use of various activities and peer support strategies and (b) mobilize and enhance support from those at home.

Students involved in treatment (e.g., personal counseling, psychotherapy, psychotropic medication) at school or elsewhere need someone at school who understands the treatment and can deal with related concerns that arise at school. This is especially important if a disconnect arises between what is happening at school and the student's therapeutic regimen. A school's student/learning support personnel are logical resources to act as a "case" manager so that there is coordination between the school's efforts to teach and any treatment the student is receiving.

Note: Special considerations and concerns arise related to students taking psychotropic medications (see <http://smhp.psych.ucla.edu/pdfdocs/psymeds/med1.pdf>).

Psychosocial Counseling

Good counseling builds on caring, which is a foundational aspect of helping relationships. Also encompassed are the fundamentals of any good *working* relationship. In general, counseling requires the ability to carry on a productive dialogue, that is, to talk with, not at, others. This begins with active listening and not prying and being judgmental. It also encompasses knowing when to share information and appropriately relate one's own experiences

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 person doing the counseling 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 conveying it is okay and safe to say what's on one's mind).

All this enables the person doing the counseling 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).

Particular aims in counseling students are to enhance feelings of competence, personal control, and self-direction – all with a view to enhancing ability to relate better to others and perform better at school. Care must be taken not to undermine these aims. Ways to minimize doing so include the following:

- 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 efforts to help or lose sight of the limits of the 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 terminating the counseling

Most psychosocial counseling done by school staff is short-term. Some is informal – brief encounters with students who drop-in or are encountered on campus or have made telecommunication contact. All encounters have the potential to be productive as long as one attends to student motivation as key antecedent and process conditions and intrinsic motivation as a valued outcome concern.

Regardless of how long a student participates in formal counseling, the relationship eventually comes to an end. In effect, the *termination* of counseling is a transition. It involves exploring any anxiety the student has about the transition and clarifying how the student 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 can be extended for the student to share periodically how things are going. If the student is being referred for more in-depth help, support should be provided for a smooth transition, including clarifying what information should be shared and by whom.

Telemental Health and Psychological Tele-Assessment

In 2015, Gloff, LeNoue, Novins and Myers noted:

Telemental health (TMH) offers one approach to increase access. TMH programmes serving young people are developing rapidly and available studies demonstrate that these services are feasible, acceptable, sustainable and likely as effective as in-person services. TMH services are utilized in clinical settings to provide direct care and consultation to primary care providers (PCPs), as well as in non-traditional settings, such as schools, correctional facilities and the home.¹

They continue: “While telemental health has been a focus by some schools (especially in rural areas), TMH became a major practice in responding to student needs when school closed because of the COVID-19. Federal and state legislation and regulation has rapidly changed in response to the pandemic in order to increase availability of such services.

Reviews of research on telemental health indicates efficacy for diagnosis and assessment across many populations (adult, child, geriatric, and ethnic) and in reducing pain, disability, depression, and anxiety comparable to traditional face-to-face encounters and without significant risks or adverse effects. Clients and practitioners are largely satisfied; concerns have focused on technological, quality, privacy, safety, and costs. Also referred to as online counseling or online therapy, telemental health is now on the agenda of more mental health licensure boards.²

While most distance psychological services during the COVID-19 crisis were focused on using online teleconferencing technology for face-to-face contact with students and parents, psychological tele-assessment also blossomed. Test publishers formulated remote testing options, and the American Psychological Association formulated a special set of guidance principles for doing assessments under physical distancing constraints.³”

¹ Gloff, N.E., LeNoue, S.R., Novins, D.K., & Myers, K. (2015). Telemental health for children and adolescents. *International Review of Psychiatry*, 27, 513–524.

² Abrams J, Sossong S, Schwamm LH, et al. (2017). Practical issues in delivery of clinician-to-patient telemental health in an academic medical center. *Harvard Review of Psychiatry*, 25, 135–145.

Conrad, R., Rayala, H., Diamond, R., et al., (2020). Expanding telemental health in response to the COVID-19 Pandemic. *Psychiatric Times*.

Cowan, K.E., McKean, A.J., Gentry, M.T., & Hilty, D.M. (2019). Barriers to use of telepsychiatry: Clinicians as gatekeepers. *Mayo Clinic Proceedings*, 94, 2510–2523.

Hilty, D.M., Ferrer, D.C., Parish, M.B., et al., The effectiveness of telemental health: A 2013 review. *Telemedicine journal and e-health :The official journal of the American Telemedicine Association*, 19, 444–454.

Kruse C. S., Karem, P., Shifflett, K., Vegi, L., Ravi, K., & Brooks, M. (2018). Evaluating barriers to adopting telemedicine worldwide: A systematic review. *Journal of Telemedicine and Telecare*, 24, 4–12.

Wiki guide to telepsychology

³ Wright, A.J., Mihura, J.L., Pade, H., & McCord, D.M. (2020). *Guidance on psychological tele-assessment during the COVID-19 crisis*. Washington, D.C.: American Psychological Association.

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 assure 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 to provide special accommodations for any student who (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 Education Improvement Act are also protected by Section 504.

Accommodations should be considered when

- a student shows a pattern of not benefitting from instruction
- 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
- a student is "at risk" for dropping out
- 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. (See lists of accommodations in Chapter 17.)

A school's student review team provides a major mechanism for ensuring that appropriate accommodations are planned. A 504 plan provides the following:

- 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 (see Exhibit 11).

Among so much else, COVID-19 produced many problems related to special education students. This was highlighted when the Chicago teachers union sued the U.S. Secretary of Education and the Chicago Public School District over their handling of special education during the coronavirus pandemic. As reported by the Chicago Tribune, "the union contended that the federal government and CPS have provided inadequate resources and guidance for the shift to remote learning, creating an 'impossible burden' for special education students, parents and teachers." As an example, the suit pointed to a directive from CPS to rewrite about 70,000 individual learning plans for special education students in the district before the school year's end.

<https://www.chicagotribune.com/coronavirus/ct-coronavirus-chicago-teachers-union-sues-betsy-devos-cps-20200520-gauitgweovgive43fgp22jy2ti-story.html>

Exhibit 11

About Special Assistance Teams

Many schools have two *case-oriented* teams – a student review team and an individual education planning team. 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). Such a team is the gatekeeper for all but open-enrollment programs, and it often is step on the pathway to special education. However, 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.

From the time a student is first identified as having a problem, someone should be assigned to monitor and manage the intervention(s). Such a role can be played by members of case-oriented teams. The process encompasses checking regularly to ensure that a student's needs are being met so that appropriate steps can be taken if they are not. Monitoring involves follow-ups with interveners and students/ families. This can take a variety of formats (e.g., written communications, phone conversations, electronic communications). Such *case monitoring and management* is required to ensure coordination among interventions (e.g., special services and programs, the classroom teacher, those at home). The process continues until the student service needs are addressed. Case monitoring and management require a system of confidential record keeping that provides up-to-date records on the status of the student.

Whenever special education placements are considered, 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.

Most mild to moderate problems belong in mainstream settings. This is feasible through modifying the physical setting, instituting special accommodations, and/or adding extra (ancillary) services. Ancillary assistance includes (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. When decisions are made to include such interventions, increasing attention is given to empirically supported treatments.

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 special assistance.

Placement decisions focus first on major intervention needs, then on which, if any, extra assistance seems indicated. In many instances, decisions about secondary ancillary activity are best made after primary interventions are given an adequate trial and found insufficient. In all instances, appropriate attention must be given to inclusion and transitions.

Schools are asked to play a role in monitoring highly specialized interventions for students seen as having mental health problems. This includes psychotropic medications.

It should be noted that there are many controversial issues related to prescribing such medications for children and adolescents and about the school's role in administering and monitoring the drugs.*

All interventions have side effects, and this is especially the case for psychotropic medications.**

***See the American Academy of Child and Adolescent Psychiatry's concerns about medication practices and side effects in *Recommendations about the use of psychotropic medications for children and adolescents involved in child-serving systems.**

Concluding Comments

In providing the various forms of social, physical and mental health assistance, schools use a variety of personnel. Some are employed by the school district (e.g., school, psychologists, counselors, social workers, nurses) and some are from the community. At school, special assistance may be carried out in classrooms, school offices, or health/wellness centers; a few districts have centralized special mental health clinics. Schools also have pursued initiatives to establish formal connections with community agencies and their services.

The range of personnel and settings involved underscores not only the need, but a host of problems and issues. One prominent set of concerns surrounds the fragmented way the special assistance is provided at schools and the counterproductive competition among the providers. Other concerns stem from differences in the way schools deal with special education.

All these matters were amplified during COVID-19 school closures and require renewed and innovative attention. Schools not only moved online, they increased ways of connecting with students and their families (e.g., via phone, email, and a return to snail mail). They also increased efforts to address the inequities in our school system and society. All the changes have the potential to address past concerns, improve the consumer orientation of schools, and enhance equity of opportunity.

How come you just up and left school yesterday?



The principal told me to have a good day ... So I went home

Chapter 5. Connecting a Student with the Right Mental Health Assistance

Kids need us most when they are at their worst!

Processes for Connecting a Student with Assistance

Identifying and Clarifying Need

Triage

Consultation and Referral

Monitoring/Managing Care

About Psychological First Aid: Responding to a Student in Crisis

Accounting for Diversity

Mentally healthy children and adolescents are able to function in developmentally appropriate ways in the contexts of self, family, peers, school, and community.

Bright Futures in Practice: Mental Health

from the National Center for Education in Maternal and Child Health



School personnel frequently identify mental health problems, and requests for specialized assistance to address such problems are common. Many problems can be prevented and corrected through classroom redesign. When special assistance is necessary, schools must have well-designed processes to connect them with the right help (review Exhibit 10).

By way of overview, Exhibit 12 highlights some specific practices for connecting a student with help and monitoring what happens. The following discussion highlights matters related to (1) identifying and clarifying need, (2) conducting triage, (3) providing client consultation and referral, and (4) monitoring and managing care. Several of the exhibits in this section are designed as resource tools, and a toolbox of relevant resources is provided at <http://smhp.psych.ucla.edu/summit2002/toolbox.htm>.

Identifying and Clarifying Need

In many instances, the primary causes of a student's behavior, learning, and emotional problems cannot be determined. 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 of early deprivation (e.g., a lack of school readiness opportunities, living in an unhappy home environment, the product of negative peer influences)? Determining underlying cause is especially difficult after a student becomes unmotivated to perform.

Commonly, 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. The involvement of significant others, such as family members, 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 6), a systematic process is required to ensure initial identification is done as validly as possible and with appropriate 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. In addition, to create a balanced picture, information should be provided on a student's assets as well as weaknesses.

Once a request is made, several other sources of available information should be gathered. Useful sources are teachers, administrators, school support staff, recreation supervisors, parents, others who have made professional assessments, and of course, the student. Good practice calls for assessing the student's environment as a possible cause. The seeds of a problem may be stressors in the classroom, home, and/or neighborhood. A home visit is useful,

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.

Some behavioral and emotional symptoms may stem from physical problems, and of course, a student may respond to stress with somatic symptoms. Some students are just a bit immature or exhibit behavior that is fairly common at a particular development stage.

Exhibit 12

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 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 student's 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.

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 (as noted below).

	<i>Common Transient Problem</i>	<i>Low Frequency Serious Disorder</i>
<i>Age</i>		
0-3	>Concern about monsters under the bed	>Sleep Behavior Disorder
3-5	>Anxious about separating from parent	>Separation Anxiety Disorder (crying, clinging)
5-8	>Shy and anxious with peers (Sometimes with somatic complaints)	>Reactive Attachment Disorder
	>Disobedient, temper outbursts	>Conduct Disorder
	>Very active; doesn't follow directions	>Attention Deficit-Hyperactivity Disorder
	>Has trouble learning at school	>Learning Disorder
8-12	>Low self-esteem	>Depression
12-15	>Defiant/reactive	>Oppositional Defiant Disorder
15-18	>Experimental substance use	>Substance Abuse

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, in-depth assessments must lead to help; in the process, a diagnosis and recommendation for special education services may be generated.

However, in analyzing assessment findings, we caution that a student's behavior, learning, and emotional problems are symptoms (i.e., correlates). Unless valid signs are present clarifying what is causing problems, prematurely concluding the student has a pathological disorder is unwarranted.

Triage

Given that schools never have enough resources for all the students who need special assistance, decision processing inevitably involves a form of gatekeeping – referred to in clinical circles as triage. 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.

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 subsequent chapters increasing emphasis on well-designed special assistance and response to intervention strategies will cut down on the need for additional help 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 spend some time

- analyzing 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
- helping develop and implement the changes.

A Note About Mental Health Screening

The Centers for Law and the Public's Health reported in 2008:

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....

In Chapter 6, we explore concerns that arise around formal mental health screening. As will be stressed, 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 overidentify 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.

Minimal controversy exists about one form of first-level screening. Each year a great many parents and teachers identify significant 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., RtI), it can be determined whether more specialized intervention is needed to overcome a problem.

Whether formal or natural, first-level screening primarily is meant to sensitize responsible professionals. No one wants to ignore indicators of significant problems. At the same time, constant vigilance is necessary 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. Remember that many symptoms of problems also are common characteristics of young people, especially in adolescence.

Extreme caution clearly must be exercised to avoid misidentifying and inappropriately stigmatizing children and adolescents. Overestimating the significance of a few indicators is a common error. Moreover, many formal screening instruments add little predictive validity to natural screening.

At best, first-level screening procedures provide a preliminary indication that something may be wrong

Consultation and Referral

Using all information gathered, the next step is to sit down with concerned parties (student, family, other school staff) to explore what's wrong and what to do about it. This intervention is a consultation and referral process. The objective is to assist family and school staff with problem solving and decision making in ways that lead 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 process. To these ends, schools can

- provide ready reference to information about appropriate school- or community-based referrals
- maximize follow-through by using a *consumer oriented consultation process* that involves students and families in all decisions and helps them deal with potential barriers.

Referrals are easy to make . . . unfortunately, data suggest follow-through rates of less than 50% for referrals made by schools

Ensuring the process is consumer oriented begins with full appreciation of the nature and scope of a student's problems as perceived by the student, the family, and school staff. Then, the consultation process is designed as a shared problem-solving approach with the final decisions controlled by the student and family. The steps in the problem-solving process are:

- 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, a referral is not really needed. What is called for is mobilizing the school staff to address how they might improve programs. Key is expanding students' opportunities in ways that increase expectations about a positive future as a basis for countering student frustration, unhappiness, apathy, and hopelessness.

Obviously, the above processes can take more than one session and may require repeating if follow-through is a problem. 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.

Exhibit 13 provides a resource tool that briefly summarizes steps in the assessment and consultation process.

Exhibit 13

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.

A Benchmark Checklist for a Consumer-oriented, Problem-solving Consultation Process

- ___ *Provides readily accessible basic information about relevant resources to students, families, and school personnel*
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 personnel appreciate whether a referral is necessary and, if so, clarifies the value of a potential resource*
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 require other forms of special assistance to cope with and minimize the impact of the negative home situation.
- ___ *Analyzes options with student, family, and staff and helps with decision making as to which are the most appropriate resources*
Involves evaluating the pros and cons of potential options (including location, fees, least restrictive and intrusive intervention) 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 on-campus. Off-campus district programs and those offered by community agencies can follow as needed. 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, and/or apathy? Concerns about language and cultural sensitivity? At this point, be certain that the student (and where appropriate the family) truly feels an intervention is a good way to meet her or his needs.
- ___ *Works on strategies for dealing with barriers to follow-through*
Strategies must provide sufficient support and guidance to enable students and families to connect with resources. This often overlooked step is basic to follow-through and entails taking time to clarify specific ways to handle barriers to following through.
- ___ *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 and family as a reminder of decisions made; the original can be kept on file for purposes of case monitoring. Before students leave, evaluate the likelihood of follow-through. (Do they 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 and family to needed resources. Also, remember that teachers and other school staff who asked for a student review will want to know that something was done. Without violating any confidentiality considerations, a quick response can be sent reassuring them that the process is proceeding.
- ___ *Follows through with student and family and other concerned parties to determine current status of needs and whether previous decisions were appropriate*
Requires establishing a reminder (tickler) system so that follow-up is made after an appropriate period of time.

Monitoring/Managing Care

From the time a student is first identified as having a problem, someone must monitor/manage efforts to ensure the student gets appropriate help.

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 want to replace *case* with *care*. Such a move is in keeping with the view that care is a core value of helping professionals. The change also is consistent with moves to ensure that schools are “caring communities.” For these reasons, it seems appropriate to replace the term case management with *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, the intent is to implement the work 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 gathers information about follow-through and appropriateness.

An immediate check on referral follow-through (e.g., within 1-2 weeks) should be done to see if the student did connect effectively with help. Besides checking with the student and family, a follow-through report from those providing interventions is helpful. If there has been follow-through, initial contacts are used to evaluate whether the resource is meeting the need. The opportunity also can be used to establish communication and coordination with others involved with the student's welfare. Where follow-through has not occurred, the process can determine why and offer additional consultation.

- (2) *Ongoing Management of Care*. When a student is working with more than one intervener, management of care becomes a consideration. Monitoring can lead to ways to coordinate interventions, improve quality (including revising interventions as appropriate), and enhance cost-efficacy. Continuing evaluation of intervention appropriateness and effectiveness is the essence of care management.

Monitoring can use a variety of formats (e.g., written communications, phone conversations, electronic communications). All 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 remind staff when the next contact is scheduled.

If the student has not successfully connected with help or if the help isn't satisfactory, another consultation can be scheduled to determine next steps. Exhibit 14 provides a resource tool for management of care.

- (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 system of care emphasizes the value of coordinating, integrating, and enhancing systems and resources. One goal is to ensure that appropriate programs are available, accessible, and adaptable to the needs of those who need help. Another is to ensure resources are used effectively and efficiently.

Enhancing system resources requires attending to various arenas and levels of potential support. A school owns and operates many programs and services. A school

district has additional resources. The surrounding community 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.

From its initial application, the concept of systems of care emphasized services for clients with severe and well-established problems (e.g., youngsters with serious emotional disturbance). The intent 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;
- 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 a focus on primary and secondary prevention into all systems of care.

Exhibit 14

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 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 the ability to do the following:

- Monitor processes and outcomes using information systems that enable those involved with clients to regularly gather, store, and retrieve data
- Produce changes as necessary to improve quality of processes
- Assemble 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
- Assume a role that always conveys a sense of caring and a problem-solving orientation, and involves families as empowered partners
- Facilitate self-determination in clients by encouraging participation in decision-making and team reviews (particularly when clients are mandated or forced to enroll in treatment)
- Meet 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 as follows:

- 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 determine what assistance is needed

About Psychological First Aid: Responding to a Student in Crisis

While COVID-19 represents an extreme example, students, their families, and school staff clearly are exposed regularly to traumatic events (e.g., school and community shootings, natural disasters, death of a family member or a friend, bullying). As schools play their role in responding, psychological first aid for students/staff/parents is as important as medical aid.

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. Below we highlight steps in the process, and Exhibit 15 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*. Staff can help by:

- Engaging 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)
- Encouraging the student's buddies to provide social support
- Contacting the student's home to discuss what's wrong and what to do
- Referring 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.

While the COVID-19 crisis was unlike others schools have experienced, it is not difficult to extrapolate and adapt ways to help from what has been written about psychological first aid. Applications can be made to students, their families, and staff.

Exhibit 15

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.

Exhibit 16 highlights the *Psychological First Aid for Schools Field Operations Guide* developed by the National Child Traumatic Stress Network and the National Center for PTSD for assisting children, adolescents, adults, and families in the aftermath of a school crisis, disaster, or terrorism event.

Exhibit 16

Psychological First Aid for Schools - Field Operations Guide

<http://www.nctsn.org/content/psychological-first-aid-schoolspfa>

From the National Child Traumatic Stress Network and the National Center for PTSD

As stated in the manual, *the basic objectives* of a Psychological First Aid provider in schools are:

- To establish a positive connection with students and staff members in a non-intrusive, compassionate manner
- To enhance immediate and ongoing safety and provide physical and emotional comfort
- To calm and orient emotionally overwhelmed or distraught students and staff
- To help students and staff members identify their immediate needs and concerns
- To offer practical assistance and information to help students and staff members address their immediate needs and concerns
- To connect students and staff members as soon as possible to social support networks, including family members, friends, coaches, and other school or community groups
- To empower students, staff, and families to take an active role in their recovery by acknowledging their coping efforts and strengths, and supporting adaptive coping
- To make clear your availability and (when appropriate) link the student and staff to other relevant school or community resources such as school counseling services, peer support programs, afterschool activities, tutoring, primary care physicians, local recovery systems, mental health services, employee assistance programs, public-sector services, and other relief organizations

Core actions are:

1. Contact and Engagement
Goal: To initiate contacts or to respond to contacts by students and staff in a non-intrusive, compassionate, and helpful manner
2. Safety and Comfort
Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort
3. Stabilization (if needed)
Goal: To calm and orient emotionally overwhelmed or disoriented students and staff
4. Information Gathering: (Current Needs and Concerns)
Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid for Schools interventions to meet these needs
5. Practical Assistance
Goal: To offer practical help to students and staff in addressing immediate needs and concerns
6. Connection with Social Supports
Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family, friends, teachers, and other school and/or community resources
7. Information on Coping
Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning
8. Linkage with Collaborative Services
Goal: To link students and staff with available services needed at the time or in the future

These core actions of Psychological First Aid for Schools constitute the basic objectives of providing early assistance within hours, days, or weeks following an event.

The manual stresses the importance of being flexible and devoting the amount of time spent on each core action based on the person's specific needs and concerns.

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 be 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 our 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.

This is a true dilemma (i.e., no win-win answer is likely, only strategies to balance costs and benefits). Research on the matter is sparse. Evidence indicates that much more attention is paid to school safety and security (e.g., metal detectors, uniformed security officers, crisis response drills) than to minimizing negative consequences. Significant research is not available 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, crisis response planners must reflect on such questions as the following:

- 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, and so on?

For more on *Crisis Assistance and Prevention*, see Chapter 17. Also, see our Center's online clearinghouse Quick Find on *Safe Schools and Violence Prevention* at http://smhp.psych.ucla.edu/ql/p2108_03.htm

Accounting for Diversity

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.

U.S. Department of Health and Human Services

As is the case for so many other countries, the United States continues to grow in diversity. Our history is one of both embracing diversity and fighting against it. As the renewed emphasis on racial injustice underscores, these are matters of the utmost importance to the future of our schools and the society they serve.

Examples of diversity concerns identified in research include: age, gender, race, ethnicity, national origin, migration and refugee status and experiences, religion, spirituality, sexual orientation, disability, language, socioeconomic status, education, group identity, position in the social hierarchy, communication modality, level of acculturation/assimilation, developmental stages, stages of ethnic development, level of acculturation/assimilation, individual preferences, popular culture, family and lifestyle, workplace culture, intersectionality, and more.

Embracing diversity on school campuses requires creating and supporting values that encourage students and staff of all backgrounds to value each other, interact with mutual respect and support, and develop authentic relationships. This calls for avoiding practices that work against equity of opportunity for all and that result in unfair and unjust actions.

Addressing diversity at schools involves considerations of significant individual and inter- and intra-group differences. Developing staff competence for working productively in accounting for diversity is a dynamic, on-going learning process. In the end, it is accounting for *individual differences* that is fundamental in establishing intervention fit and effective working relationships.

The reality of schools is that direct or indirect personal accusations that "*You don't understand*" are common and valid. Indeed, they are givens among staff and between staff and students and their families. After all, it is usually the case that one does not fully understand complex situations or what others have experienced and are feeling. And personal and institutional prejudice and other biases, as well as diversity politics, exacerbate the situation.

Accusing someone of not understanding tends to create major barriers to working relationships. 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 colleague, student, or family member.

Building positive working relationships involves a constant focus on quelling personal and institutional prejudices and biases. Personal avoidance of "*You don't understand*" accusations is one example. Consciousness raising and other educational efforts may help. So may mediation practices. On a district and school level, working against institutional prejudices and biases requires policy and leadership that effectively promotes social justice and equity of opportunity.

For more on this, see the resource links on our Center's Quick Find on *Diversity, Disparities, and Promoting Equity* – <http://www.smhp.psych.ucla.edu/qf/diversity.htm>.

Concluding Comments

As we will stress in subsequent chapters, all intervention decisions must attend to the following motivational considerations:

- *Motivation is a key antecedent condition* – a prerequisite. Poor motivational readiness often is (a) a cause of inadequate and problem functioning, (b) a factor maintaining such problems, or (c) both. Thus, strategies are required that reduce avoidance motivation and enhance motivational readiness so that the student is mobilized to participate.
- *Motivation is a key ongoing process concern* – Processes must elicit, enhance, and maintain motivation so that the student stays mobilized (e.g., strategies to counter boredom)
- *Enhancing intrinsic motivation is a basic outcome concern* – A student may be motivated to work on a problem during an intervention session 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.

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, overdemanding, or overwhelming and 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.

The less one understands the background and experiences that have shaped a student, the harder it may be to create a good intervention fit. This problem is at the root of concerns about working with students who come from different cultures and about accounting for individual differences in general. (More on this in subsequent chapters.)

At the same time, attention needs to be paid to the negatives surrounding interventions. Note that one dictionary definition of intervention is “An interference into another's affairs.” As is widely acknowledged, all interventions have a downside, and sometimes the benefits do not outweigh the costs to students, families, staff, and schools.

In reviewing research about best practices, it is essential to look for data on negative “side effects.” In the absence of such data, ethical practice calls for developing a sophisticated understanding of the many ways students can be stigmatized and phenomena such as self-fulfilling prophecies, and process dynamics (see Exhibit 17).

Schools that focus on mental health concerns show they care about all students. Providing effective mental health assistance while also minimizing negative side effects help enhance equity of opportunity and a positive school climate.

Exhibit 17

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 efforts 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.

**Some Online Resources for Mental Health Assistance for Students at School from
UCLA's National Center for MH in Schools & Student/Learning Supports**

A Self-study Survey focused on Student and Family Assistance

<http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/studentfamilysurvey.pdf>

This is one of a set of self-study aids developed by the Center for surveying what a school has in place and what it may want to enhance.

A Virtual Toolbox for Mental Health in School Practitioner

<http://smhp.psych.ucla.edu/summit2002/toolbox.htm>

This online toolbox provides brief resources developed by the national Center. The resources reflect the broad perspective of mental health in schools emphasized in this book, and the role mental health plays in the well-being of students, their families, and their teachers.

Clearinghouse Quick Finds

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

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.

Part I Concluding Comments

Time to Embed Mental Health into Schools' Agenda for Addressing Barriers to Learning and Teaching

Clearly, mental health activity is going on in schools. Equally evident, there is a great deal to be done to improve what is taking place. With respect to efforts to advance mental health in school policy, the current norm is for a vast sea of advocates to compete for their specific and narrow agenda. This includes those representing various professional practitioner groups. Naturally, all advocates want to advance their agenda. Politically, this makes some sense. But in the long-run, it is counterproductive.

The reality is that schools must cope with complex, multifaceted, and overlapping psychosocial and mental health concerns. Policy makers enact ad hoc and piecemeal initiatives and allocate sparse resources. Advocates seek priority for their agenda. Schools end up with fragmented and sometimes redundant practices. The entire enterprise is marginalized in school improvement policy and practice. Not surprisingly, the results are unsatisfactory.

Ending the Marginalization

With specific respect to ending the marginalization of mental health in schools, the challenge is to connect the work in substantive ways with the mission of schools. This involves embedding mental health concerns into the full range of interventions designed to promote personal and social growth and address behavior, learning, and emotional problems.

More specifically, ending the marginalization involves the following:

- Defining mental health broadly – that is, encompassing 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 developing strengths as well as addressing deficits and on the mental health of students' families and school staff
- Confronting equity considerations – for example: stressing mental health's role at school in ensuring all students have an equal opportunity to succeed at school and beyond; ensuring equity of access and availability
- Enhancing collaboration among schools, communities, and the home – for example, coalescing stakeholders to better address emotional, behavioral, and learning problems and promote healthy social and emotional development
- Dealing with the related problems of marginalization, fragmentation, and counter-productive competition for sparse resources – for example, expanding school improvement policy and coalescing practices
- Embedding mental health into a school improvement plan that transforms how schools promote social-emotional development, address barriers to learning and teaching, and reengage disconnected students

Moving Forward

Part I has highlighted basic concerns hampering the field and the need for a broad perspective in thinking about and justifying mental health in schools. Those interested in advancing the work must not only understand these matters, but must be prepared to function on the cutting edge of change.

Systemic changes are necessary to weave school owned resources and community owned resources together to develop comprehensive, multifaceted, and cohesive approaches for addressing barriers to learning and teaching and enhancing healthy development. Moreover, pursuit of such changes must deal with complications stemming from the scale of public education in the U.S.A. (over 90,000 public schools in about 14,000 districts). Replication and "scale-up" require implementation of comprehensive models and procedures.

With respect to embedding mental health into school improvement policy and planning, it is essential to clarify how schools should do the following:

- Promote social-emotional development, prevent mental health and psychosocial problems, and enhance resiliency and protective buffers
- Intervene as early after the onset of emotional, behavior, and learning problems as is feasible and also assist with students who manifest severe and chronic problems
- 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
- Rework the operational infrastructure to build the capacity of all school staff to address emotional, behavioral, and learning problems and promote healthy social-emotional development
- Draw on relevant empirical evidence as an aid in developing a comprehensive, multifaceted, and cohesive system of school-community interventions to address emotional, behavioral, and learning problems
- Implement and validate policy, intervention, operational infrastructure, and system change prototypes for addressing barriers to learning and teaching

In sum, advancing mental health in schools is about much more than expanding services and creating full service schools. It is about playing a major role in addressing barriers to learning and teaching. Here are some examples of the many barriers that regularly interfere with students having equity of opportunity at school. (More on this later.)

Examples of Risk-Producing Conditions that Can be Barriers to Development & Learning

E n v i r o n m e n t a l C o n d i t i o n s*

P e r s o n F a c t o r s*

Neighborhood

- >high poverty
- >community disorganization, including high levels of mobility
- >violence, drugs, etc.
- >lack of positive youth development opportunities

Family

- >conflict/disruptions/violence
- >substance abuse
- >models problem behavior
- >abusive caretaking
- >inadequate provision for quality child care
- >minority and/or immigrant status

School and Peers

- >poor quality school
- >negative encounters with teachers
- >negative encounters with peers &/or inappropriate peer models

Individual

- >medical problems
- >low birth weight/ neurodevelopmental delay
- >psychophysiological problems
- >difficult temperament & adjustment problems
- >inadequate nutrition

*A transactional view of behavior recognizes the interplay of environment and person variables

And, it also is about establishing comprehensive, multifaceted, cohesive, and equitable approaches that help ensure schools are caring and supportive places that maximize learning and well-being and strengthen students, families, schools, and neighborhoods. This is the focus of the rest of this book.

Two Parables Help Clarify the Need to Broaden Understanding of the Role of Mental Health in Schools

The prevailing view is illustrated by the starfish metaphor.

The day after a great storm had washed all sorts of sea life far up onto the beach, a youngster, 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 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. It is one way to think about providing student support.

What we refer to as the bridge parable underscores the need to put such clinical efforts into broader perspective.

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 everyone was diving in and dragging children to the shore and then jumping back in to save as many as they could. But, there were too many. All of a sudden, in the midst of all this frenzy, one of the group stopped jumping in and was seen walking away. Her colleagues were amazed and 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 fixed the bridge."

Fixing and building better bridges is a good way to think about the value of preventing problems. Devoting time to improve and enhance resources, programs, and systems is especially critical for schools since their mission encompasses all not just some students and calls for preventing problems and promoting development.

Do you have a solution for the problem?



No, but I'm sure good at admiring it.



Part II. Contemporary Concerns about Mental Health in Schools: *Where Do You Stand?*

Not so long ago a group in Virginia called for the removal of counselors from their 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 student/learning supports in schools by noting the many problems students experience that must be addressed in order to succeed.

The incident underscores that mental health in schools remains highly controversial in some places and that certain practices may be controversial almost anywhere. Those who support mental health in schools must understand the issues and problems and be prepared to help schools make decisions about how to address them.

In this section of the book, we explore some major contemporary concerns about mental health in schools. These matters permeate the mental health field and represent ongoing challenges to embedding mental health in school improvement policy and practice.

Chapter 6 highlights concerns about labeling, screening, and over-pathologizing

Chapter 7 looks at the handling of misbehavior and social control

Chapter 8 underscores concerns related to bringing new approaches into schools

6. Labeling, Screening, and Over-pathologizing

Normality and exceptionally (or deviance) are not absolutes; both are culturally defined by particular societies at particular times for particular purposes.

Ruth Benedict

Diagnosing Behavioral, Emotional, and Learning Problems

The Debate About the Role of Schools in Screening

**Appreciating the Full Range of Potential Barriers
to Healthy Development and Learning**

Needed: A Broader Classification Framework

**As you read about the matters covered in this chapter,
decide where you stand.**

*Why can't pessimists screen
students for problems?*



They just don't see the positives.

To what extent are diagnostic labels accurate and how much do they shape a person's future?

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 are assigned to a person inaccurately. And 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.

Inevitably, the benefits of assigning a diagnostic label are accompanied by some negative effects on the person labeled.

Youngsters manifesting emotional upset, misbehavior, and learning problems commonly are assigned psychiatric labels that were created to categorize internal disorders. With high frequency, terms such as Attention Deficit Hyperactivity Disorder (ADHD), Depression, and Learning Disabilities (LD) are in vogue. 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 environmental circumstances had differed in good ways.

As schools re-open, the number of students manifesting learning, behavior, and emotional problems will be on the up-swing. Care must be exercised to avoid mislabeling the impact of COVID-19 on youngsters as a pathological condition.

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. At one point in time, almost 50% of those assigned a special education diagnosis were identified as having learning disabilities. This contributed to the backlash to LD seen in the last reauthorization of *Individuals with Disabilities Act* (retitled the *Individuals with Disabilities Improvement Act* but still widely referred to as IDEA). A similar concern has arisen about the number of students who manifest "garden-variety" misbehavior who are misdiagnosed as ADHD. Reports appear rather regularly that suggest a growing backlash, especially as related to the increasing use of medication to treat these youngsters. For example, reports of significant overdiagnosis have led to hearings and community forums and even legislative acts prohibiting school personnel from recommending psychotropic medications for students.

Diagnosing Behavioral, Emotional, and Learning Problems

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 still are made by focusing on identifying one or more disorders (e.g., oppositional defiant disorder, ADHD, 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. For instance, comprehensive classification systems do not exist for problems caused by environmental factors or for psychosocial problems (caused by the transaction of internal and environmental factors). As a result, these factors often are deemphasized in assessing cause. The irony is that so many practitioners who use prevailing diagnostic labels understand that most problems in human functioning result from the interplay of person and environment.

As we will discuss, countering nature *versus* nurture biases in thinking about problems involves approaching diagnosis guided by a broad perspective of what determines human behavior.

*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

The Debate About the Role of Schools in Screening

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. And concerns arise.

Are schools colluding with practices that sensationalize and pathologically label young people's behavior?

Should schools be involved in universal, first-level screening for behavior and emotional problems?

We all have experienced the tendency to generalize from extreme and rare incidents. While one school shooting is too many, fortunately few students 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 news media convey, and the trajectory is downward.

No one is likely to argue against the value of preventing violence, suicide, and other mental health and psychosocial concerns. In recent years, schools have had to be increasingly vigilant about potential violent incidents on campus. And the COVID-19 crisis has everyone concerned about the impact on mental health.

Even so, the debate continues over whether schools should play an institutionalized role in *screening* for mental health problems. Issues arise around:

Is such monitoring an appropriate role for schools to play? If so:

What procedures are appropriate and who should do it?

How will schools avoid doing more harm than good in the process?

Advocates for primary and secondary prevention want to predict and identify problems early. Large-scale screening programs, however, can produce 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 benefits (e.g., "Screening lets us identify problems early, and can help prevent problems such as suicide."). Those against stress 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."

Examples of past screening include:

- *Early-age screening for behavioral, emotional, and learning disabilities, (e.g., enhancing Early Periodic Screening, Diagnosis, and Treatment [EPSDT] and screening in preschool and kindergarten).*
- *Drug testing at school to deter substance abuse.*
- *Student threat profiling to prevent school violence.*
- *Screening for suicide risk.*

In discussing these issues, concerns are raised about (a) the lack of evidence supporting the ability to predict who will and won't be violent or commit suicide, (b) what will be done to those identified as "threats" or "at risk"— including a host of due process considerations, (c) whether the procedures are antithetical to the schools education mission, and (d) the negative impact on the school environment of additional procedures that are more oriented to policing and monitoring than to creating school environments that foster caring and a sense of community.

Concerns also 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.

The following are often heard examples of pro and con positions:

- >*School staff are well-situated to keep an eye on kids who are "risky" or "at risk."*
- >*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 "risky" or "at 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.*

Those arguing that schools should implement first-level screening programs emphasize that it is essential to monitor anyone who is at risk or a risk to others in order to intervene quickly. They believe that school staff are well-situated to do so and with good training can screen using effective safeguards for privacy and confidentiality. Moreover, they suggest that positive benefits outweigh any negative effects.

A central argument against screening students to identify threats and risks is that the practice infringes on the rights of families and students. Other arguments stress that teachers should not be distracted from teaching; teachers and other non-clinically trained school staff are seen as ill-equipped to monitor and make such identifications; students are inappropriately encouraged to play a role in screening peers; existing monitoring practices are primarily effective in following those who have already attempted suicide or have acted violently; and that monitoring others has too many negative effects (e.g., costs are seen as outweighing potential benefits).

Concern

Screening

From an article in the *New York Times* –
<http://www.nytimes.com/2003/05/17/national/17DRUG.html?pagewanted=print>

With respect to drug testing at school, Lloyd Johnston and colleagues at the University of Michigan reported the first major study (76,000 students 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.

Coda: Comment on Trauma Screening as Schools Re-open

As plans for schools to re-open progress, discussion is increasing about the mental health needs of students. Some Departments of Education have placed a high priority on the matter – even to the point of noting that attention to mental health should come first.

At the same time, advocates around the country are calling for schools to do trauma screening.

We know that there will be an increase in students manifesting learning, behavior, and emotional problems. Teachers will be referring many more to student study teams, and they won't need a first level screening device to do so. And, as in the past, such teams will be overwhelmed and unable to process more than a small number of the referrals.

That is why we argue that schools should not add yet another first level screening survey. Rather schools need to devote their limited time and sparse resources to transforming student/learning supports into a system that better addresses barriers to learning and teaching.

Appreciating the Full Range of Potential Barriers to Healthy Development and Learning

A transactional view of the causes of human behavior emphasizes that, for a great many students, external not internal factors often are the basis for a student’s learning, behavior, and emotional problems. And when this is the case, it is the external factors that should be the primary focus of attention.

Exhibit 18 highlights an expanded set of examples of barriers to learning, development, and teaching. Besides pathological conditions that make schooling difficult, children bring a wide range of problems to school stemming from restricted opportunities associated with poverty, difficult and diverse family conditions, high rates of mobility, lack of English language skills, violent neighborhoods, problems related to substance abuse, inadequate health care, and lack of enrichment opportunities. These often are referred to as risk factors and barriers to learning and teaching.

As a result of such factors, each day at every grade level there are students who are not ready to perform and learn in the most effective manner. And students’ problems are exacerbated as they internalize frustrations related to the barriers and the debilitating effects of performing poorly academically, socially, and often in both arenas.

Addressing students’ learning, behavior, and emotional problems begins with a basic appreciation of both primary and secondary instigating factors and whether they can be ameliorated. Inadequate interventions allow problems to persist and fester with life-shaping consequences.

Exhibit 18

Examples of Risk-Producing Conditions that Can Become Barriers to Healthy Development and Learning

E n v i r o n m e n t a l C o n d i t i o n s*			Person Factors*
<i>Neighborhood</i>	<i>Family</i>	<i>School and Peers</i>	<i>Individual</i>
<ul style="list-style-type: none"> • High poverty • High rates of crime, drug use, violence, gang activity • High unemployment, abandoned/floundering businesses • Disorganized community • High mobility • Lack of positive youth development opportunities 	<ul style="list-style-type: none"> • Domestic conflicts, abuse, distress, grief, loss • Unemployment, poverty, and homelessness • Immigrant and/or minority status • Family physical or mental health illness • Poor medical or dental care • Inadequate child care • Substance abuse 	<ul style="list-style-type: none"> • Poor quality schools, high teacher turnover • High rates of bullying and harassment • Minimal offerings and low involvement in extracurricular activities • Frequent student- teacher conflicts • Poor school climate, negative peer models • Many disengaged students and families 	<ul style="list-style-type: none"> • Neurodevelopmental delay • Physical illness • Mental disorders/addictions/Disabilities • Inadequate nutrition and healthcare • Learning, behavior, & emotional problems that arise from negative environmental conditions that exacerbate existing internal factors

*A reciprocal determinist view of behavior recognizes the interplay of environment and person variables.

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 19 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 exhibit, 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 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.)

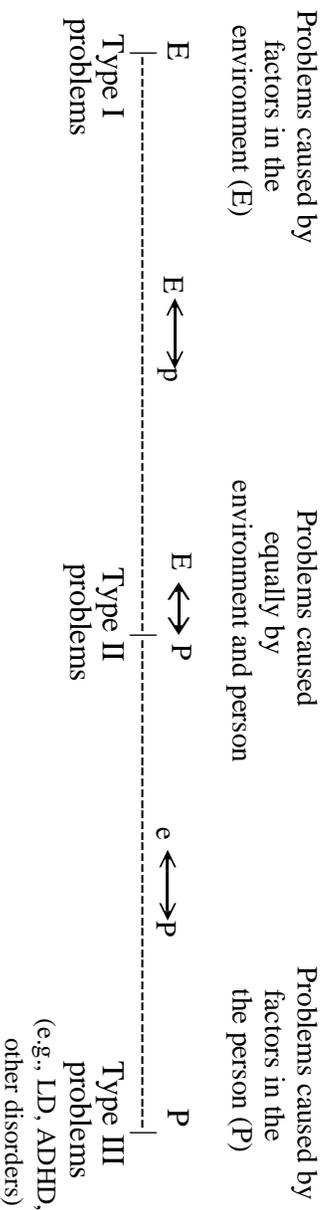
To provide a reference point in the middle of the continuum, a Type II category is used. This group consists of persons who do not function well in situations where their individual differences and minor vulnerabilities are poorly accommodated or are responded to hostilely. The problems of an individual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

Of course, variations occur 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, the continuum helps counter the tendency to jump prematurely to the conclusion that a problem is caused by deficiencies or pathology within the individual. This helps 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.

A Continuum of Problems Based on a Broad Understanding of Cause*

PRIMARY SOURCE OF CAUSE



- caused primarily by environments and systems that are deficient and/or hostile
- problems are mild to moderately severe and narrow to moderately pervasive
- caused primarily by a significant *mismatch* between individual differences and vulnerabilities and the nature of that person's environment (not by a person's pathology)
- problems are mild to moderately severe and pervasive
- caused primarily by person factors of a pathological nature
- problems are moderate to profoundly severe and moderate to broadly pervasive

*Using a transactional view, the continuum emphasizes the *primary source* of the problem and, in each case, is concerned with problems that are beyond the early stage of onset.

... 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

Concluding Comments

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 – in good and bad ways.

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).

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. The situation 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.

Misdiagnoses lead to policies and practices that exhaust available resources in serving a relatively small percent of those in need. That is one 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.

For these and other reasons, considerable criticism exists about some diagnostic labels, especially those applied to young children. Nevertheless, sound reasons underlie the desire to differentially label problems. One reason is that, if properly identified, some problems 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 30 years, prior to the COVID-19 crisis greater attention was being paid in schools to differentiating commonplace student problems from personal pathology. With an increased number of learning, behavior, and emotional problems, this trend is likely to have a set-back. Practices such as *response to intervention* can be helpful. However, as underscored in subsequent chapters, how to mobilize unmotivated and disengaged students remains a core concern in any effort to rule out whether a student has a true disability/disorder (see Exhibit 20).

Exhibit 20

As they re-open: 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)
- 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.”)
- using the least intervention needed when it becomes essential to provide students with special assistance?

(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?

For resources related to the above concerns, see the links in relevant Quick Finds developed by our Center a UCLA – <http://smhp.psych.ucla.edu/quicksearch.htm>

Stop for a few moments and take a big breath. . . .

Now decide where you stand on the matters you just read about.

For more on all this, see the links provided by our Center’s Online Clearinghouse Quick Finds:

> *Assessment and Screening* – http://smhp.psych.ucla.edu/qf/p1405_01.htm

> *Stigma Reduction* – <http://smhp.psych.ucla.edu/qf/stigma.htm>

7. Misbehavior, Social Control, and Student Engagement

A SmartBrief sent out by ASCD reported that Southern schools increasingly were requiring students to take “character” classes as part of an effort to combat disrespectful behavior. Louisiana lawmakers, for instance, ... passed “courtesy conduct” legislation that requires elementary students to address their teachers as “ma’am” and “sir”.

Disengaged Students and Social Control

When Socializing Practices Conflict with Helping

Enhancing Intrinsic Motivation is a Fundamental Engagement Concern

As you read about the matters covered in this chapter consider:

In what ways has the COVID-19 pandemic had an impact on student engagement in formal learning?

Why do you say the school doesn't respect your privacy?



They keep calling my parents to tell them how badly I'm doing my school work!

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 negative consequences of misbehaving. One hope is that public awareness of consequences will deter subsequent problems. As a result, a considerable amount of time is devoted to discipline; a common concern for teachers is how best to handle misbehavior (e.g., often referred to as 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 is 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 practices often make a school look and feel a bit too much like a prison.

To move schools beyond overreliance on punishment and control strategies, the call has been for more proactive practices. Examples of such practices include social skills training, positive behavior support, restorative justice, mindfulness, emotional intelligence training, asset development, and character education. From a preventive perspective, there is advocacy for ensuring that the curricula fosters intrinsic motivation, self-efficacy, emotional well-being, social and moral responsibility, personal integrity, self-regulation (self-discipline), an academic work ethic, and more.

And the role families should play has long been emphasized. The need for developing more effective school-home partnerships was underscored by the learning, behavior, and emotional problems that emerged during COVID-19 home-schooling.

Disengaged Students and Social Control

Students who are not engaged or who have become actively disengaged from instruction are among the most frequent discipline and learning problems. And behavior and learning problems usually generate emotional problems.

In general, teaching involves practices to convey content and promote acquisition of knowledge, skills, and attitudes. All this works fine when students approach instruction each day ready and able to deal with what schools are ready and able to teach. At school, teachers are indeed 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 just isn't the case. Teachers in such settings encounter many students who not only frequently misbehave, but also are not easily intimidated by authority figures. Such students often have become disengaged from and resistant to prevailing teaching practices. This problem has become a painful reality for families related to online learning.

At school, 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 disruptive youngsters, instructional time is lost to "classroom management" efforts. At one time, a heavy dose of punishment was the dominant reaction to misbehavior. Currently, the stress is on developing a more positive approach in and out of the classroom. However, these newer strategies remain reactive, tend to rely on reducing disruptive behavior through *social control* techniques, and pay little attention to the need to help teachers re-engage the student in classroom instruction.

Whatever practices are used in reacting to misbehavior, they often are potent only in the short-run; misbehavior is likely to reappear unless the student is intrinsically re-engaged in formal instruction. Such engagement is key to preventing misbehavior.

All teachers have been taught something about engaging students. Unfortunately, practices for the *re-engaging* students who have become disconnected from instruction rarely are a prominent part of pre- or in-service personnel preparation. And those at home often overrely on rewards and punishment.

For anyone striving to enhance their understanding of and planning for student engagement, the analysis by Fredricks, Blumenfeld, and Paris is helpful (see Exhibit 21). Three types of engagement are differentiated (i.e., behavioral, emotional, and cognitive) and school, classroom, and individual factors affecting engagement are identified, along with ways to measure engagement. The authors 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.”

Exhibit 21

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

An often stated assumption is that using social control practices to stop misbehavior will make students amenable to teaching. In a few cases, this may be so. However, the assumption ignores research on *psychological reactance* and the need for individuals to maintain/restore their sense of self-determination. 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.

Concern

Dropouts or 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 following excerpt from a resolution by the National Coalition of Advocates for Students was directed at zero tolerance policies but highlights some basic concerns about how schools handle behavior problems. They state that many approaches implement ... *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.*

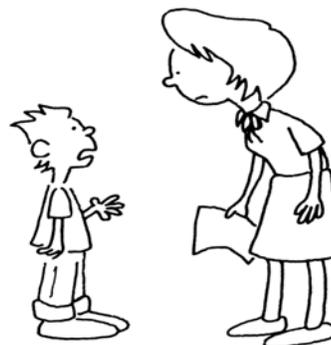
The argument sometimes is made that the reasons students relapse into misbehaving is because the practices used to correct the problem are the wrong ones or are incorrectly implemented. In contrast, the concern raised here is that many approaches to addressing misbehavior produce short-term outcomes because they tend not to include a focus on helping teachers enhance a student's intrinsic engagement in classroom instruction and re-engage students who have disengaged.

As long as a student is not engaged in instruction, behavior problems are likely to occur and reoccur. As long as the emphasis is, first and foremost, on implementing social control techniques, too little attention is given to enhancing intrinsic motivation for instruction. In effect, the focus is on socializing desired behavior rather than helping improve student achievement and well-being.

Reactive efforts to address behavior problems often overemphasize social control tactics and fail to re-engage students who are disconnected from classroom instruction.

An example of psychological reactance

*If you didn't make so many rules,
there wouldn't be so many I need to break!*



When Socializing Practices Conflict with Helping

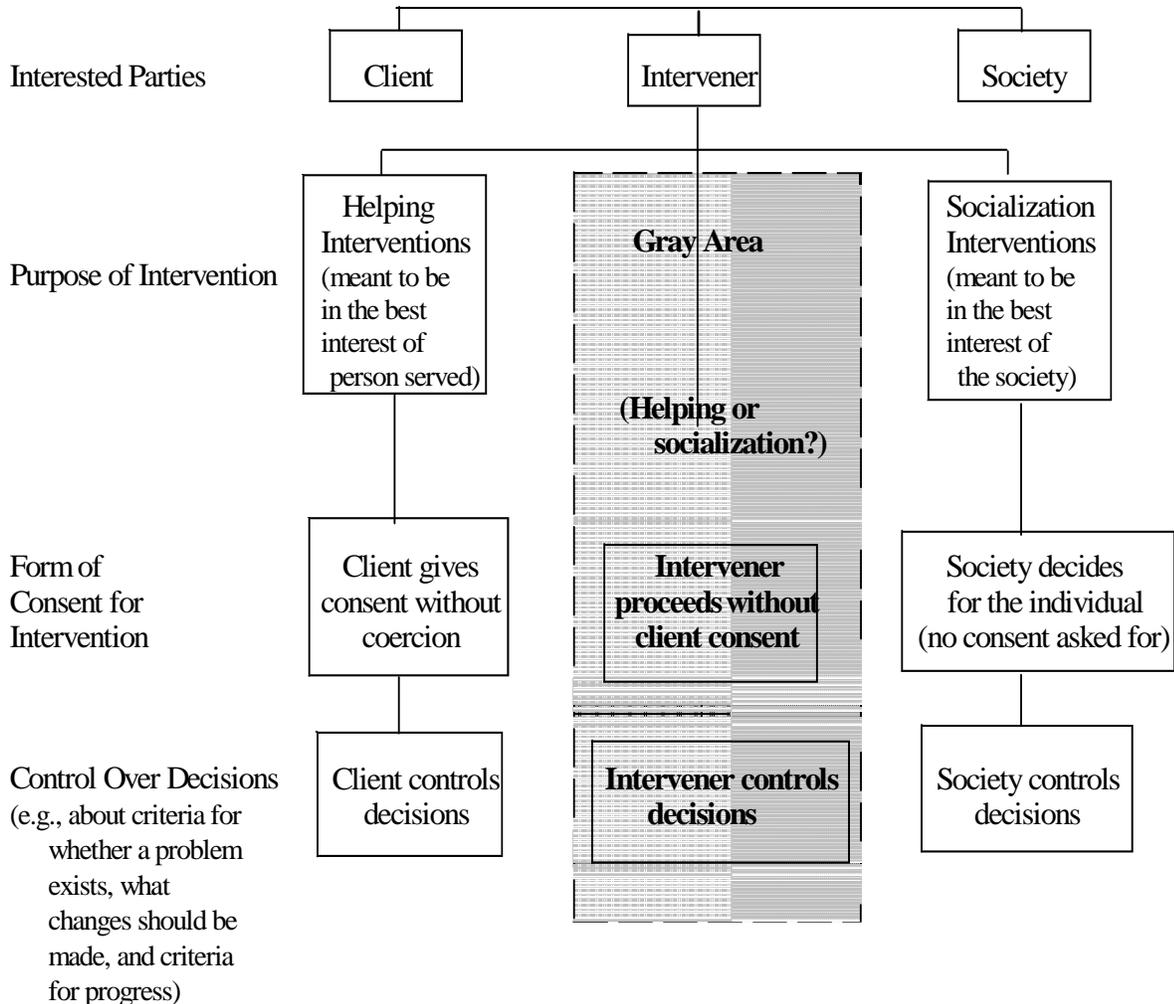
One major reason for *compulsory* education is that society wants schools to act as socializing agencies

Whenever interveners focus on deviant behavior, the following question is pertinent: *Is the agenda 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 22). 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 and often involve social control interventions.

How does one know whose interests are served? Criteria include the nature of the consent and ongoing decision-making processes. That is, using these criteria, the interests of individuals are served when they consent to intervention without coercion and have 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 individuals without asking for consent; and during intervention, society maintains control over major intervention decisions.

Exhibit 22

Helping and Socialization Interventions



Helping and socializing interventions often come into conflict with each other. As the above discussion of misbehavior underscores, one example is when decisions are made to use social control practices and ignore causal factors and related interventions.

When a youngster misbehaves, one facet of responding involves bringing the deviant and devious behavior under control. Interventions usually are designed mainly to convince students they should conform to the proscribed limits of the social and instructional setting.

People, 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. And while school staff and parents tend to value a school's socializing agenda, they also want youngsters provided with special help when behavior, learning, and emotional problems arise.

Practitioners commonly are confronted with situations where socializing 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 problems, including efforts designed to make environments more accommodative for the person being helped. When practitioners are unclear about their agenda or are forced by circumstances to try to pursue helping and socialization simultaneously, this adds confusion to the situation.

Circumstances arise when the intent is to serve the individual's interest but eliciting truly informed consent or ensuring the individual has control is not feasible. Interveners, then, are 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. Interveners also work 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. School staff experience this situation when they make decisions that students don't like.

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 often leads to coercive and repressive actions. Ultimately, every practitioner must personally come to grips with what is morally proper in balancing the respective rights of the various parties when interests conflict.

Concern

Decisions that place misbehaving students together: Is it a helping intervention?

Researchers are reporting (and school personnel have long recognized) levels of deviancy increase with concentrated groupings of students who are being punished for misbehavior. Concerns are raised that the resulting student groupings exacerbate negative outcomes such as increased misbehavior at school, neighborhood delinquency, substance abuse, and dropping out of school. As Dishion and 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 resulting from discipline policies, alternative school assignments, special education placements, and more.

Enhancing Intrinsic Motivation is a Fundamental Engagement Concern

Students who are intrinsically motivated to learn seek out opportunities and challenges and go beyond requirements. In doing so, they behave, perform, and learn more and learn more deeply than do peers who are extrinsically motivated

From a psychological perspective, the essence of the difference between intrinsic and extrinsic motivation is the degree to which human behavior is driven by personal needs or reinforcement contingencies (e.g., rewards and punishments). In their delineation of intrinsic motivation, Deci and Ryan emphasize that people strive to meet three fundamental personal needs, namely, to *feel* self-determining, competent, and related to others. Research indicates that these three needs are strongly related to learning, behavior, and emotional well-being. Studies also indicate that overuse of extrinsics can undermine intrinsic motivation. Dealing with misbehavior through use of social control strategies is an example of how often extrinsic motivational practices are overused to the detriment of intrinsic motivation and student engagement.

For some time there has been concern that professional preparation and development and parent education programs have paid too little attention to intrinsic motivation and psychological reactance as related to youngsters' misbehavior. Understanding these concepts clarifies how essential it is to avoid processes that make children and adolescents feel controlled and coerced. Such processes are seen as likely to produce avoidance reactions and thus, reduce opportunities for positive learning and for development of positive attitudes. One result is that students disengage from instruction. Re-engagement involves interventions that help (1) minimize conditions that produce reactance and negatively effect intrinsic motivation and (2) maximize conditions that have a positive intrinsic motivational effect.

Research stresses the need to move away from coercive approaches and increase autonomy-supportive interventions

A research review by Vansteenkiste, Lens, and Deci notes that externally controlling contexts overrely on "overtly coercive strategies, such as salient reward contingencies, deadlines, and overtly controlling language." By way of contrast, personnel in autonomy-supportive school environments "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."

Teachers, parents, and support staff, of course, cannot control all factors affecting intrinsic motivation. Indeed, in addressing student problems, interveners have direct control over a relatively small segment of the physical and social environment. With engagement in instruction in mind, the aim is to establish conditions for learning that are a good fit with the student's current motivation and capabilities.

Students who manifest behavior, learning, and emotional problems may have developed extremely negative perceptions of teachers and instruction. In such cases, they are not likely to be open to people and activities that look like "the same old thing." If the youngster is to perceive the situation as a good fit, major changes in approach are required. Minimally, exceptional efforts must be made so the student (1) views the teacher and other interveners as supportive (rather than controlling and indifferent) and (2) perceives content, outcomes, and activity options as personally valuable and obtainable. From this perspective, any effort to re-engage disengaged students begins with addressing negative perceptions and then enhancing intrinsic motivation for instruction.

Concern

How Well are Matters Addressed that Have an Impact on Intrinsic Motivation?

Positive intrinsic motivation is a *protective factor* and plays a key role in developing *resiliency*. In general, enhancing such motivation involves procedures that can increase positive feelings, thoughts, and coping strategies with respect to learning and minimize experiences that increase avoidance motivation. To these ends, schools must address the following:

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 student is not motivationally ready, strategies must be pursued to develop such readiness (often including a focus on reducing avoidance motivation). Readiness should not be viewed in the old sense of waiting until an individual is interested. Promoting readiness involves establishing environments that students perceive as caring, supportive places and offering stimulating activities that are valued, challenging, and doable.

Motivation as a key ongoing process concern. Many students get caught up in the novelty of a new activity, but after a few sessions, interest wanes. Some students are motivated by the idea of obtaining a given outcome but may not be motivated to pursue certain processes and so may not pay attention or may try to avoid them. For example, some are motivated initially to work on overcoming their problems but may not maintain that motivation. Strategies must elicit, enhance, and maintain motivation so that a youngster stays mobilized.

Minimizing negative motivation and avoidance reactions as process and outcome concerns. Those working at a school and those at home not only must try to increase intrinsic motivation but also must avoid or at least minimize conditions that decrease motivation or produce negative motivation. This involves, for example, not over-relying on extrinsics to entice and reward because doing so may decrease intrinsic motivation. At times, school is seen as unchallenging, uninteresting, overdemanding, overwhelming, overcontrolling, nonsupportive, or even hostile. When this happens, a student may develop negative attitudes and avoidance about a given situation and over time, about school and all it represents.

Enhancing intrinsic motivation as a basic outcome concern. A critical outcome is to enhance intrinsic motivation for pursuing a given area (e.g., good behavior, reading). Good schooling develops a positive, intrinsic attitude that mobilizes ongoing learning and positive behaving when a student is not at school. Achieving such an outcome involves use of strategies that do not over-rely on extrinsics and that do enable youngsters to play a meaningful role in making decisions about valued options.

For more on this topic, see the links in the UCLA Center's Quick Find:

Motivation <http://smhp.psych.ucla.edu/qf/motiv.htm>

Concluding Comments

Many students say that . . .they feel their classes are irrelevant and boring, that they are just passing time . . . (and) are not able to connect what they are being taught with what they feel they need for success in their later life. This disengagement from the learning process is manifested in many ways, one of which is the lack of student responsibility for learning. In many ways the traditional educational structure, one in which teachers "pour knowledge into the vessel" (the student), has placed all responsibility for learning on the teacher, none on the student. Schools present lessons neatly packaged, without acknowledging or accepting the "messiness" of learning-by-doing and through experience and activity. Schools often do not provide students a chance to accept responsibility for learning, as that might actually empower students. Students in many schools have become accustomed to being spoon-fed the material to master tests, and they have lost their enthusiasm for exploration, dialogue, and reflection -- all critical steps in the learning process.

American Youth Policy Forum (2000)

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.

Student motivation always is a concern of personnel preparation programs. However, what is taught often is narrowly focused on extrinsic motivators. Generations of school and mental health personnel and parents have been taught about manipulating and controlling behavior using reinforcers. As a result, control strategies continue to dominate how schools and homes react to misbehavior.

The growing concern is that social control practices produce psychological reactance and decrease intrinsic motivation for engaging in instruction. As a result, such practices can be counterproductive and not effective in preventing misbehavior over the long-term. In place of extrinsic controls, schools and homes are being called upon to move toward more autonomy-supportive approaches when dealing with misbehavior, enhancing engagement in learning, and re-engaging disconnected students.

Stop for a few moments, take a big breath, and consider:

As schools re-open:

besides the problem of minimizing the spread of COVID-19,

***what will be the challenges with respect to
engaging students in instruction?***

In Parts III and IV, we offer concepts and practices for schools to help counter an overreliance on social control interventions.



How many will focus on improving the way schools address barriers to learning and teaching?

As schools re-open, it is likely there will be many new practices.

Consider the following as you read this chapter:

Science-based Practices: How Good is the Evidence?
Another Intervention – Where Does it Fit?
The Problem of Implementing New Approaches
Limitations of Implementation Research
Concerns about Systemic Change

8. Concerns about Bringing New Practices into Schools

Effective practices typically evolve over a long period in high-functioning, fully engaged systems.
Tom Vander Ark

Another project, another program, another initiative to address students' behavior, learning, and emotional problems, make school safer, promote healthy development, and more. The clamor for school improvements has increased with school re-openings after the COVID-19 closings.

Two concerns arise as a new approach is proposed:

What's the evidence that it works?

Where and how does it fit into the school's mission?

These are pressing matters in improving schools. And, they are fraught with controversy.

Science-based Practices: How Good is the Evidence?

Increasingly, proposals for adding another program, project, or initiative are met with questions about how well they are based in science. As a result, terms such as science-based or empirically-supported are being applied in describing many new approaches.

Schools, for example, are being asked to adopt interventions that are identified rather generously as having a good research base. However, the research often only meets a loose interpretation of scientific standards. In contrast to programs for schools, mental health treatments that are designated as evidence-based tend to have data from several rigorous studies (e.g., studies using randomized control conditions, with consistent findings that the treatment is better than a placebo or no treatment). However, in both instances, the interventions usually have only demonstrated *efficacy* under laboratory or demonstration site conditions.

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.

Finding Information About Evidence-based Practices

Our Center at UCLA provides links to information about evidence-based programs for prevention, early intervention, and treatment. For example, see *Annotated Lists of Empirically Supported/Evidence-based Interventions for School-aged Children and Adolescents* online at <http://smhp.psych.ucla.edu/pdfdocs/aboutmh/annotatedlist.pdf>. Additional links are contained in the Center's online clearinghouse Quick Finds at <http://smhp.psych.ucla.edu/quicksearch.htm>

No one argues against using the best science available to improve professional expertise. However, the evidence-based practices movement is reshaping mental health in schools in ways that have raised concerns. For example, there is a skewed emphasis on gathering evidence for practices that focus on individual pathology.

From a school perspective, a central concern is that practices developed under laboratory and demonstration conditions are being pushed prematurely into widespread application. 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 research finds a prototype effective under "real world" conditions, it can only be considered as promising, not a proven practice. Even then, best practice determination must be made.

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 currently available. How *good* it is depends on complex analyses related to costs and benefits.

Concern

Can Schools Wait for Empirical-support?

Given the need to address psychosocial and mental health concerns, can schools afford to wait for research support? Should they drop activity where not enough sound research is available (e.g., approaches that address problems in noncategorical ways; schoolwide approaches; comprehensive, multifaceted approaches)? And as many schools re-open with hybrid approaches, what research guidance is available?

In general, the potential *tyranny* of evidence-based practices is a growing concern, and the possibility that overemphasizing specific approaches can inadvertently undermine rather than enhance schoolwide improvements. Virtually no evidence exists that evidence-based practices contribute to overall school effectiveness, and ironically, little data on the matter are gathered.

At the same time, with the evidence-based movement gaining momentum, an increasing concern is that policy makers and funders officially are prescribing certain interventions and proscribing others. This breeds fear that only those schools and practitioners who adhere to official lists will be sanctioned and rewarded.

Another Intervention – Where and How Does it Fit?

For purposes of our discussion here, let's assume that evidence exists that a practice is good, and advocates want it adopted. In such cases, the question for decision makers is: How well does it *fit* into efforts to improve schools? 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. From this perspective, school decision makers must consider such matters as whether the practice will

- 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, review the discussion in Chapters 1 and 2 about the current state of the art. And as we discussed in Chapter 7, consider that too many evidence-based practices focus only on dealing directly with behavior, learning, and emotional problems. Such practices do not address engaging and re-engaging a student in classroom instruction and generally are insufficient in *sustaining* student involvement, good behavior, learning, and general well-being.

In a practice guide for dropout prevention from the federal *What Works Clearinghouse*, Dynarski and colleagues stress that while individual strategies clearly can help a few students, “the greatest success in reducing dropout rates will be achieved where multiple approaches are adopted as part of a comprehensive strategy to increase student engagement.”

They note that “while dropping out typically occurs during high school, the disengagement process may begin much earlier and include academic, social, and behavioral components. The trajectory of a young person progressing in school begins in elementary grades, where students establish an interest in school and the academic and behavioral skills necessary to successfully proceed.

During the middle school years, students’ interest in school and academic skills may begin to lag, so that by . . . high school, students . . . may need intensive individual support or other supports to reengage them. . . . Educators and policymakers need to consider how to implement intermediate strategies aimed at increasing student engagement.”

The guide offers six recommendations in the context of the following three categories:

- Diagnostic processes for identifying student level and schoolwide dropout problems
- Targeted interventions for a subset of middle and high school students who are identified as at risk of dropping out
- Schoolwide reforms designed to enhance engagement for all students and prevent dropout more generally.

The Problem of Implementing New Approaches

Any new approach adopted by an organization raises the implementation problem. A basic concern for a school is how best to fully integrate a new approach into its school improvement plans. For school districts, additional concerns arise around planning for sustainability and equitable replication in all schools. Moving efficacious prototypes into the real world is especially complex. And while some of the complexity is evident, much more is not.

Clearly, implementing new practices requires careful planning based on sound intervention fundamentals and research findings. Implementation research, however, is in its infancy.

Some key facets of the work have been articulated. These include social marketing, articulation of a shared vision for the work, ensuring policy commitments, negotiating agreements among stakeholders, ensuring effective leadership, enhancing and developing an infrastructure. Examples of process needs include 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; establishing formative and summative evaluation processes and accountability procedures.

Limitations of Implementation Research

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 (<https://nirn.fpg.unc.edu/national-implementation-research-network>).

Early research on the implementation problem 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, for

the most part, studies of the implementation problem have used too limited a procedural framework and given too little attention to context. The result: fundamental considerations related to moving new practices into common use have been neglected.

Concern

Fidelity of Implementation or Meaningful Adaptation?

Frequent failures in implement new approaches at schools led to increased research on problems related to fidelity of implementation and large-scale replication. An emerging issue is whether framing the implementation problem in such a manner is misleading. Critics suggest that expecting schools to adopt a program without adapting it to fit the specific setting is unrealistic and inappropriate (e.g., the need is to match the motivation and capacities of staff who will do the implementation). As Richard Price states, "Effective implementation depends not on exclusive and narrow adherence to researcher definitions of fidelity but also on mutual adaptation between the efficacious program features and needs and competencies of the host organization."

The deficiencies of many implementation efforts become apparent when the problem is framed 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. This frame helps view the implementation problem from the vantage point of the growing bodies of literature on diffusion of innovations and systemic change. These two overlapping arenas provide the broad perspective necessary for advancing research associated with moving new approaches into the schools.

Reframing the implementation problem as a process of diffusing innovation through major systemic change acknowledges the complexities of facilitating systemic changes and replication to scale. 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 factors influencing implementation. 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.

Is the new program a good one?



*It's not so great,
but it's the best we have!*

Concerns about Systemic Change

Michael Fullan stresses that effective change requires leadership that “motivates people to take on the complexities and anxieties of difficult change” (see Exhibit 23). We add that such leadership also must develop a refined understanding of how to facilitate change.

Exhibit 23

Resistance, Reluctance, or Relevant Concerns?

The following matters are often heard in schools when efforts are made to introduce new practices and system changes:

"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."

Beyond these off-the-cuff remarks, more sophisticated concerns about the demand for adoption of evidence-based practices in schools come from policy makers and practitioners who are enmeshed in transforming public education. In reacting to such concerns, researchers must be careful not to dismiss them as antiscientific and mindless resistance.

It is a truism that not everyone is ready for major changes in their lives. At the same time, 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. Still, such rhetoric has influenced interpretations about why achieving prototype fidelity in schools (and clinics) is so difficult.

Whatever the motivation, the controversies and concerns about what practices are appropriate and viable 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?"

Major elements involved in implementing innovative practices in an institutional setting are logically connected to considerations about systemic change. Systemic change is discussed in Part V. Here we stress some of the concerns related to implementation.

Critical to implementation, sustainability, and replication to scale is a realistic strategic plan for systemic change. Concerns arise when the plan is not formulated in ways that phase in the changes and the following are not in place:

- a well-designed and developed organizational and operational infrastructure – including administrative leadership and infrastructure mechanisms to facilitate changes (e.g., well-trained change agents)
- local ownership of the changes and a critical mass of committed stakeholders
- mechanisms that can help overcome barriers to stakeholders working productively together to implement and renew changes over time

Concern

Failure to Adequately Address Readiness for Change

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.

Concluding Comments

As Willingham and Rotherham note:

A key problem for the policymaker or practitioner who hopes to use findings of science honestly is identifying a threshold of certainty for acting on those findings in some way. How persuasive must scientific evidence be before we feel compelled to act? There is always some uncertainty in scientific knowledge; every theory is understood to be provisional, to be the best explanation we have now. Yet teachers and policymakers cannot wait for overwhelming evidence and seemingly flawless theory; sometimes they must act—even when the evidence is far from ideal. For example, researchers know less about helping children develop reading fluency than they do about other topics in reading, such as decoding. But practitioners will encounter children who have trouble with fluency, and they must help those children as best they can.

Those who set out to implement new practices in schools are confronted with a complex set of tasks related to demonstrating validity and “fit” and implementing systemic change. Encompassed 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.

Our intent in this chapter is only to foster greater understanding of the concerns about fit and implementation as related to schools. A more sophisticated approach to these matters is essential to improving schools in general and addressing barriers to learning and teaching in particular. We return to and amplify these matters in Part V.

After suffering the impact of COVID-19, I think any more changes related to our school are too risky.



O.K. So I guess we should play it safe by continuing the school's slow decline into obsolescence.

Given that school changes are forthcoming:

What changes are needed to improve the way schools address barriers to learning and teaching?

Part II Concluding Comments

Addressing Concerns is an Ethical Responsibility

Schools must serve the common good and also ensure individual rights

Anyone who works in schools must come to grips with the concerns we have discussed in Part II. They often are discussed as ethical dilemmas. When is it appropriate to compel/coerce? How can schools balance privacy and confidentiality and still appropriately share information? How can schools do no harm or at least minimize negative side effects? What is the best way for schools to prevent problems? How best to enhance equity of opportunity for success at school and beyond? There are no simple and straightforward answers to such controversial ethical dilemmas.

Some of the controversy stems from a valuing of individual rights and the understanding that such rights come with societal responsibilities. Another factor is the ethical responsibility to minimize harm to individuals while promoting societal well-being.

While there are no simple answers, policy makers must make decisions about what schools should and shouldn't do. Fortunately, there is a robust literature on basic ethical principles to aid in addressing such matters.*

The world around us is changing at an exponential rate and so must the way schools approach behavior, learning, and emotional problems. COVID-19 has made matters worse and elevated the need to focus on minimizing the barriers to learning and teaching and promoting healthy development.

Countering the opportunity and achievement gaps requires that schools move forward in ensuring that all youngsters have an equal opportunity to succeed in their schooling and to achieve productive and healthy lives. This requires moving forward in embedding mental health into a unified, comprehensive, and equitable system of student/learning supports for addressing the needs of all students. To paraphrase Goethe: *Not moving forward is a step backward.*

Moving forward is the focus in Parts III and IV.

*See

Beauchamp, T.L. & Childress, J.F. (2019). *Principles of biomedical ethics* (8th ed.). New York: Oxford University Press.

Raines, J.C. & Dibble, N.T. (2010). *Ethical Decision Making in School Mental Health*. Oxford Scholarship online.

Tribe, R., & Morrissey, J. (2020). *The Handbook of Professional Ethical and Research Practice for Psychologists, Counsellors, Psychotherapists and Psychiatrists*. Routledge.

Welfel, E.R. (2015). *Ethics in counseling & psychotherapy*. 6th ed. Cengage Learning.

And go to the Center's Quick Find on:
Ethical/Legal/Consumer Issues in School Health/Mental Health
http://smhp.psych.ucla.edu/qf/p1406_01.htm

Also go online and see the ethical guides
published by the various school professional associations.

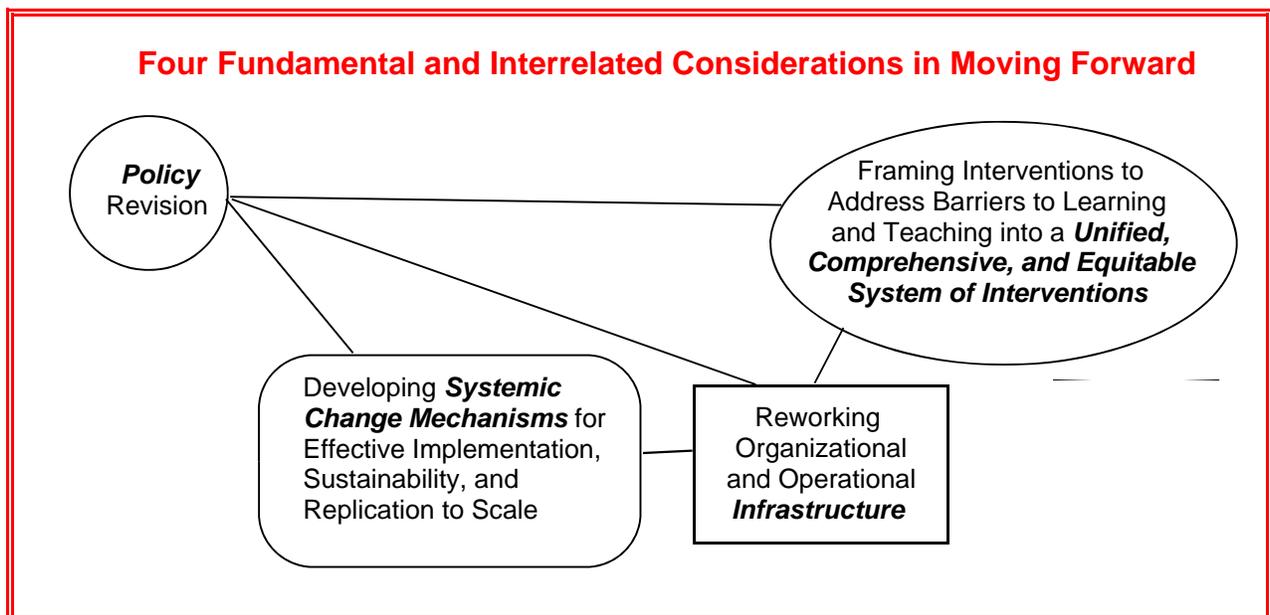
Part III. Moving Forward: Reframing How Schools Address Behavior to Learning and Teaching and Re-engage Disconnected Students

*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

Given the changes wrought by COVID-19, the way re-opened schools approach behavior, learning, and emotional problems must change as well. As schools develop improvement plans and hybrid models, the roles and functions of all who provide student and learning supports require reframing. In schools where the need to address barriers to learning and teaching is especially critical, this must be a high priority in planning.

To guide planning, our focus in the rest of this book is on moving forward in sustainable ways that ensure all youngsters have an equal opportunity to succeed at school and to achieve productive and healthy lives. Embedding mental health in schools is an essential facet of this. And, fundamentally, moving forward requires addressing the interrelated considerations illustrated below.



With the above in mind, Part III covers the following:

- How Schools Address Learning, Behavior, and Emotional Problems
- New Directions for School Improvement Policy
- A Prototype for a Unified, Comprehensive, and Equitable Intervention System
- Reworking Operational Infrastructure

9. How Schools Address Learning, Behavior, and Emotional Problems

Barriers to Learning and Teaching

Student and Learning Supports: Not a Pretty Picture

More of the Same is Not the Solution

Toward a Solution

While good teaching is the foundation for learning at school, instruction alone cannot ensure that all students have an equal opportunity to succeed. The COVID-19 pandemic underscored glaring inequities in resources and supports as home schooling was pursued. With school re-openings, old ideas about addressing barriers to learning and teaching must give way to new thinking.

So how do you like school?



I liked it better when it was closed!

Many factors can and do interfere with connecting with school success. Schools, districts, regional units, and state departments allocate considerable resources to address these barriers to learning and teaching – even when budgets are tight. These resources are augmented by federal programs and community supports.

A major portion of allocated resources are devoted to student and learning support staff. These include, *but are not limited to*, the *Specialized Instructional Support Personnel* designated in the Every Student Succeeds Act (i.e., school counselors, school nurses, psychologists, school psychologists, social workers and school social workers; occupational and physical therapists; art, dance/movement, and music therapists; and, speech-language pathologists, and audiologists). Also involved in dealing with student problems are administrators, staff of federal “title” programs, those working with special projects and initiatives, special education staff, paraprofessionals, volunteers, community professionals collocating at schools, and students and their families.

Considerable variability exists in the number and range of student and learning support activities in districts and schools. In general, the majority of the resources are allocated for interventions that address discrete, categorical problems. Some are designed to reach the entire student body or specific subgroups. A few are specialized services that can only be provided to a relatively small number of students. As we will discuss, the trend is to develop all the efforts in an ad hoc and piecemeal manner and as a result, they play out in fragmented, unsystematic ways. And the situation is likely to worsen as hybrid models are implemented as the result of COVID-19.

Barriers to Learning and Teaching

Exhibit 24 illustrates that barriers to learning and teaching interfere with students connecting with instruction (despite all the efforts to improve instruction).

Exhibit 24

Barriers Interfere with Connecting with Instruction

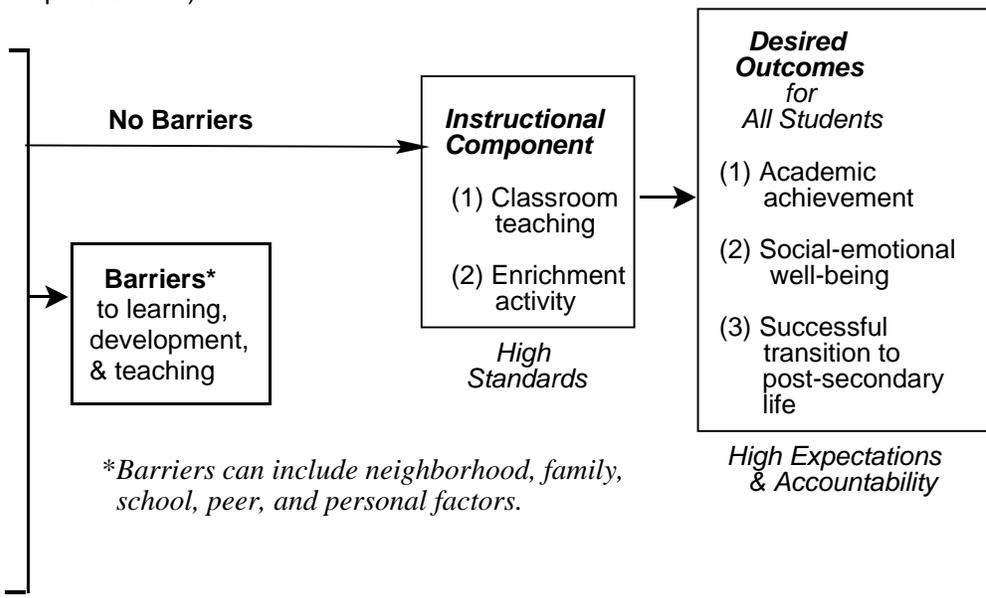
Range of Learners

(based on their response to academic instruction at any given point in time)

On Track
Motivationally ready & able

Moderate Needs
Not very motivated/ lacking prerequisite knowledge & skills/ different learning rates & styles/minor vulnerabilities

High Needs
Avoidant/very deficient in current capabilities/ has a disability/major health problems



The problems encountered by students and schools are complex and overlapping. Barriers to development, learning, and teaching include neighborhood, family, school, peer, and personal factors. Exhibit 25 provides a synthesis of analyses delineating major external and internal barriers.

Implicit in democratic ideals is the intent of ensuring that *all* students succeed in their schooling. If all students were ready and able to profit from “high standards” curricula, then there would be little problem. But *all* encompasses those who are experiencing external and/or internal barriers that interfere with benefitting from what schooling offers. As the COVID-19 crisis dramatically underscored, providing equity of opportunity to succeed with schooling requires more than offering instruction. It also requires addressing a variety of barriers to development, learning, and teaching.

With school re-openings, every school again is confronted with a range of students with learning, behavior, and emotional problems. For some schools, the numbers can be staggering, especially in schools serving low wealth families. For most schools, the need for student/learning supports far exceeds what is available.

Exhibit 25

Examples of External and Internal Barriers to Learning and Teaching

<i>External Factors*</i>	<i>Internal Factors (biological and psychological)</i>
<p><i>Community</i></p> <ul style="list-style-type: none"> Ready access to drugs Ready access to firearms Crime and violence High mobility Transitional neighborhoods Low neighborhood attachment and community disorganization Extreme economic deprivation Natural disasters and pandemics <p><i>Family</i></p> <ul style="list-style-type: none"> Family history of problems Inadequate family management of problems Family conflict Dysfunctional parenting Family members engaged in problem behavior <p><i>School</i></p> <ul style="list-style-type: none"> Academic failure beginning in elementary school <p><i>Peer</i></p> <ul style="list-style-type: none"> Friends who engage in problem behavior Favorable attitudes toward problem behavior 	<p><i>Differences</i> (e.g., being further along toward one end or the other of a normal developmental curve; not fitting local “norms” in terms of looks and behavior; etc.)</p> <p><i>Vulnerabilities</i> (e.g., minor health/vision/hearing problems and other deficiencies/deficits that result in school absences and other needs for special accommodations; being the focus of racial, ethnic, or gender bias; economical disadvantage; youngster and or parent lacks interest in youngster’s schooling, is alienated, or rebellious; early manifestation of severe and pervasive problem/antisocial behavior)</p> <p><i>Disabilities</i> (e.g., true learning, behavior, and emotional disorders)</p>

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

Student and Learning Supports: Not a Pretty Picture

A synthesis of the wide range of student and learning supports that districts pursue is highlighted in Exhibit 26. Schools differ in what and how many they provide. Commonplace, however, is the fragmented and often disorganized way existing student and learning supports are planned and implemented. And this reflects how marginalized the enterprise is in school policy and practice.

School budgets always are tight, and more so after COVID-19; cost-effectiveness is a constant concern. In some schools, principals have told us that up to 25% of their budget was consumed in efforts to address barriers to learning and teaching. Yet, analyses indicate extremely limited results. Sparse budgets also contribute to the long-standing counterproductive competition and redundancy in resource use among support staff and with community-based professionals who link with schools. Each new initiative has tended to compound these matters.

Furthermore, the need to label students in order to obtain special, categorical funding has skewed practices toward narrow and unintegrated intervention approaches. One result has been to enroll students identified as having multiple problems into several programs with professionals working independently of each other. Similarly, youngsters identified and helped in elementary school who still requires special support may cease to receive appropriate help upon entering middle school.

Concern About Categorical Approaches

Categorical approaches and small special projects: *Do they undermining efforts to create effective systems for schools to address overlapping psychosocial and mental health problems?*

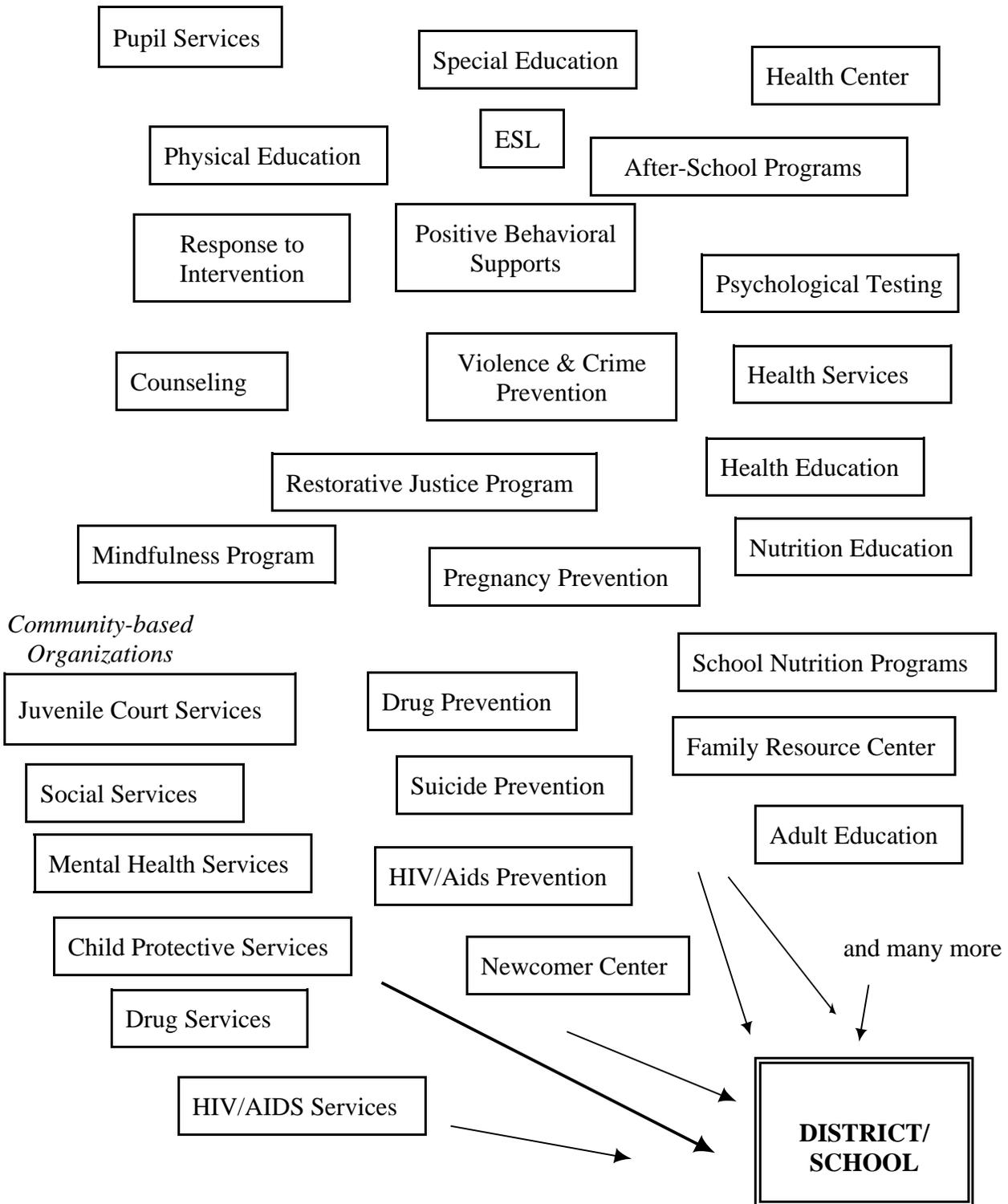
Given tight budgets, there is constant concern about categorical funding and the piecemeal approaches for addressing student problems. At the same time, the political tendency is to continue to call for narrow, targeted initiatives that stress discrete problems such as trauma, suicide, and depression screening, substance abuse and bullying prevention, and on and on. Because of the sporadic and cyclical way policy attends to problems, discrete approaches have been dubbed “flavors of the month.”

All this continues in spite of the science-base that indicates students experience overlapping 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 the type of unified, comprehensive, and equitable system of learning supports that can enhance equity of opportunity for success in schooling. These folks stress that piecemeal approaches don’t add up to effective student/learning supports for the many and are undermining efforts to transform such supports into a potent system.

Exhibit 26

Much may be happening, but it all tends to be fragmented!



The Current Situation – in many districts and schools

My job is bullying prevention!



I'm only concerned about PBIS!



My responsibility is Title II!



I do Dropout prevention!



My work is RtI!



I direct special education!



I ...



More of the Same is Not the Solution

To address the above concerns, the tendency is to try convince policy makers to fund more personnel, special programs, and services. Even if the policy climate and available funds favored doing so, this is an insufficient solution. Needed is a transformation in thinking about student/learning supports.

Here is why.

While prevention and early intervention are valued, the greatest proportion of funding goes to responding to the most pressing student and school problems at a given time (e.g., attendance, stress, special education). Without prevention and early intervention strategies, the demand for specialized assistance and services continues to grow.

To avoid hiring more staff, some districts have adopted strategies such as contracting out services and seeking extramural funding. Such strategies have a downside. For instance, school support staff (e.g., such as school psychologists, social workers, counselors, nurses) increasingly are concerned that contracting out services will lead to reductions in their ranks. And, the trend to seek extramural funds for student/learning supports has had pernicious consequences. Examples include 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.

Pursuing “more of the same” works against schools playing a significant role in stemming the tide with respect to improving attendance, increasing achievement, and countering delinquent behavior, student and teacher dropouts, and a host of other serious problems.

Toward a Solution

Policy makers continue to pursue old ideas about how schools should respond. And the result is the current unsatisfactory state of affairs (e.g., the achievement and opportunity gaps, school violence, dropouts).

Given the lack of progress in addressing barriers to learning and teaching and re-engaging disconnected students, a fundamental question is:

Why don't schools move in new directions to better address students' problems?

Our analyses over the years emphasize that most programs, services, and special projects providing student/learning supports at a school and districtwide are treated as almost nonessential. That is, *efforts to address such problems are not a high priority and are marginalized in school improvement policy and daily practice.*

The result is that

- planning and implementation were done on an ad hoc basis
- staff tended 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 gave 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 addition, a tendency among reformers has been to focus mainly on a symptom of the marginalization, namely fragmentation. As a result, a 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/learning supports.

And, for the most part, community involvement at schools remains underdeveloped. Moreover, the trend toward fragmentation is compounded by most school-linked services initiatives. This happens because such initiatives focus primarily on *coordinating with 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. School improvement planning generally has not focused on having such staff 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.

Also mediating against moving forward are the ways in which addressing factors interfering with learning and teaching are handled in providing on-the-job education. Little or none of a teacher's inservice training focuses on improving 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 training/supervision before or after they are assigned duties. And too little attention is paid to inservice for student support staff.

Clearly, much more fundamental changes are needed. Current planning for re-opening schools provides both a need and opportunity to move forward.

Moving forward requires making new directions for learning supports an essential agenda item in ensuring all students succeed. As a colleague of ours often says: *All children want to be successful – let's give them a fighting chance.*

Our work has led us to understand that transforming student/learning supports requires

- (1) expanding policy from a two to a three component framework to account for addressing barriers to learning and teaching as a primary and essential facet of schooling,
- (2) operationalizing the third component as a unifying, comprehensive, and equitable intervention system,
- (3) reworking the organizational and operational infrastructure for schools, feeder patterns, districts, and for school-community collaboration to facilitate the development of the third component,
- (4) adopting new approaches for pursuing the essential system changes and for sustaining and replicating them to scale.

Each of these matters will be discussed in subsequent chapters.

Can you tell me what "status quo" means?



Sure. It's a fancy name for the mess we're in.

Students and schools are experiencing complex, multifaceted, and overlapping problems and the nature and scope of the problems require comprehensive, integrated solutions.

10. New Directions for School Improvement Policy

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

Albert Einstein

Ending the Marginalization of Student/Learning Supports
**The Current Two Component Framework for
School Improvement is Insufficient**
Adopting a Three Component Policy Framework
Rethinking School Accountability
Standards for Learning Supports

While the Every Student Succeeds Act (ESSA) offers opportunities for innovation, the legislation continues to marginalize efforts to address barriers to learning and teaching and re-engage disconnected students and families.

Do not follow where the path may lead.
Go, instead, where there is no path and leave a trail. (Anonymous)



As a result of COVID-19, considerable concern exists about school capability to deal with the increased number of students who need student/learning supports. At the same time, the continuing tendency is for student and learning support staff to be marginalized in decision making about resource allocation and planning new directions. As long as this is the case, planning for addressing barriers to learning and teaching likely will continue to be ad hoc, piecemeal, and, at times, redundant. Implementation will continue to be fragmented, budgets sparse, and competition for resources counterproductive.

A major shift in policy and practice is long overdue. This chapter discusses ways to rethink how schools, families, and communities can meet the challenge of reducing the achievement and opportunity gaps.

Ending the Marginalization of Student/Learning Supports

Students' learning, behavior, and emotional problems are always a topic of concern. The topic gains elevated status whenever a highly visible negative event occurs – such as a shooting on campus, a student suicide, an increase in bullying, concern about trauma. In response to widespread public outcries, special initiatives are introduced. However, as the outcries diminish, so do the initiatives.

Now we have COVID-19. The crisis has underscored how marginalized student/learning supports are. Rather than just addressing immediate problems in unsatisfactory ways, steps can be taken to make transformative system changes. These involve

- elevating the policy priority for addressing barriers to learning and teaching in a unified, comprehensive, and equitable way
- fully integrating the policy into school strategic planning and daily practice
- institutionalizing and supporting mechanisms that facilitate effective development, implementation, scale-up, and sustainability of a unified, comprehensive, and equitable approach

The Current Two Component Framework for School Improvement is Insufficient

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 delineated standards and accountable requirements related to academic achievement. All this is reflected in most school plans.

At the same time, barriers to learning and teaching that cannot be ignored continue to raise concern – stress, trauma, special needs, disconnected students, dropouts, delinquency, and so forth. Such matters are funded and pursued as "categorical" initiatives, some supported by school district general funds and some underwritten by the federal and private sector. However, the interventions are neither conceived nor pursued as a primary facet of school improvement and often are described as supplementary programs and adjunctive services (see Exhibit 27).

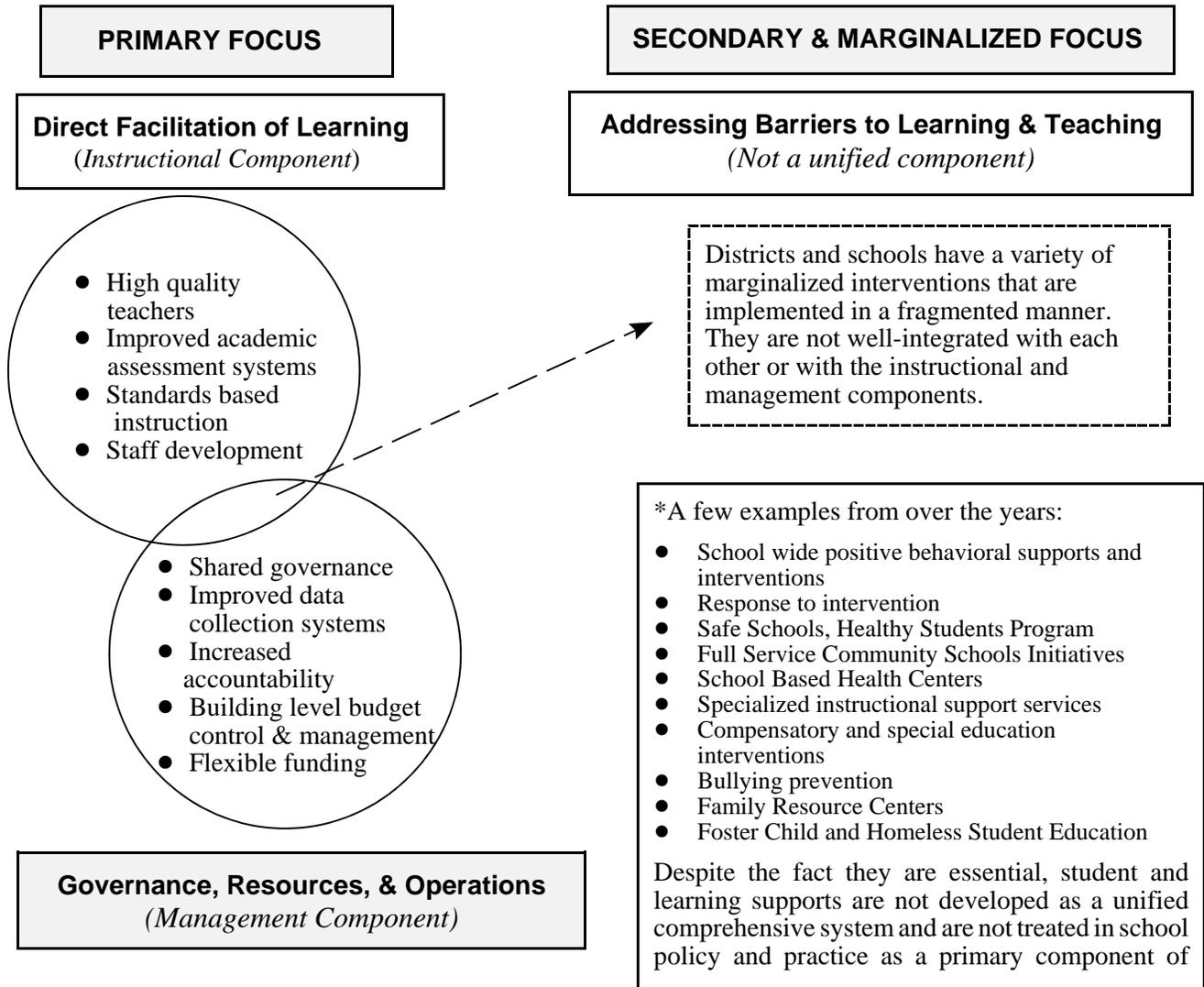
Overlapping what schools offer are initiatives from the *community* to link resources to schools (e.g., school-linked services, full-service schools, community and school partnerships, community schools). Some of these efforts braid resources together; however, others contribute to further fragmentation,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

Local, state, and federal agencies also have generated initiatives that play out at schools. One major focus is on promoting coordination and collaboration among the various programs and services (e.g., fostering "integrated services"); another focus is on special funding streams (e.g., ESSA funds, billing Medicaid for school health services).

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

Exhibit 27

Prevailing Two-Component Framework Shaping School Improvement Policy



The degree to which marginalization is the case is seen in the lack of attention given to addressing barriers to learning and teaching in school improvement plans. 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 student/learning support staff. All this seriously hampers efforts to provide the help teachers, students, and families so desperately need.

An irony in all this is that the agenda for reducing the opportunity and achievement gaps is unlikely to succeed in the absence of concerted attention to ending the marginalized status of efforts to address barriers to learning and teaching.

So while the primary policy concern with improving instruction and school management obviously is essential, analyses emphasize that a third component – one that directly deals with factors interfering with students learning and teachers teaching – also is a primary and essential facet of effective schooling.

Adopting a Three Component Policy Framework

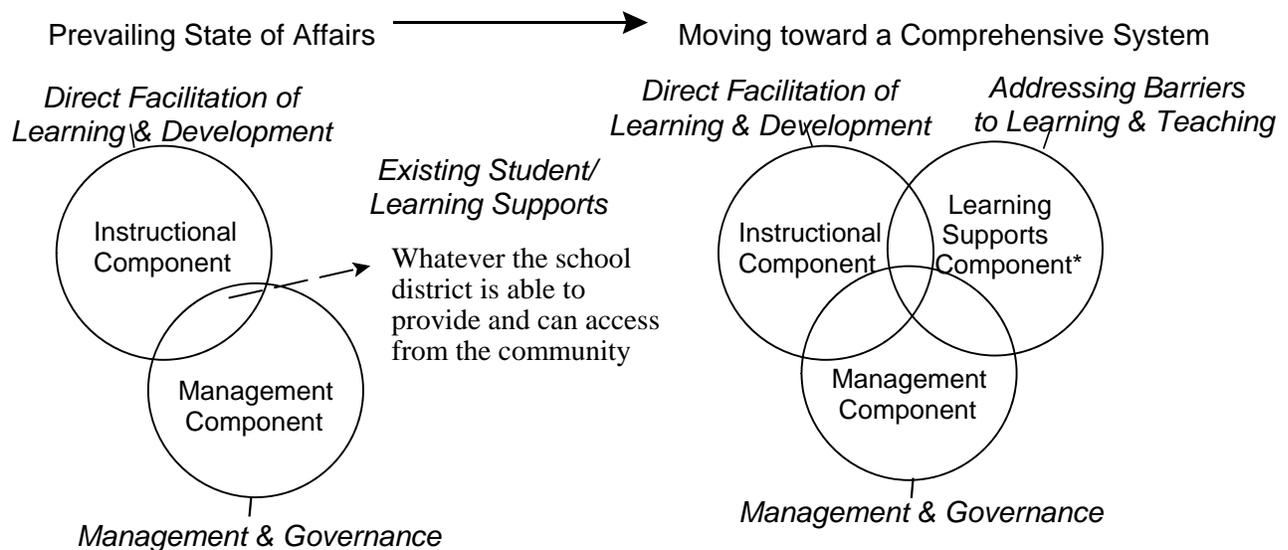
The rush in recent years to raise test scores resulted in a primary emphasis on direct efforts to improve instruction. The best instruction that can be provided obviously is essential. However, for too many youngsters, it is not sufficient, especially in schools enrolling large proportions of students are not doing well. Despite this, the main focus in many school planning guides is on curriculum, instruction, and classroom discipline. This ignores the need for fundamental restructuring of school and community resources for *enabling learning* and continues to marginalize such efforts.

Students who approach instruction lacking motivational readiness and/or certain abilities need something more. That “something more” is conceived here as a major component to address barriers to learning and teaching (see Exhibit 28). Adoption of a three component framework elevates addressing barriers to the level of a fundamental and primary facet of schooling.

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.

Exhibit 28

Moving to a Three-Component Policy Framework for School Improvement



*We conceive the Learning Supports Component as enabling learning by (1) addressing factors that interfere with learning, development, and teaching and (2) re-engaging students in classroom instruction.

Learning supports are defined as the resources, strategies, and practices that provide physical, social, emotional, and intellectual supports to enable all students to have an equal opportunity for success by directly addressing barriers to learning and teaching. Such supports are designed not only to directly address interfering factors, but to do so in a way that (re)engages students in instruction. Attention to both these matters is essential because, in general, interventions that do not ensure a student's meaningful engagement in instruction are insufficient in sustaining student involvement, good behavior, and effective learning.

Learning supports encompass efforts to

- reduce the overemphasis on using social control practices and over-relying on extrinsic reinforcers
- enhance an emphasis on intrinsic motivation to promote engagement and re-engagement.

To ensure effective development and sustainability of a unified, comprehensive, and equitable student/learning support system, a Learning Supports Component is established in policy and practice as primary and essential and is underwritten by weaving together school and community resources.

For lessons learned from trailblazing and pioneering work related to a three component approach to school improvement, see <http://smhp.psych.ucla.edu/summit2002/trailblazing.htm>.

Rethinking School Accountability

Accountability drives much of what schools do and don't do.

School accountability is a policy tool with extraordinary power to reshape schooling – for good and for bad. As everyone involved in school improvement knows, for some time the only accountability indicators that really counted were achievement test scores. What such tests measure became the be-all and end-all of what was attended to by many decision makers. This produced 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 were leading the public. The disconnect was especially evident in schools serving what some refer to as "low wealth" families.

Expanding the accountability framework for schools. The passage of ESSA started a move to add additional school accountability indicators. Part of the impact of the COVID-19 crisis is to bring home the reality that achievement testing cannot proceed as in the past. Substantial changes are coming.

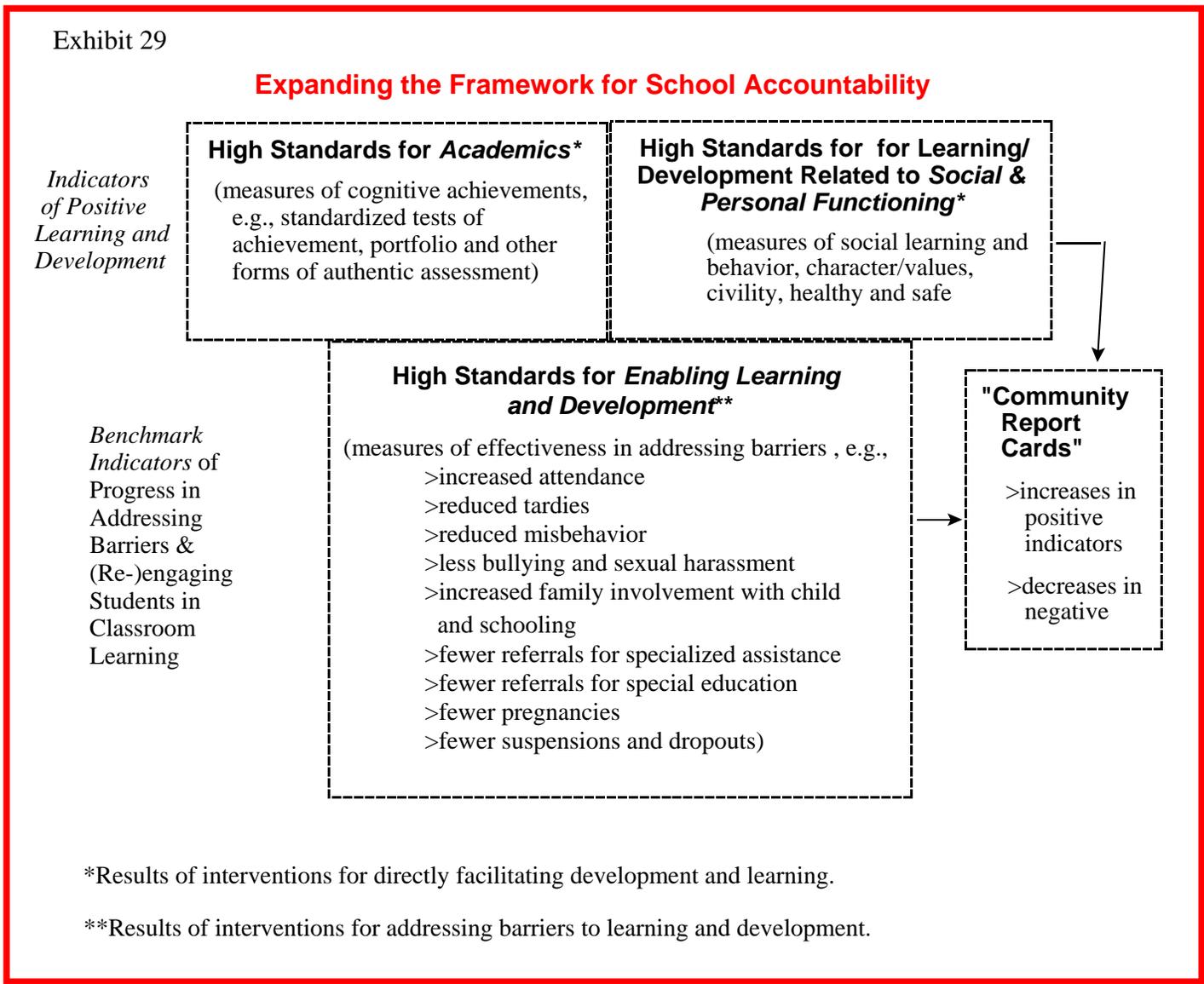
Adopting a three component policy framework for school improvement provides a guide for expanding the framework for school accountability to encompass indicators related to all three components. Exhibit 29 highlights a prototype for an expanded school accountability framework. As illustrated, there is no intent to deflect from the laser-like focus on academics. Debate will continue about how best to measure academic outcomes, but clearly schools must demonstrate they effectively teach academics.

At the same time, schools must be accountable for what they do to promote 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. Yet, it is evident that 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 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 such conditions are not improving or are declining, it is patently unfair to ignore these contextual indicators in judging school performance.

We view the following expanded framework as a move toward what has been called *intelligent accountability*.



ESSA Requires an Additional Indicator of School Quality or Student Success

The Every Student Succeeds Act (ESSA) requires not less than one indicator of school quality or student success that a) allows for meaningful differentiation in school performance, b) is valid, reliable, comparable and statewide with the same indicators used for each grade span, and may include student growth. ESSA does not prescribe specific indicators, the law does require that additional indicators meet technical standards and provide meaningful data for analyzing school differences.

The law gives examples – chronic absenteeism, discipline rates, student access to and completion of advanced coursework, measures of postsecondary readiness, student engagement, educator engagement, school climate and safety, and any other indicator that meets the criteria.

State plans indicate many chose to add chronic absenteeism and measures of college/career readiness; some chose school climate, on-track rate at the middle and/or high school levels, social emotional learning, and arts education. COVID-19 makes attendance a troublesome accountability indicator.

The law also requires that reporting of how all students and each group of students (such as student with disabilities) perform on indicators. For schools where subgroups of students are chronically struggling, for schools where less than two-thirds of students graduate, and for the bottom 5 percent of schools, the emphasis on school turnaround will remain intensive.

Some cautions. From the perspective of a three component school improvement policy framework, adding a couple of “nonacademic” accountability indicators clearly is not a solution. Doing so will likely contribute to the trend to drive student and learning supports in ways that deemphasize any essential work that is not an accountability indicator. For example, efforts to improve attendance often only round up and bring truants back to school, but do little to help teachers re-engage these students in classroom instruction. This is a recipe for a revolving door.

Those calling for “multimetric” accountability capture the essence of the problem of emphasizing only one or a few nonacademic indicators. However, they have yet to face up to developing an accountability framework that effectively accounts for addressing barriers to learning and teaching and re-engaging disconnected students. If the goal of a school accountability system is to improve schools so that they increasingly enhance equity of opportunity, these factors must be included in a comprehensive manner.

The question also has been raised about whether there can be too much emphasis on gathering more data. This is a critical issue for school improvement. (Over and over, we hear the line: *In God we trust, from all others demand data!*)

Good data are always of value. Most policy makers and practitioners would like to make data-driven decisions. But, good data often are not available. Moreover, more data often are not needed.

The reality is that there are plenty of data on the factors that interfere with so many students not benefitting from good instruction. Indeed, spending more on data gathering (e.g., more needs assessment, screening) often uses up sparse resources that are needed to develop essential special assistance.

*Results! Why, man, I have gotten a lot of results.
I know several thousand things that won't work.* – Thomas Edison

Standards for Learning Supports

School improvement discussions across the country have been standards-based and accountability driven. For the most part, the standards movement has not dealt with the reality that curriculum and teaching standards fall far short of providing a focus on how schools can enhance equity of opportunity for *all*. Such standards give short shrift to factors that *interfere* with successful teaching and pay too little attention to the many students manifesting *moderate-to-severe learning, behavior, and emotional problems*.

Establishing standards for student/learning supports is essential to rectifying these short-comings. Such standards in no way diminish the importance of curriculum and teaching standards or of the need to improve such standards. Every teacher must have the ability and resources to bring a sound curriculum to life and apply strategies that make learning meaningful and effective; to these ends, appropriate curriculum and teaching standards are foundational. But, such standards are insufficient for enhancing equity of opportunity to succeed at school and beyond.

Our intent here is to highlight that the current standards movement does little to address barriers to learning and teaching and re-engage disconnected students. Standards generated for learning supports can help drive and guide development of such supports and related personnel preparation.

Work on adopting a three component framework has underscored the need to complement curriculum and teaching standards with standards and related quality indicators for student/learning supports. A prototype of standards and indicators for a learning supports component is at <http://smhp.psych.ucla.edu/summit2002/qualityindicators.pdf>.

Concluding Comments

By continuing to marginalize student/learning supports, policy makers continue to marginalize all students who are not doing well at school. It is unlikely that the majority of students in economically depressed areas will perform well if schools and communities do not pursue a holistic, systemic, and collaborative approach.

Ending the marginalization of how schools address barriers to learning and teaching involve expanding the prevailing framework for school improvement. Adopting a three component framework can not only enhance student learning and well-being, it can help strengthen their families, schools, and surrounding neighborhood.

Chapter 11 provides a prototype for operationalizing a Learning Supports Component into a unified, comprehensive, and equitable intervention system. In doing so, it highlights how mental health is embedded.

**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.**



11. An Intervention Prototype that Embeds Mental Health into School Improvement

Changing the individual while leaving the world alone is a dubious proposition.

Ulric Neisser

Domains of Support

Continuum of Integrated Subsystems: Expanding the 3-tier Model

Embedding mental health into a learning supports component establishes an essential foundation for ending marginalization of mental health concerns in schools. The third component provides a unifying concept for pursuing a wide range of mental health and psychosocial interventions and other factors interfering with learning and teaching.

Why do you think we'll do better at school?

Because Congress passed a law in 2015 that says every student will succeed!



Operationalizing a unified and equitable third component involves a comprehensive, multifaceted, and cohesive system of supports. Over the last decade, versions of what we describe below have been pioneered in venues across the country.

Given a policy commitment, the process is guided on a daily basis by a broad and well-delineated intervention framework and an operational infrastructure that is designed to develop, implement, and sustain the system. Resources for building the system come from redeploying and weaving together school and community resources (including engaged families). The goal of this school-community collaboration is to integrate resources to fill critical gaps in keeping with high priority needs, while minimizing counterproductive competition for sparse resources.

The intervention prototype that is laid out in this chapter expands the emphasis in schools on framing interventions in terms of tiers or levels (e.g., MTSS). We emphasize that delineating the levels of an intervention continuum is a good start, but it is only one facet of comprehensive framework.

To flesh out the continuum and escape the trend toward generating laundry lists of programs and services at each level, it is necessary also to expand the levels into subsystems and organize interventions into a demarcated group of domains of support. So, our intervention prototype has two facets:

- one facet conceptualizes levels of intervention as a full *continuum of integrated intervention subsystems* that interweave school-community-home resources
- the second organizes all interventions addressing learning, behavior, and emotional problems into a circumscribed set of domains of support.

To emphasize how mental health concerns are embedded in the prototype, we start our discussion with the second facet. Note the relevance to the needs of students and teachers as schools re-open during the COVID-19 crisis.

Domains of Support

As Exhibit 30 illustrates, interventions for addressing barriers to learning and teaching are grouped into six domains. These are

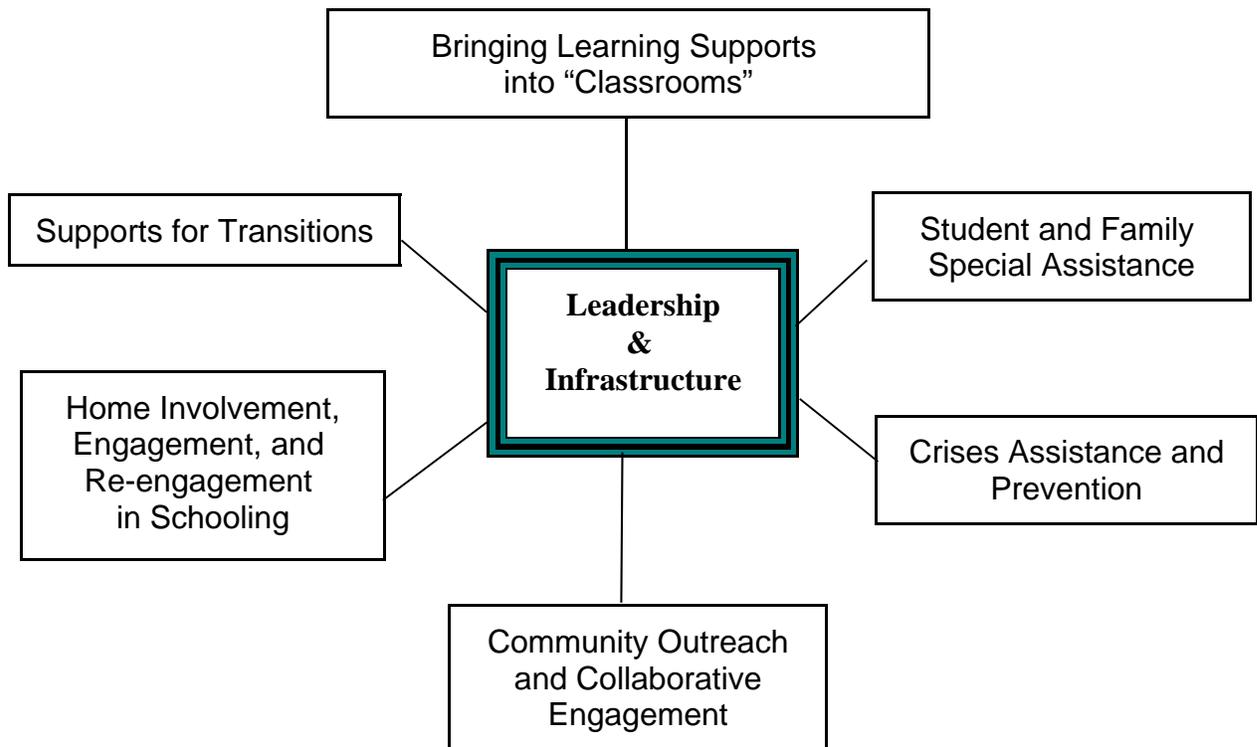
- *embedding learning supports into daily instruction to enable learning and teaching* (e.g., working collaboratively with other teachers and student support staff to ensure instruction is personalized with an emphasis on enhancing intrinsic motivation and social-emotional development for all students and especially those manifesting mild-moderate learning and behavior problems; re-engaging those who have become disengaged from instruction; providing learning accommodations and supports as necessary; using response to intervention in applying special assistance; addressing external barriers with a focus on prevention and early intervening)
- *supporting transitions* (e.g., assisting students and families as they negotiate the hurdles encountered related to reentry or initial entry into school, school and grade changes, daily transitions, program transitions, accessing special assistance, and so forth)
- *increasing home and school connections and engagement* (e.g., addressing barriers to home involvement, helping those in the home enhance supports for their children, strengthening home and school communication, increasing home support of the school)

Exhibit 30

Prototype for Six Domains of Support

School improvement must include plans to develop a more effective system for directly dealing with factors that keep too many students from succeeding at school and beyond. This requires providing a range of supports in the classroom and schoolwide.

Our research finds that the necessary supports readily cluster into the six domains illustrated below.



Note: *All categorical programs can be integrated into these six domains.* Examples of initiatives, programs, and services that can be unified into a comprehensive system of learning supports include positive behavioral supports, response to intervention, programs for safe and drug free schools, programs for social and emotional development and learning, full service community schools, family resource centers, and school based health centers, CDC’s approach to school health, bilingual, cultural, and other diversity programs, compensatory education programs, special education programs, mandates stemming from education legislation, and many more.

- *increasing community involvement and collaborative engagement* (e.g., outreach to develop greater community connection and support from a wide range of resources, developing a school-community collaborative infrastructure)
- *responding to, and where feasible, preventing school and personal crises* (e.g., preparing for emergencies, implementing plans when an event occurs, countering the impact of traumatic events, providing follow-up assistance, implementing prevention strategies; creating a caring and safe learning environment)
- *facilitating student and family access to special assistance, first in the regular program and then, as needed, through referral for specialized services on- and off-campus*

Each of these domains is discussed in detail in Part IV.

See examples highlighted and lessons learned from places that have pioneered the prototype – <http://smhp.psych.ucla.edu/summit2002/trailblazing.htm>

Continuum of Integrated Subsystems: Expanding the 3-tier Model

As a framework for preventing and addressing behavior and learning problems, the federal Every Student Succeeds Act (ESSA) references use of a school-wide tiered model (also referred to as a multi-tier system of supports). The tiered model is defined as "a comprehensive continuum of evidence-based, systemic practices to support a rapid response to students' needs, with regular observation to facilitate data-based instructional decision-making."

Emphasis on the tiered model is a carryover from previous federal policy guidelines related to Response to Intervention and Positive Behavioral Interventions and Supports. The result of these guidelines over the last few years is that schools increasingly are framing student and learning supports in terms of tiers or levels. As currently conceived, however, the multi-tier model is an insufficient organizing framework for developing a unified, comprehensive, and equitable system for addressing barriers to learning and teaching.

The prototype presented here conceives the intervention continuum as an overlapping and intertwined set of subsystems that interweave school-community-home resources to

- promote healthy development and prevent problems
- intervene early to address problems as soon after onset as is feasible
- assist with chronic and severe problems.

As graphically portrayed in Exhibit 31,

- (a) each level represents a subsystem,
- (b) the three subsystems overlap, and
- (c) all three require integration into an overall system that weaves together the school and community resources at each level to provide interventions in each of the six domains of support

Exhibit 31

Intervention Continuum: Interconnected Subsystems

School Resources
(facilities, stakeholders, programs, services)

Community Resources
(facilities, stakeholders, programs, services)

Examples:

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

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

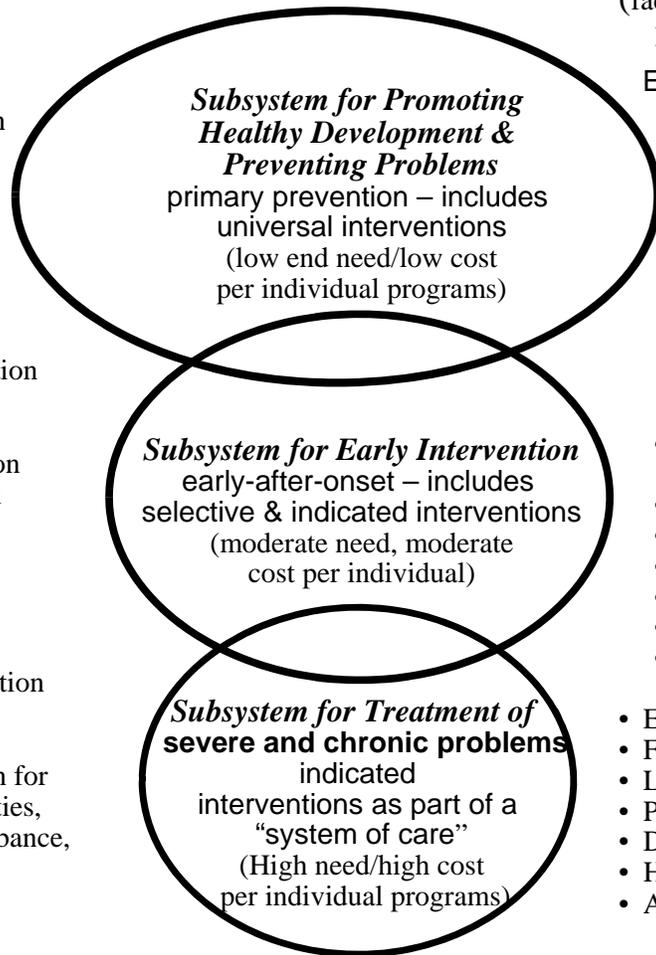
- Special education for learning disabilities, emotional disturbance, and other health impairments

Examples:

- Recreation & Enrichment
- Public health & safety programs
- Prenatal care
- Home visiting programs
- Immunizations
- Child abuse education
- Internships & community service programs
- Economic development

- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placem't/group homes
- Family support
- Shelter, food, clothing
- Job programs

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

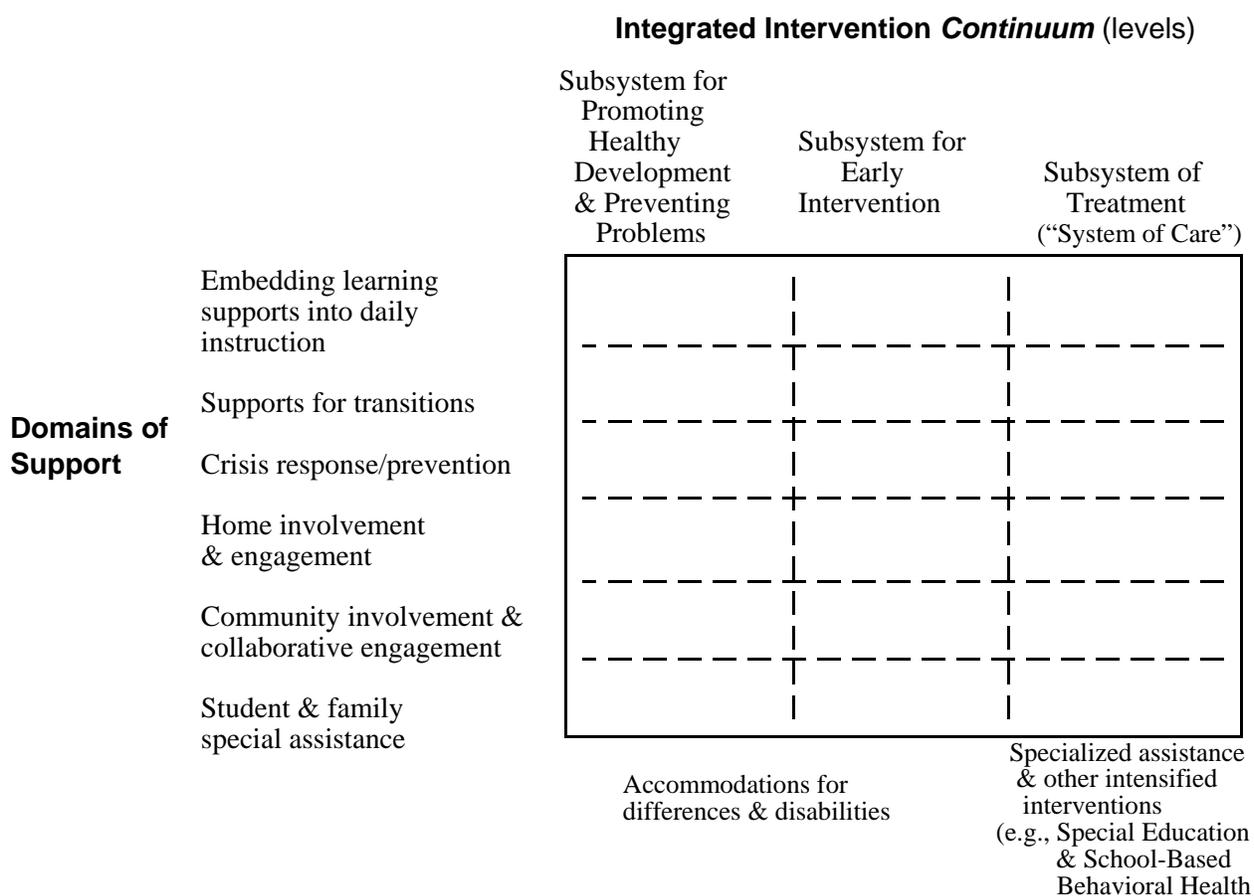


The simplicity of the tiered presentation as widely adopted by schools is appealing and helps underscore differences in levels of intervention. However, focusing simply on levels of intervention, while essential, is insufficient. Three basic concerns about such a formulation are that it mainly stresses levels of intensity, does not address the problem of systematically connecting interventions that fall into and across each level, and does not address the need to connect school and community interventions. As a result, it has done little to promote the type of intervention framework that policy and practice analyses indicate is needed to guide schools in developing a unified and comprehensive system of student and learning supports. In contrast, Exhibit 31 illustrates that intervention tiers/levels are better conceived as a set of interconnected, overlapping subsystems that pulls together school and community resources.

As illustrated in Exhibit 32, the six *domains* and the *continuum* constitute the prototype intervention framework for a comprehensive system of learning supports. Such a framework is meant to guide school improvement planning related to developing a learning supports component that is unified and equitable. The matrix provides a framework for mapping what is in place and analyzing gaps.

Exhibit 32

Intervention Prototype Framework for a Unified, Comprehensive, and, Equitable System of Learning Supports



Concluding Comments

Effectively designed and developed at a school, a learning supports component increases supports for all students. The emphasis is on

- unifying student and learning supports by grouping the many fragmented approaches experienced at school in ways that reduce the number of separate and sometimes redundant intervention responses to overlapping problems

- addressing barriers to learning and teaching by improving personalized instruction and increasing accommodations and special assistance when necessary
- enhancing the focus on motivational considerations with a special emphasis on intrinsic motivation as it relates to individual readiness and ongoing involvement and with the intent of fostering intrinsic motivation as a basic outcome
- re-engaging disconnected students
- adding specialized remediation, treatment, and rehabilitation as necessary, but only as necessary

In doing all this, a learning supports component enhances equity of opportunity, plays a major role in improving student and school performance and promoting whole child development, fosters positive school-community relationships, minimizes the school's reliance on social control practices, and contributes to the emergence of a positive school climate. And it fully embeds interventions to address mental health concerns.

In the aftermath of COVID-19, schools have difficult choices to make about how to do more with less. Ultimately, the choices made will affect not only students and school staff but the entire society. Choosing to continue with old ways of thinking about student/learning supports is a recipe for maintaining the achievement and opportunity gaps. Unifying available resources and starting a process to develop a comprehensive and equitable system of learning supports over the coming years is an alternative.

**Do you have a solution
for the problem?**



No, but I'm sure good at admiring it.

12. Reworking Operational Infrastructure

Changes to enhance equity of opportunity made at the district central office mean little if they do not play out at the school level

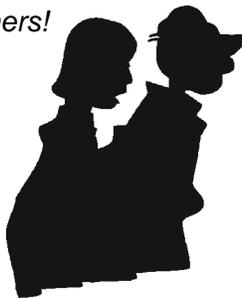
Rethinking the School's Operational Infrastructure

**Contrasting *Case-focused* Work Groups and
a *System Development* Leadership Team**

Connecting a Complex or "Family" of Schools

In schools, "operational infrastructure" is not a term of endearment. It is more a subject of complaints than improvement. This chapter looks at what operational infrastructure changes can enable schools to develop a more effective system for helping students and supporting staff.

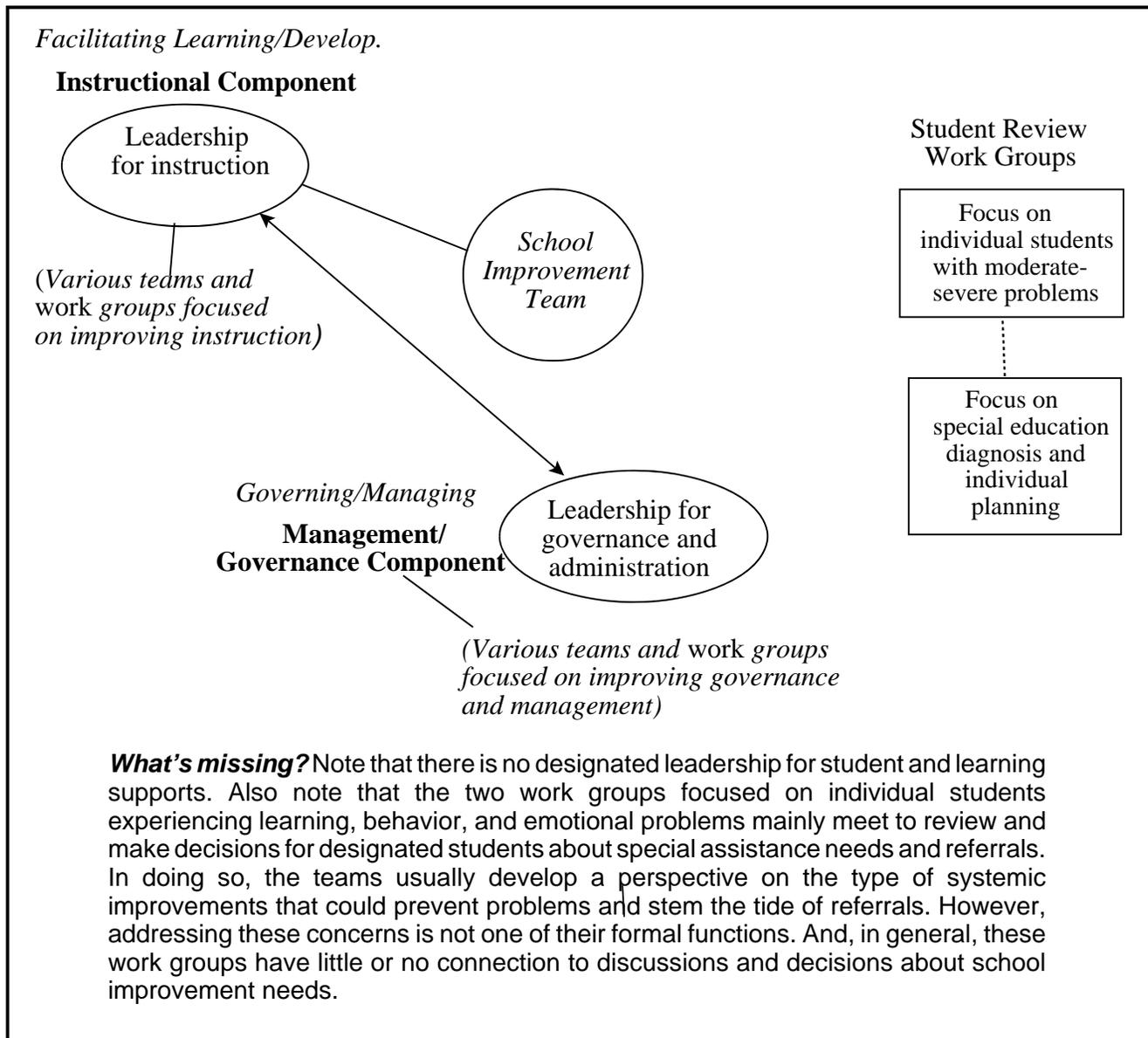
*I think nothing is
impossible for
prototype designers!*



*Sure, just as long as they aren't
responsible for implementing it!*

It is only those who don't care about where they end up who can afford to ignore which way they are going.

Because student and learning supports are so-marginalized, it is not surprising that the current operational infrastructure at schools reflects this state of affairs. It tends to look like this:

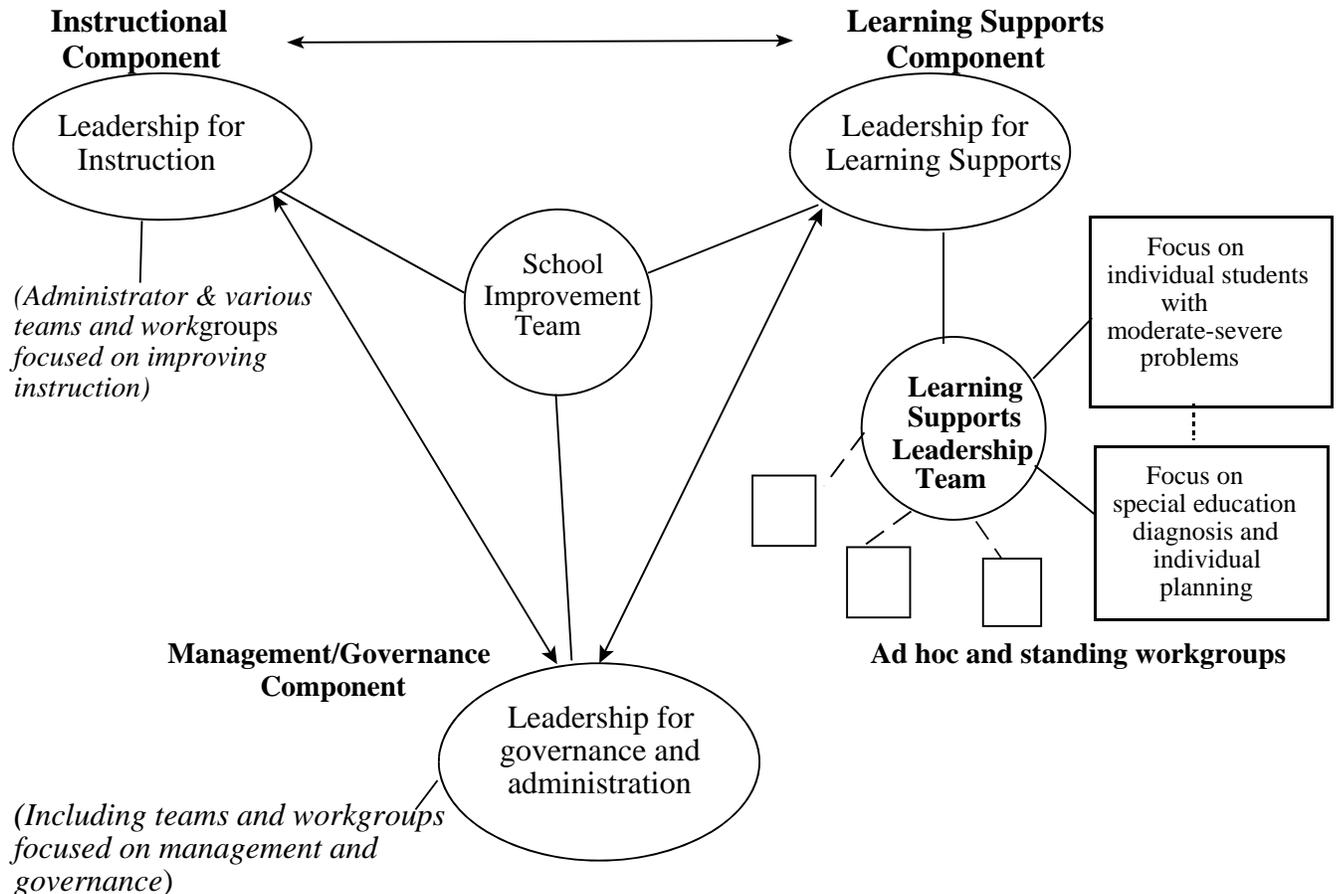


Rethinking the School's Operational Infrastructure

Exhibit 33 illustrates a school level operational infrastructure that fully emphasizes and integrates student/learning supports. This prototype was designed to ensure the type of interconnected leadership and workgroups necessary for daily operation and ongoing development of a unified, comprehensive, and equitable system for addressing barriers to learning and teaching and re-engaging disconnected students.

Prototype for an Integrated Operational Infrastructure at the School Level

(This operational infrastructure should be paralleled at the district level, see http://smhp.psych.ucla.edu/pdfdocs/report/resource_oriented_teams.pdf.)



- Note: Each of the three primary and essential components for school improvement requires
- administrative leadership and other advocates/champions with responsibility and accountability for ensuring the vision for the component is not lost,
 - a leadership team to work with the administrative lead on system development,
 - standing workgroups with designated ongoing functions and occasional ad hoc workgroups to accomplish specific short-term tasks.

To ensure coordination and cohesion, the leaders for the instructional and learning supports components are full members of the management/governance component, and if a special team is assigned to work on school improvement, the leaders for all three components are on that team.

To be more specific: Establishing an administrative lead and a system development leadership team (e.g., a *Learning Supports Leadership Team*) for the learning supports component fills a fundamental infrastructure gap. It ensures essential leadership for all three components. And it assigns each component with responsibility and accountability for improving and fully weaving together a *whole* school and *whole* student approach to facilitate the learning and well-being for all students.

At the school level: The administrative lead and the leadership team meet weekly to guide and monitor daily implementation and ongoing component development. The initial focus is on mapping and analyzing all resources and related budget allocations for student and learning supports.

Which resources? Student support personnel (e.g., school psychologists, counselors, social workers, nurses; compensatory and special education staff); specialized services; special initiatives; grants; programs for afterschool, wellness, dropout prevention, attendance, drug abuse prevention, violence prevention, pregnancy prevention; parent/family/health centers; volunteer assistance; community resources linked to schools, and more. Allocated funds come from the general budget, compensatory and special education, and special projects (including those supported by extra-mural sources).

Analyzing gaps and clarifying priorities for system development. Using the intervention framework for a unified and comprehensive system of learning supports (review Exhibit 32), resource analyses identify critical gaps, redundancies, and which resources can be redeployed to develop the system. Then, priorities are set for moving forward.

At the district level: Essential at this level is administrative leadership and capacity building support that helps maximize component development at each school.

Note: The district leader for this work should be an active participant at key planning and decision-making tables; so the appointment should be at a high level, (e.g., an associate superintendent (see http://smhp.psych.ucla.edu/pdfdocs/report/resource_oriented_teams.pdf).

How Can Small Schools Staff a Three Component Infrastructure?

All schools are confronted with (1) improving instruction, (2) providing learning supports to address barriers to learning and teaching, and (3) enhancing management and governance. The challenge in any school is to pursue all three functions in a cohesive, equitable, and effective manner. The added challenge in a small school is how to do it with so few personnel.

In small schools, the key is to modestly convert existing personnel roles and functions to establish the type of operational infrastructure illustrated in Exhibit 33. Usually, the principal and whoever else is part of a school leadership team will lead the way in improving instruction and management/governance. As constituted, however, such a team may not be prepared to advance development of the learning supports component. Thus, someone already on the leadership team must assume this role and be provided training to carry it out effectively.

Alternatively, someone in the school who is involved with student supports (e.g. a student support professional, a Title I Coordinator, a special education resource specialist) can be invited to join the leadership team, assigned responsibility and accountability for ensuring the vision for the component is not lost, and provided component leadership training. The leader, however chosen, will benefit from eliciting the help of other advocates/champions at the school and from the community.

Contrasting Case-focused Work Groups and a System Development Leadership Team

Every school that wants to improve student and learning supports needs a mechanism to enhance how schools address barriers to learning and teaching and re-engage disconnected students. As noted, most schools have work groups that focus on individual student and related family problems (e.g., a student assistance team, an IEP team). These teams pursue functions such as referral, triage, and care monitoring or management. They are not, however, empowered or positioned to focus on systemic improvements that could prevent problems and stem the tide of referrals. Exhibit 34 contrasts their case-by-case focus, with the functions required for system development leadership.

Exhibit 34

Contrasting Case-oriented and System Development *Functions*

A Case-oriented Work Group

Focuses on specific individuals and discrete services to address barriers to learning

Sometimes called:

Child Study Team
 Student Study Team
 Student Success Team
 Student Assistance Team
 Teacher Assistance Team
 IEP Team

EXAMPLES OF FUNCTIONS:

- >triage
- >referral
- >case monitoring/management
- >case progress review
- >case reassessment

A System Development Leadership Team

Focuses on all students and the resources, programs, and systems to address barriers to learning & promote healthy development

Possibly called:

Learning Supports Leadership Team
 Learning Supports Resource Team
 Resource Coordinating Team
 Resource Coordinating Council
 School Support Team

EXAMPLES OF FUNCTIONS:

- >aggregating data across students and from teachers to analyze school needs
- >mapping resources at school & in the community
- >analyzing resources & formulating priorities for system development (in keeping with the most pressing needs at the school)
- >recommending how resources should be deployed and redeployed
- >coordinating and integrating school resources & connecting with community resources
- >planning and facilitating ways to strengthen and develop new programs and subsystems
- >developing strategies for enhancing resources
- >establishing workgroups as needed
- >social "marketing"

The starfish and bridge-fixing metaphors presented in the conclusion to Part I help differentiate the two types of teams and the importance of both sets of functions. The starfish metaphor, of course, reflects all the important clinical efforts undertaken by staff individually and when they meet together to work on specific cases. The development leadership focus is captured by the bridge-fixing metaphor which stresses prevention and system improvement.

Who's on a Learning Supports Leadership Team?*

Where feasible, a Learning Supports Leadership Team is formed as an inclusive group of informed, willing, and able stakeholders. This might include the following:

- administrative lead for the component
- school psychologist
- counselor
- school nurse
- school social worker
- behavioral specialist
- special education teacher
- representatives of community agencies involved regularly with the school
- student representation (when appropriate and feasible)
- others who have a particular interest and ability to help with the functions

****Schools with few student/learning support staff will begin with only a few people.***

Because schools have case-oriented work groups that group may be able to expand its focus to cover the functions of a system development leadership team. This can work if the members are trained and facilitated to divide their time and agenda effectively.

Connecting a Complex or “Family” of Schools

Once a Learning Supports Leadership Team is operational at a school, the organizational focus can turn to connecting it with other local schools, the district, and the community.

As the COVID-19 crisis underscored, schools in the same neighborhood experience and often share similar problems. Feeder schools commonly enroll students from the same family, and their children may all be experiencing problems at school. Some schools share student and learning support personnel. We think of schools with such natural affiliations as a potential family of schools.

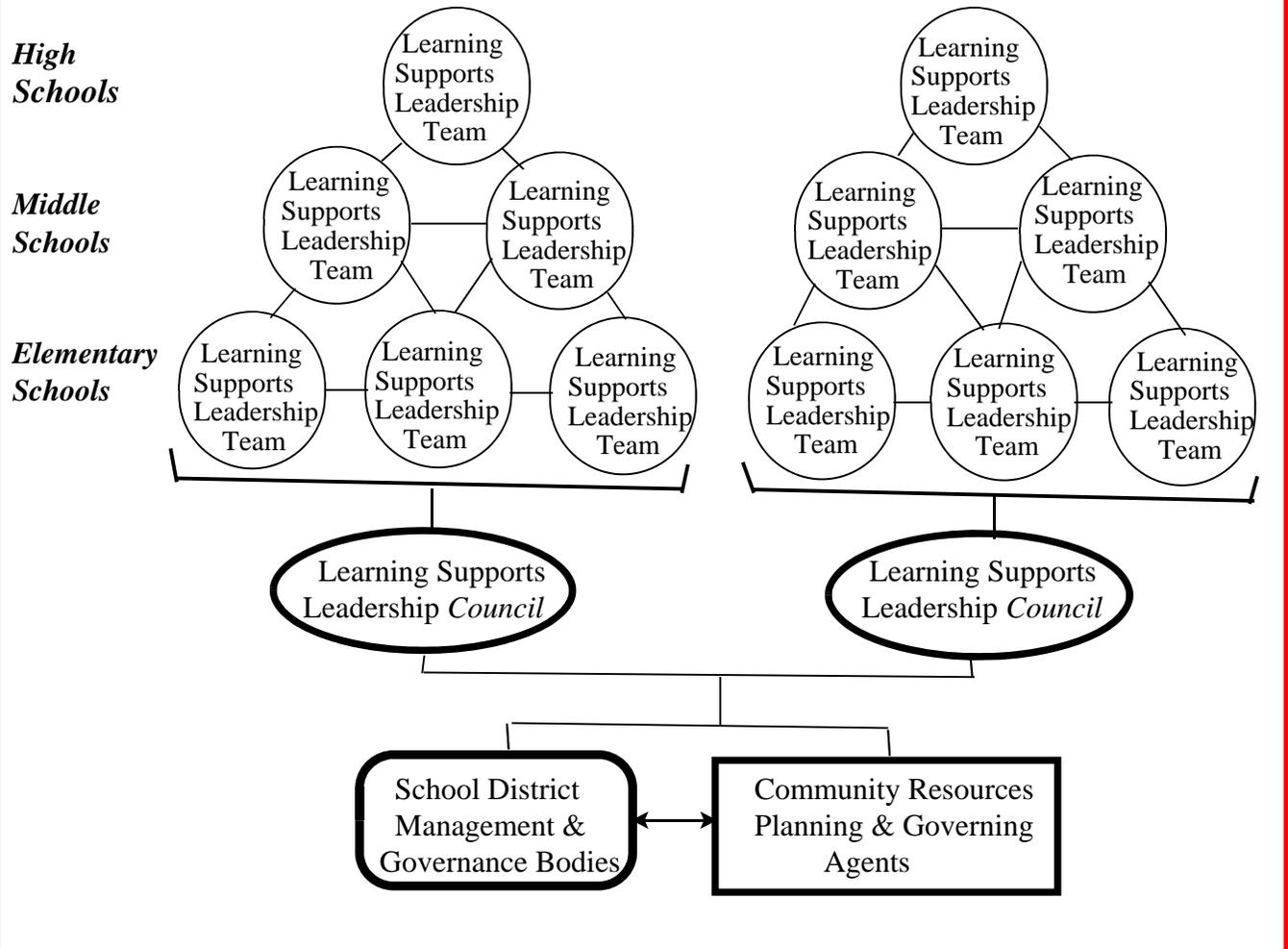
As illustrated in Exhibit 35, the mechanism for connecting schools is a multi-site body, or what in this prototype is designated as a Learning Supports Leadership *Council*. It brings together one-two representatives from each participating school's Learning Supports Leadership *Team*. The objectives are to

- identify and meet common needs with respect to common functions, concerns, and certain personnel development efforts
- create processes for communication, linkages, coordination, and collaboration among schools and with community resources (note: multi-school councils are especially attractive to community agencies lacking the time or personnel to link with each individual school)
- ensure cohesive and equitable deployment of student/learning support resources
- weave together human and financial resources from public and private sectors and encourage the pooling of resources to minimize redundancy, reduce costs, and achieve economies of scale

A multi-site council is particularly useful for unifying the efforts of high schools and their feeder middle and elementary schools. Think about supports for transitions. Think about shared crises. And think about working with families who have youngsters attending more than one level of schooling in the same cluster. (When such a family has several children in need of special attention, it is neither cost-effective nor good intervention for each school to work with the family separately.)

Exhibit 35

Connecting Resources Across a Family of Schools, a District, and Community-Wide



Natural starting points for councils include sharing each other's needs assessment, resource mapping, analyses, and recommendations about priorities for system improvement. Specific attention is paid to how each school can work together on common problems such as truancy, bullying, and community violence.

With the many challenges ahead, it is essential that families of schools work collaboratively, especially in providing student/learning supports..

Concluding Comment

Transformation of student/ learning supports clearly requires reworking the existing operational infrastructure at school and district levels. A learning supports component must have an administrative leader. The leader needs the support of a system development leadership team and workgroups.

Together they ensure the component is (1) fully developed and integrated as a primary and essential facet of school improvement, (2) collaborating as a family of schools, and (3) outreaching to the community to fill critical system gaps.

For examples of job descriptions for administrative leader for learning supports, see
<http://smhp.psych.ucla.edu/toolkitb4.htm>

For an aid in mapping and analyzing resources, see
<http://smhp.psych.ucla.edu/summit2002/tool%20mapping%20current%20status.pdf>

*Is a school's operational
infrastructure anything I
should be concerned about?*



What's an operational infrastructure?

Part III Concluding Comments

Five Essential Elements in Transforming Student/Learning Supports

*What the best and wisest parent wants for his [or her] own child,
that must the community want for all of its children.
Any other ideal for our schools is narrow and unlovely;
acted upon, it destroys our democracy.*

John Dewey (in *The School and Society*, 1907)

Given the many barriers to learning and teaching, schools are overdue in making the move from a fragmented and marginalized set of student and learning supports to a unified, comprehensive, and equitable system. *But as easy as this is to say, we know just how hard it is to accomplish!*

The work starts with going beyond thinking mainly in terms of providing traditional services, linking with and collocating agency resources, and enhancing coordination. These all have a place, but just providing traditional services to a relatively few students does not address how to better meet the needs of the many.

The work entails a complex, multi-year process. The process requires a high degree of commitment and relentlessness of effort. Facilitating the changes is not straight-forward, sequential, or linear. Rather, the work proceeds and changes emerge in overlapping and spiraling ways; time frames for building capacity to accomplish the changes must be realistic and flexible; prototypes must be adapted to localities; change agents must be opportunistic. The effort can be frustrating and tiring.

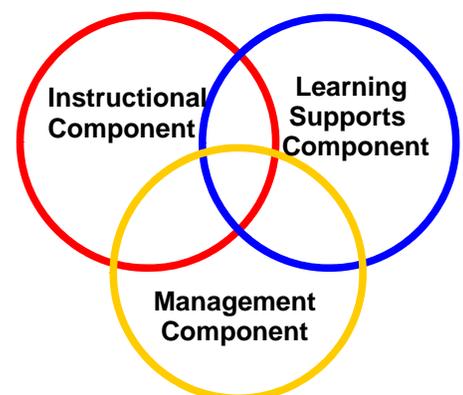
Clearly, the changes are a job for the brave and the hardy. We discuss the process of making such changes in Part V. At this point, we mainly want to emphasize the constant concern that efforts to facilitate transformation too often end up only making superficial system changes.

While adaptations to prototypes are inevitable, care must be taken not to minimize or eliminate elements that are essential to the fundamental changes in how schools address barriers to learning and teaching and re-engage disconnected students. A constant problem we encounter in this respect is the tendency for some places to adopt the terminology and not the substance of the intended transformation.

So, we want to clearly stress five elements that are essential in developing a unified, comprehensive, and equitable system of learning supports.

(1) **Policy: Moving to a three component policy for schools**

Enabling all students to have an equal opportunity to succeed at school and beyond requires *directly* addressing barriers to learning and teaching. At a policy level, this calls for establishing student and learning supports as a third primary and essential component for school improvement. The third component might be called a learning supports component or a component to address barriers to learning and teaching or something comparable.



Moreover, the policy must be translated into a design document and strategic plan that ensures learning supports are unified and then developed into a comprehensive system of supportive interventions in classrooms and school-wide. Key here is fully integrating the design and strategic plans for the third component into existing school improvement plans.

(Examples of policy statements and design and strategic planning aids are in Sections A and B of our Center's System Change Toolkit – <http://smhp.psych.ucla.edu/summit2002/resourceaids.htm>.)

Obviously, it is desirable that the three component policy be adopted at state and district levels; however, any school can espouse such a policy and begin moving forward.

(2) *A transformative intervention framework*

As indicated, a unified and comprehensive intervention framework has two facets:

- (a) an interconnected continuum of school and community interventions (delineated as subsystem levels) and
- (b) a multifaceted and cohesive in-classroom and schoolwide interventions that are organized in the prototype as six domains of support.

Note: The continuum can build on, but not be limited to the multi-tiered approach typically labeled in schools as MTSS. The domains can vary slightly in number and designation, but should not lose the nature and scope of the concerns addressed.

(3) *A daily operational infrastructure dedicated to the third component*

At each level, effective daily functioning of the system continuous development and improvement requires

- an administrative leader at each level (e.g., an assistant principal, a district associate superintendent)
- a system development learning supports leadership team
- workgroups to carry out specific tasks.

The leader of the learning supports component must be at administrative planning and decision making tables so that the component's development is a regular part of the school improvement agenda. This leader's job description must be consistent with the assigned responsibilities and accountabilities for the system's daily functioning, continuous development, improvement, and sustainability.

A learning supports leadership team must be established to work with the administrative leader. Such a team maps how resources currently are used, analyzes gaps, identifies priorities, recommends resource redeployment, and establishes and guides work groups for developing each facet of the component over a period of several years.

(4) *Continuous capacity building for direct implementation and facilitating change*

General capacity building plans and their implementation must include a specific focus on enhancing development of the learning supports component. This includes in-depth professional development for learning supports staff and related professional development for teachers, administrators, other staff and volunteers, and community stakeholders.

(5) *Monitoring for improvement and accountability*

Essential to the ongoing development of a learning supports component are (a) continuous monitoring of all factors that facilitate and hinder progress and (b) ensuring appropriate actions are taken.

As significant progress is made in developing the system, the monitoring expands to evaluate the impact on student outcomes that directly reflect the contribution of learning supports, such as increased attendance, reduced misbehavior, fewer inappropriate referrals, as well as improved learning.

To help districts and schools transform student/learning supports, our Center develops free online resources – including professional development activities, powerpoints, implementation resources, and a System Change Toolkit. See <http://smhp.psych.ucla.edu/>

We also provide technical assistance and coaching.*

*Currently, the Center at UCLA works with states and districts across the country to mentor and coach strategic efforts to plan, implement, and sustain the essence of the prototype frameworks presented in this book. This mentoring and coaching includes the opportunity for regular exchanges and technical assistance over the years. The Center also continuously updates online resource aids to support ongoing work. No fees are attached to using the Center since most of its coaching and technical assistance can be done via email and phone conferencing and all its resources are available for free access online.

Equity of opportunity is fundamental to enabling civil rights; transforming student and learning supports is fundamental to promoting whole child development, advancing social justice, and enhancing learning and a positive school climate.

Part IV. Six Domains for Classroom, Hybrid, and Schoolwide Student/Learning Supports

it's all about *enhancing equity of opportunity for success*

Good schools strive to do their best for all students. This reflects our society's commitment to equity, fairness, and justice. But, if this commitment is to be meaningful, school improvement cannot be approached simplistically. Some of the complexities have been discussed in Parts II and III.

It was said of the legendary coach Vince Lombardi that he was always fair because he treated all his players the same -- like dogs!

School re-openings in the wake of COVID-19 make improving how schools provide supports to student a particularly salient goal. The events following the protests about social injustices add to the complexity of achieving that goal.

In recent years, schools have focused on building better and better systems for *screening and referring* students for special assistance. Not surprisingly, the result is more and more referrals. In some schools, there are so many referrals that case review committees are overwhelmed.

Schools committed to the success of all children must be redesigned so that teachers, student support staff, and others at the school can help students as early as is feasible when they become aware of a problem. By developing a learning supports component, schools can minimize the impact of learning, behavior, emotional, and physical problems and appropriately stem the tide of referrals for out-of-class special assistance and special education.

Chapter 11 offered a prototype intervention framework for a learning supports component. Along with a continuum of interventions, the prototype introduced a set of support domains. These domains were generated by research that clustered and categorized the large variety of school-based student and learning supports into six groupings. These domains capture the essence of the multifaceted ways schools are trying to address barriers to learning, and they provide a foundation for developing a unified, comprehensive, and equitable system of learning supports.

As introduced in Chapter 11, the six domains encompass in-classroom, online, and schoolwide interventions designed to integrate student/learning supports into school improvement in ways that fully embed mental health concerns.

Part IV devotes a chapter to each of the following:

- Enhancing daily classroom and online strategies to enable learning
- Supporting transitions
- Increasing home connections to the school
- Increasing community involvement and collaborative engagement
- Responding to, and where feasible, preventing crises
- Facilitating student and family access to effective services and special assistance as needed

Chapter 13. Bringing Learning Supports into “Classrooms”

*As schools re-open, classrooms are at school and at home.
Learning supports are essential in both settings to address factors that interfere
with learning and teaching; and they are critical to enhancing equity of opportunity*

Framework and Design for Enhancing Daily Instruction with Learning Supports

What's the First Step? Personalized Instruction!

What's the Second Step? Immediate Special Assistance (as needed)

Intrinsic Motivation: A Primary Concern Throughout Both Steps

Enrichment Opportunities are a Key Facet of Engaging Students

A Few Words about Transforming Disciplinary Practices

Opening the Door to Enhance Collaboration and Personalized Professional Development Related to Learning Supports

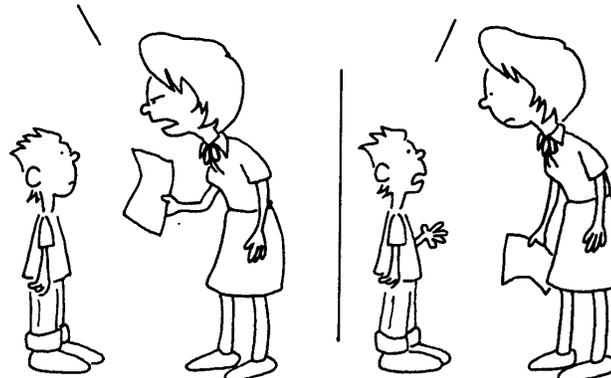
Bringing learning supports into instructional setting is intended to promote healthy development, prevent problems, and respond quickly when problems arise. Teachers work collaboratively with other teachers and student support staff to

- >ensure instruction is personalized with an emphasis on enhancing intrinsic motivation and social-emotional development for all students and especially those manifesting mild-moderate learning and behavior problems
- >re-engage those who have become disengaged from learning at school
- >provide learning accommodations and supports as necessary
- >use response to intervention in applying special assistance
- >addressing external barriers with a focus on prevention and early intervening

Referrals are made for specialized services (e.g., mental health counseling) *only if* daily classroom and online supports prove insufficient.

I CAN HARDLY READ YOUR HANDWRITING.
YOU MUST LEARN TO WRITE MORE CLEARLY.

AW, WHAT'S THE USE!
IF I WRITE ANY CLEARER, YOU'LL
COMPLAIN ABOUT MY SPELLING.



Good instruction is necessary but not sufficient when students are experiencing external or internal challenges that inhibit learning. Classroom-based student/learning supports are essential in enabling learning and fully embedding a mental health focus in schools.

In mapping and analyzing how well classrooms have addressed barriers to learning and teaching and re-engaged disconnected students, we find the following:

- (1) Teaching is organized at most schools in ways that presume teachers can do the job alone.
- (2) Insufficient attention is being paid to creating a stimulating and caring, as well as manageable learning environment.
- (3) Efforts to personalize instruction mainly are interpreted in terms of using technology and are not adequately differentiating instruction with respect to motivational differences.
- (4) Not enough focus is on promoting intrinsic motivation, preventing problems, responding as soon as feasible after problems arise, and providing appropriate special assistance when students display specific problems.
- (5) Teachers' professional development has not effectively prepared them with respect to understanding intrinsic motivation, and this contributes to a tendency to overrely on rewards and punishment as strategies for teaching and controlling behavior.
- (6) Classrooms have not been designed as effective first responders when special assistance for a student and family is needed, and this has resulted in over-referrals for specialized services.

All this hinders and undermines efforts to engage students in instruction. Moreover, these conditions contribute to the type of psychological reactance that generates behavior and emotional problems and works against re-engaging disconnected students.

Enhancing learning supports in daily teaching helps improve equity of opportunity. Such supports increase teacher effectiveness in accounting for a wider range of individual differences, fostering a caring context, and preventing and handling many more problems when they arise. In the wake of COVID-19 and the problems experienced with online teaching, schools can appreciate the importance of supports in this domain for students, teachers, and those at home (see Exhibit 36).

Framework and Design for Enhancing Daily Instruction with Learning Supports

Everyone who works in schools knows that the way the classroom setting is arranged and instruction is organized can help or hinder learning and teaching. The ideal at school and at home is to have an environment where students and those facilitating their instruction feel comfortable, positively stimulated, and well-supported in pursuing the learning objectives of the day.

Designing classrooms and online learning environments to meet this ideal involves enabling teachers to personalize and blend instruction for all students, provide a greater range of accommodations and enrichment options, and add special assistance in the context of implementing "Response to Intervention (RtI)." From a motivational perspective, the emphasis is on active learning (e.g., authentic, problem-based, and discovery learning; projects, learning centers, enrichment opportunities) and reducing negative interactions and overreliance on social control disciplinary practices. To facilitate all this, big classes are transformed into a set of smaller workgroups by using small group and independent learning options. (Note the commonalities with facets of Universal Design for Learning.) Properly implemented, the changes can increase the effectiveness of daily instruction, prevent problems, support inclusionary policies, and reduce the need for specialized *services*.

Exhibit 36

Key Facets of Enhancing Daily Instruction with Learning Supports

- **Reframing the approach to instruction to enhance teacher capability to prevent and intervene as soon after problems arise and reduce need for referrals** (e.g. personalizing instruction; providing special assistance as part of daily instruction; developing small group and independent learning options; facilitating social-emotional development; reducing negative interactions; minimizing over-reliance on social control; expanding the range of curricular and instructional options and choices; systematic use of response to intervention to identify effective special assistance and, if necessary, to make appropriate referrals for specialized interventions)
- **“Opening the door” to various forms of collaboration, support, and personalized professional development** (e.g., co-teaching and team teaching with resource teachers; working with student support staff in the classroom and related to online instruction; using volunteers in targeted ways to enhance social and academic support; providing mentors; creating a learning community focused on intrinsic motivation concepts and minimizing use of rewards and punishment; outreach to re-engage students who have become disengaged)
- **Enhancing the capability of student and learning supports staff and others to team with teachers in the classroom and online** (e.g., enhancing student support staff understanding of personalized instruction and how to team as colleagues in the classroom and online with teachers and others to enhance success for all students)
- **Providing a broad range of curricular and enrichment opportunities** (e.g., instructional content and processes that stimulate interest and personal engagement, a variety of enriching options that students have open access to and can make personal choices)
- **Contributing to a positive climate in the classroom, online, and schoolwide** (e.g., enhancing feelings of competence, self-determination, and relatedness to others at school; reducing threats to such feelings; ensuring staff have good professional and social supports; providing for effective conflict resolution)

Exhibit 37 illustrates a prototype framework for enhancing daily instruction with learning supports. The approach is sequential and hierarchical. It reflects research indicating that “meeting students where they are” often is defined too narrowly. Differentiated instruction in most regular classrooms mainly focuses on individual differences in students’ developmental capabilities and doesn’t pay enough systemic attention to differences in motivation, especially intrinsic motivation. And, too little is done within classrooms and online to follow-up with special assistance when students manifest problems.

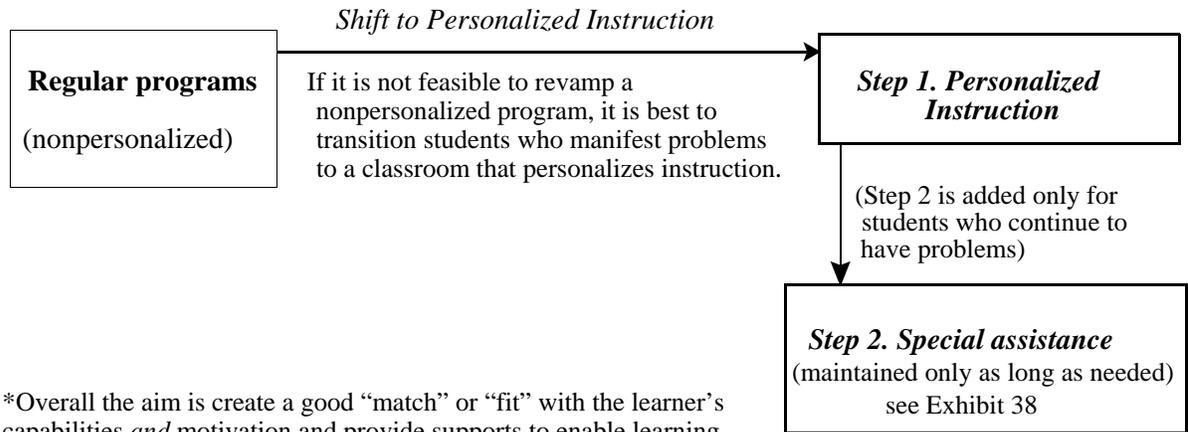
What’s the First Step? *Personalized Instruction!*

In the 1960s at UCLA we initiated a focus on a personalized approach to learning as a fundamental foundation for preventing and correcting learning, behavior, and emotional problems. Since then, we have continued to develop and apply the approach.

Based on a reciprocal determinist understanding of learning and behavior, we conceive personalized *learning* as nonlinear (e.g., dynamic, transactional, spiraling). Similarly, personalized *instruction* is a dynamic, transactional, and spiraling process that strives to create a good "match" or "fit" with each learner (to meet learners where they are) and, by doing so, enhance equity of opportunity for students.

Exhibit 37

Framework for Enhancing Daily Instruction with Learning Supports*



Defining personalization. As essential as it is to attend to differences in capability, motivational differences often are of primary concern in creating a good fit, especially for students manifesting problems. We all know individuals who have learned much more than we anticipated because they were highly motivated; and we certainly know others who learn and perform poorly when they are not invested in the work.

So, our definition of personalization emphasizes that it is the process of accounting for individual differences in *both capability and motivation*. Furthermore, from a psychological perspective, we stress that it is a *learner’s perception* that determines whether the instructional “fit” or “match” is good or bad. Given this, personalizing instruction means ensuring conditions for learning are perceived by the learner as good ways to attain goals s/he wants to reach. Thus, a basic intervention concern is that of eliciting learners’ perceptions of how well what is offered matches both their interests and abilities. *This has fundamental implications for all efforts to assess students, manage behavior, and address mental health concerns.*

What does it take to personalize learning? First of all, whoever is teaching must expect and value individual differences in learners’ motivation and development. The process must offer options for learning and help students make decisions among the alternatives. The emphasis in such decision making must be on encouraging pursuit of what youngsters perceive as a good match in terms of learning activities and structure. And as new information about what is and isn’t a good match becomes available, there must be a willingness to revise decisions.

Given a commitment to personalize learning, students and teachers must learn how to make it a reality. This usually involves moving toward personalization through a series of transition steps. Such steps start with offering an appropriate variety of learning options and facilitating student understanding of the content, processes, and outcomes related to the options. During instruction, it involves establishing ways for some students to work independently and in small cooperative groups while the teacher pursues one-to-one and small-group interactions with others. (See *Personalizing Learning and Addressing Barriers to Learning* <http://smhp.psych.ucla.edu/pdfdocs/personalizeI.pdf>.)

Personalization: Don't Make it Another Buzzword

After years of being bandied about, the term personalization is coming to the policy forefront in the U.S., the United Kingdom, Canada, and beyond. With the increasing use of the term in U.S. federal policy, there is a tendency just to adopt it in place of terms such as individualized and differentiated instruction. This tendency has been bolstered by the growing emphasis on using technology in teaching, which sometimes is described as personalized instruction.

Despite some ongoing controversies, few argue against the goal of personalization – which is to help schools function better in addressing the diverse needs and interests students bring each day. There is also agreement that new technologies can be helpful to a degree in accomplishing the goal. And, there is agreement that improved forms of formative assessments are an important element.

In 2010, the U.S. Department of Education included the following definition in its national technology plan:

“Personalization refers to instruction that is paced to learning needs, tailored to learning preferences, and tailored to the specific interests of different learners. In an environment that is fully personalized, the learning objectives and content as well as the method and pace may all vary (so personalization encompasses differentiation and individualization).”

As part of a series of special reports on the topic, Education Week issued *Taking Stock of Personalized Learning* in 2014. That report highlighted recent definitional efforts and some ongoing issues.

Unfortunately, discussions of personalized learning often leave the impression that the process is mainly about incorporating technological innovations. For the most part, the discussions also fail to place personalized learning within the context of other conditions that must be improved related to daily instruction and schoolwide to address factors interfering with student learning and performance.

Indiscriminate use of the term personalization turns it into yet one more buzzword, rather than a fundamental move beyond individualized instruction in the unending quest for improving how we meet learners where they are.

In sum, *Step 1 personalizing instruction* is designed to ensure a student *perceives* instructional processes, content, and outcomes as a good match with his or her interests and capabilities.

- A first emphasis is on *motivation*. Practices focus on (re)engaging the student in instruction, with special attention paid to increasing intrinsic motivation, minimizing psychological reactance, and fostering positive attitudes.
- Matching *developmental capabilities* is a parallel concern. Practices focus on accounting for current knowledge and skills.

Personalized instruction is intended to enhance learning and to prevent many learning and behavior problems. And, it provides an essential foundation for ameliorating learning, behavior, and emotional problems. Indeed, just providing a student with a personalized program may be sufficient to reverse some problems. Other problems, of course, need something more. As highlighted in Exhibit 37 and discussed below, “something more” is Step 2 *special assistance*.

What’s the Second Step?

Immediate Special Assistance (as needed) in the Classroom and Online

When students require more than personalized instruction, addressing the problem immediately is an essential step. As illustrated in Exhibit 38, this involves special assistance. This second step builds on the foundation laid by personalized instruction and on a student’s responses to such instruction. The goal is to provide as much special assistance as feasible in situ.

In keeping with the principle of using the least intervention necessary (e.g., doing what is needed in ways that are least intrusive, restrictive, disruptive), step 2 stresses thinking about special assistance in hierarchical terms; and based on responses to the interventions, the different levels are applied sequentially. The process is as follows for students with minor problems:

- Level A assistance focuses on addressing readily observable problems that are interfering with learning and performance (e.g., interventions that help to directly improve environmental and personal conditions to enable coping with daily instruction);
- If students continue to have problems, Level B focuses on teaching basic prerequisites that haven’t been learned (e.g., readiness attitudes, knowledge, and skills); once prerequisites are acquired, the emphasis shifts back to Level A until problems are corrected;
- If assistance at Levels A and B doesn’t ameliorate the problem, the focus shifts to assessing underlying factors that may be interfering with learning and performance. If correction is not possible, the emphasis is on amelioration of symptoms, teaching compensatory strategies, and ensuring necessary accommodations for learning at Levels A and B. (Students with severe and chronic problems require attention at all three levels.)

More about this approach is presented in Chapter 18.

Intrinsic Motivation: A Primary Concern Throughout Both Steps

Motivation is a multifaceted intervention concern. Good practices strive to (a) ensure motivational readiness to participate, (b) enhance motivation during intervention, (c) minimize conditions that decrease engagement during the process, and (d) increase intrinsic motivation as an outcome.

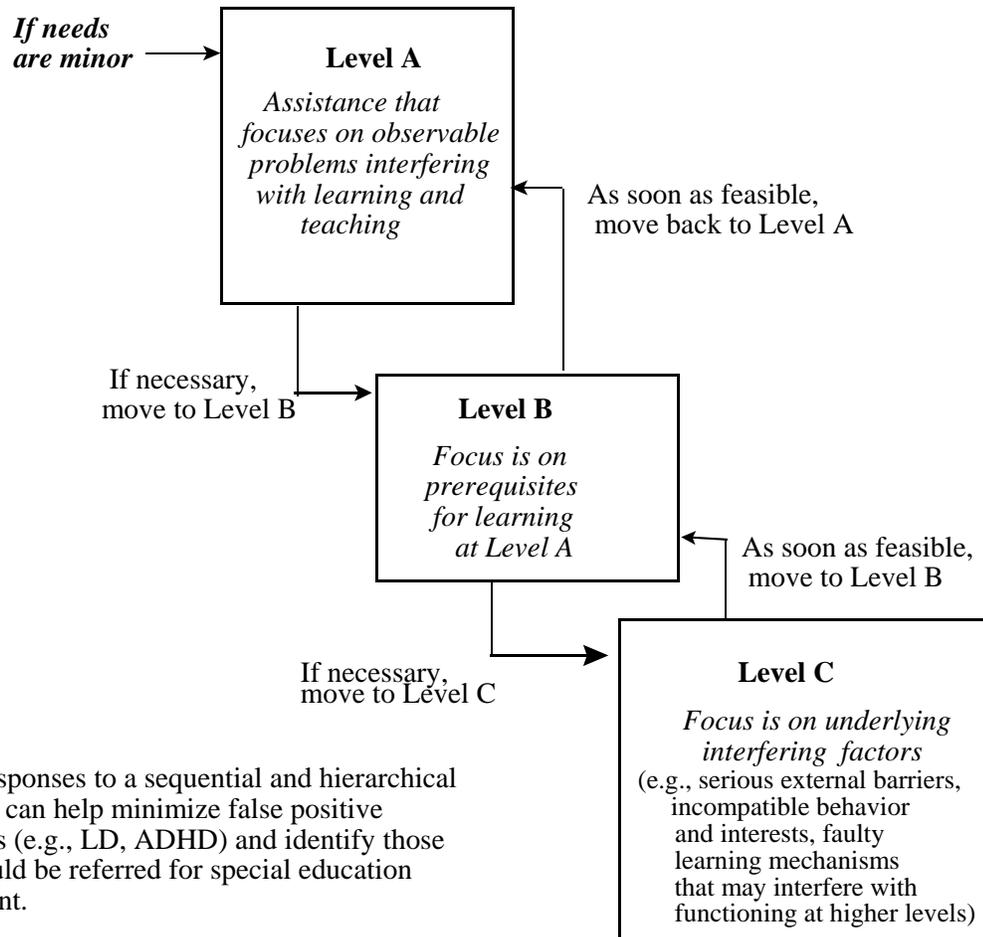
With respect to both personalization and special assistance, an understanding of intrinsic motivation clarifies that it is essential to avoid practices that limit options and decision making and that make students feel controlled and coerced. For example: restricting the focus mainly to “remedying” problems cuts students off from experiences that enhance good feelings about school learning. Overemphasis on controlling behavior produces psychological reactance. Overreliance on extrinsic motivation risks undermining efforts to enhance intrinsic motivation and can produce avoidance reactions. Not only do such practices reduce opportunities for positive learning and for development of positive attitudes, over time, they result in students disengaging from school learning.

In contrast, practices that capitalize on intrinsic motivation enable and support learning. Such practices include offering a broad range of content, outcomes, and procedural options, including a personalized structure to support and guide learning and significant enrichment opportunities. With real options come real opportunities for involving learners in decision making. The focus on intrinsic motivation also stresses the importance of developing nonthreatening ways to provide ongoing information about learning and performance.

Exhibit 38

Special Assistance Sequence and Hierarchy

Step 2 is introduced as necessary using best practices for special assistance (remediation, rehabilitation, treatment). These are applied differentially for minor and severe problems.



Note: Responses to a sequential and hierarchical approach can help minimize false positive diagnoses (e.g., LD, ADHD) and identify those who should be referred for special education assessment.

More on special assistance when *Student and Family Special Assistance* is discussed in Chapter 18.

Enrichment Opportunities are a Key Facet of Engaging Students

Because so many people think of enrichment as a frill, it is not surprising when such activities are overlooked in discussing student engagement. And, because youngsters who manifest learning, behavior, and emotional problems often are seen as needing all available time in order to deal with their problems and then “catch up,” they tend to lose out with respect to enrichment opportunities.

The reality is that enrichment activities increase the possibilities for creating a good motivational match and for facilitating learning, development, and remediation. Enrichment embellishes the learning environment and increases the likelihood that students will discover new interests, information, and skills through exploration, inquiry, discovery, and recreation. The activities can play a role in preventing, minimizing, and overcoming school and individual problems. In some cases, enrichment experiences lead to lifelong interests or careers.

Well-designed and structured enrichment activities are basic to encouraging proactive behavior and engagement in learning. Such activity should be an integral part of daily schooling and not used as a behavior modification strategy (i.e., used as rewards and withdrawn as punishment).

Because they are seen as extra-curricular and often offered afterschool, the impact of enrichment experiences is not separated out in assessing academic progress. It is a reasonable assumption, however, that such experiences make a significant contribution to a student's sense of value and joy and feelings of competence, self-determination, and affiliation with significant others. And they can help re-engage a student in daily instruction.

Schoolwide Enrichment Activities

Among enrichment offerings at schools are activities related to the arts, science, computers, athletics, student government, school newspapers and may include participation in clubs, exhibitions, performances, service learning programs, and competitions. Such activities often are more attractive and intriguing than those offered in the specified curriculum. In part, this is because they are not required, and individuals can seek out those that match their interests and abilities.

Offered before school, they can bring students to school early and thus reduce tardies. Offered at lunch, they can reduce the incidence of harassment and other negative interactions. After school, they provide alternatives to antisocial interactions in the community.

A Few Words about Transforming Disciplinary Practices

In discussing her early frustrations with maintaining order in the classroom, Margaret Metzger notes that it was helpful to keep in mind her own experiences as a student.

"If I was going to stay in education, I knew I had to get past the discipline issues. . . . I wrote down what I liked and hated about my own teachers I remembered how much I wanted the teachers I adored to like or notice me; I remembered how criticism bruised my fragile ego; I remembered how I resented teacher power plays. Mostly, I remembered how much I hated the infantilizing nature of high school. . . . I reminded myself that I already know a lot – just from the student side of the desk. If I could keep remembering, I could convey genuine empathy and have honest interactions."

Clearly, managing learning at school requires order. Misbehavior disrupts; it may be hurtful; it may disinhibit others. When a student misbehaves, a natural reaction is to want that youngster to experience and other students to see the consequences of misbehaving. A hope is that public awareness of consequences will deter subsequent problems. As a result, schools spend considerable time and resources on *discipline* – often discussed in the broader concept of *classroom management*. To minimize misbehavior, schools stress the importance of student self-discipline and employ a variety of external disciplinary and social control practices. The latter include some practices that model behaviors which foster (rather than counter) development of negative values.

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

As often happens with reactive procedures, the benefits of using punishment to control behavior are offset by many negative consequences. These include increased negative attitudes toward school and school personnel which often lead to anti-social acts and various mental health problems.

Disciplinary procedures also are associated with the school dropout problem. It is not surprising, then, that some concerned professionals refer to extreme disciplinary practices as "pushout" strategies.

With the growing awareness that widely used discipline practices are insufficient and often counterproductive, advocates for a more positive approach have called for greater emphasis on prevention by adding programs for character education and moral development, social skills and emotional "intelligence" training, and positive behavior support initiatives. Within the context of a unified, comprehensive, and equitable system of student/learning supports, we stress (a) prevention, (b) quick response to problems using guidance and supports, and (c) follow-up with special assistance if needed. Here are some examples:

- *Preventing misbehavior* (e.g., improving programs to enhance student engagement and minimize conditions that foment misbehavior; enhancing home responsibility for students' behavior and learning; promoting a school climate that embraces a holistic and family-centered orientation; working with students to establish a set of logical consequences that are reasonable, fair, and nondenigrating)
- *Responding quickly when misbehavior occurs* (e.g., reestablishing a calm and safe atmosphere and applying established logical consequences, guidance, and supports in keeping with the framework for personalization and special assistance)
- *Following-up after an event* (e.g., making program changes if necessary; preventing further problems with those who misbehaved by following-up with special assistance as needed).

The aim of bringing learning supports into classrooms is not to temporarily control bad behavior. Misbehavior presents a teachable moment for enhancing social, emotional, and moral development. Bringing learning supports into classrooms provides another opportunity for students to learn about personal responsibility, integrity, self-regulation/self-discipline, a work ethic, appreciation of diversity, and positive feelings about self and others.

Where Does Response to Intervention Fit as a Learning Support?

Response to intervention (RtI) is a term prominently used for strategic efforts to assess and address learning problems as soon as they arise. The process involves analyses of authentic responses made to instruction and other interventions designed to address problems. Such analyses consider (a) motivational as well as developmental considerations and (b) whether the problem requires a deeper look. It explores such concerns as:

Does the problem stem from the student not having acquired readiness skills? Does it arise from "critical student dispositions" that have produced avoidance motivation to curricula content and instructional processes? What accommodations and interventions are needed to ameliorate the student's problems? And, when problems persist, what other external and internal factors must be considered?

Using response to intervention to clarify such matters fits well with the classroom approach that first *personalizes* instruction and then assesses learning and behavior problems using a hierarchical set of interventions. Implementing response to intervention effectively is best accomplished through collaborative actions. For more, see *Response to Intervention* (<http://smhp.psych.ucla.edu/pdfdocs/rtii.pdf>).

Opening the Door to Enhance Collaboration and Personalized Professional Development Related to Learning Supports

As former teacher Claudia Graziano related in an *Edutopia* article:

New teachers, however naive and idealistic, often know before they enter the profession that the salaries are paltry, the class sizes large, and the supplies scant. What they don't know is how little support . . . they can expect once the door is closed and the textbooks are opened.

The point seems evident: *Even the best teachers can't do the job alone.* Teachers need a system of supports in the classroom, online, and schoolwide to help when students are not responding effectively to instruction. This means classrooms and schools need to have a more open-door policy, albeit one that keeps schools safe.

Opening the door to collaboration can enhance student support, staff development, and outcomes. Collaboration and teaming are key to facilitating personalized instruction and special assistance, creating a stimulating and manageable learning environment, and generally addressing barriers to learning and teaching. To further enhance engagement and learning, opening school doors, metaphorically and literally, can provide opportunities to broaden the range of enrichment activities by inviting in community colleagues and volunteers who have special knowledge, skills, and talents.

Collaboration also provides an avenue to improving personalized on-the-job professional development for teachers and student support staff. These professionals have much to teach each other. For example, student support staff (e.g., school psychologists, counselors, social workers, nurses) have specialized expertise. Their training prepares them to provide targeted direct assistance and support to students and their families. Currently, they tend to offer what they know through consultation with colleagues which is viewed by them as a form of collaboration. However, effective collaboration with teachers involves much more than consultation and making recommendations. It involves learning from teachers about teaching and then teaming with them to improve how instructional design and practices can more effectively address learning, behavior, and emotional problems.

Personnel preparation programs for student/learning supports staff generally do not prepare them to work as an instructional team, and teacher preparation programs do not teach how to collaborate with and learn from such staff. So, for such collaboration to become the norm, the preparation programs must expand to encompass an emphasis on teaming and mutual learning.

In sum, opening doors to enhance collaboration increases what can be done to enable instruction and learning and enhance equity of opportunity. It is essential to bring teachers and student/learning support staff together to make system improvements and provide personalized supports for all students. Such teaming can help incorporate practices that engage students who are not doing well and that accommodate those with special needs; they also allow for an increased focus on preventing problems.

I failed every subject but algebra.



That's not too surprising since you didn't take algebra.

A Note About Technology and Schooling

When schools closed because of the COVID-10 pandemic, technology became indispensable. And this led some advocates of enhancing equity of opportunity to suggest transforming public education on a technological foundation.

The problem with *overemphasizing* technology as a solution to educational inequities is that it *overrelies* on the belief that directly delivering instruction is sufficient. That is, the approach woefully ignores the need to address barriers to learning and teaching and re-engage disconnected students (and families).

Advanced technology *does offer tools* for improving almost every facet of efforts to address barriers to learning and promote healthy development. Technology is expanding, exponentially; the possibilities seem endless. Building on technology as tools for aiding all students, classrooms especially need to be more versatile in working effectively with students who are not quite as ready as others in terms of their motivational readiness and current capabilities.

Clearly, even before COVID-19, a brave new world has emerged. There is much for all of us to learn about advanced technological applications. We all need to grasp the big picture and develop a plan and an agenda for integrating such applications into the daily efforts to enhance the development, learning and general well-being of all students.

Concluding Comments

Teachers cannot and should not be expected to function in relative isolation of those who provide student/learning supports. Such supports not only overlap regular instructional efforts, they add value to prevailing efforts to improve instruction and ameliorate learning, behavior, and emotional problems. And they ensure that mental health concerns are fully embedded in the school agenda.

Learning supports that are well-integrated into regular instructional efforts can prevent problems, facilitate intervening as soon as problems are noted, enhance intrinsic motivation for learning, and help re-engage disconnected students. They also can reduce the number of unnecessary referrals for specialized services.

Accomplishing all this requires reframing teaching to account for a wider range of individual differences by personalizing instruction and providing immediate special assistance.

Moving in this direction involves (a) opening doors to enhance collaboration and personalized professional development related to learning supports, (b) enhancing the capabilities of student and learning supports staff to team with teachers in the classroom and online, and (c) ensuring enrichment opportunities. Bringing learning supports into “classrooms” is a key facet of facilitating student and staff well-being and emergence of a positive climate for learning.

One District's Approach to Going Online

The Los Angeles Unified School District undertook “a range of interconnected outreach initiatives that, taken together, show how much is involved—and at stake—in supporting diverse student populations at this time. Among other things, the district has:

Provided extended learning plans to all students. The packets, derived from teachers' existing lesson plans, include both online and pen-and-paper activities. Students can also participate in regular online discussions with their teachers.

Launched an educational programming partnership with local PBS television stations. The cross-grade-level programming features supplemental, standards-based instructional materials developed by district educators and now reaches more than 200,000 people a day.

Forged an agreement with Verizon to provide free wireless internet access to all students. The district estimates that as many as 100,000 of its students did not have internet access on their own.

Began distribution of free digital devices to students who need them. The program started at the high school level, with school leaders reaching out to students in need of computers and schools serving as distribution sites. The goal is for every student in the district to have an internet-connected device with access to the district's learning-management system and communication platforms like Zoom and Google Hangouts.

Provided intensive training in online instruction to teachers. Characterized by Superintendent Austin Beutner as the "main event," the additional professional learning, led by educators with previous experience in distance learning, is designed to share best practices and help teachers adapt instructional plans to an online environment. The district also plans to set up technical-support help desks for teachers, students, and families.

Opened more than 60 "grab n' go" food centers in schools. The centers, staffed by district employees and Red Cross volunteers, have provided more than 5 million meals, in addition to toys and baby supplies for families.

Created new services for students with disabilities. Occupational therapists and speech and language teachers are working with students via teleconferencing. In addition, special educators are creating pre-recorded video lessons for other students with special needs.

The district has also created a mental health hotline for students and caregivers and started a charitable fund for students and families in need.

Despite all its efforts, the Los Angeles district is still struggling to reach all its students. In an address to the school community delivered on March 30, Superintendent Beutner said that about 68 percent of the district's 120,000 high school students were participating in online learning on a given day and that there were some 15,000 high school students with whom the district has had no online contact since schools closed.

A Few References to Online Teaching

Northcentral University Library has a guide to resources about

Also see:

>*The Ultimate Guide to Online Teaching*

>*Learn From Home: 20 Best Practices for Remote Learning in K–12*

>*9 strategies for effective online teaching*

>*Best Practices: Online Pedagogy*

What did you learn in school today?



*Not enough I guess, they told me
I have to go back tomorrow!*

**For more specific examples of ways to enhance
Classroom-based Learning Supports, see the self-study survey at
<http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/classroomsurvey.pdf>**

**For Free and Easily Accessed Online Resources Related to
*Classroom-based Learning Supports***

See our Center's Quick Find on
Classroom-Based Learning Supports
><http://smhp.psych.ucla.edu/qf/classenable.htm>

Also see related topics listed on the Quick Find menu
><http://smhp.psych.ucla.edu/quicksearch.htm>

Chapter 14. Supports for Transitions

Difficulty in coping with transitions is a common barrier to learning and teaching; problems with transitions also can exacerbate existing learning, behavior, and emotional problems. Students, their families, and school staff have experienced a difficult set of transitions during the COVID-19 crisis. Upon returning to school, these core stakeholders will once again be confronted with the many transitions that occur every day at school and throughout the year.

Framing And Designing Supports For Transitions

What Are Priorities in Enhancing Supports for Transitions?

Focus on Students Starting or Reentering School and Newcomers
Daily Transitions
Matriculation Challenges
Lengthy Periods Away from Regular School

A schoolwide focus on transitions is part of any agenda for promoting healthy development, preventing problems, and responding quickly when problems arise. A learning supports component attends to students and families as they negotiate such matters as

- >hurdles encountered during school and grade changes
- >initial entry or reentry into a school
- >daily transitions
- >program transitions
- >accessing special assistance

*I'm so happy that school
is opening – aren't you?*



Oh – so happy!

Many types of transition are stressful. As schools re-open, supports for transitions are essential to facilitate student well-being and performance and enrich the climate at a school.

The COVID-19 pandemic underscored the need for schools to provide supports for transitions. Students, their families, and school staff have encountered a difficult set of transitions during the crisis and related to the re-opening of schools. Everyone (students, families, staff) experienced considerable stress, some were ill, some lost a relative or friend who died. Some did not do well with online instruction. It was predictable that transition-back stressors would likely exacerbate factors interfering with school adjustment and thus with learning and teaching. Some will be staying home and continuing with online teaching. And some will remain disconnected from school instruction.

Starting school, returning to school, changing schools, moving to the next grade level, at school encountering hassles before and after school, during lunch – students (and their families and school staff) are confronted with a variety of transitions every day and throughout each year of schooling. Transitions are critical times. Providing supports for transitions can ameliorate problems and enable learning. Such supports also provide opportunities for promoting healthy development. Not providing such supports can contribute to counterproductive behavior by students (and their families) and exacerbate learning, behavior, and emotional problems.

A comprehensive approach to providing transition supports requires interventions within classrooms and schoolwide, among schools, and with the community (see Exhibit 39). Immediate goals are to prevent and address transition problems. More generally, transitions provide opportunities to promote whole child development, increase positive attitudes and readiness skills for schooling, address systemic and personal barriers to learning and teaching, and (re)engage disconnected students and families. Transition supports overlap the other five intervention domains of a unified, comprehensive, and equitable system of learning supports.

Exhibit 39

Transition Concerns and Examples of Supports for Transitions

Newcomers to a school – new students and their families, new staff, volunteers, visitors (Examples of interventions: comprehensive orientations, welcoming signs, materials, and initial receptions; social and emotional supports including peer buddy programs; accommodating students with special needs, those from other countries, and those arriving after periods of hospitalization)

Daily transitions -- before school, changing classes, breaks, lunch, afterschool (Examples of interventions: preventing problems by ensuring positive supervision and safety; providing attractive recreational, enrichment, and academic support activities; using problems that arise as teachable moments for enhancing social-emotional development)

Lengthy periods away from school – the COVID-29 school closures, hospitalization, summer and intersession breaks (Examples of interventions: online supports for maintenance and catching-up, recreation and enrichment programs, service and workplace opportunities)

Matriculation and program challenges – new classrooms, new teachers; grade-to-grade; elementary to middle school; middle to high school; hybrid instruction; in and out of special education programs; school-to-career/higher education transition (Examples of interventions: information; academic, vocational, and social-emotional counseling and related supports; pathway and articulation strategies; mentor programs; programs to support moving to post school living and work)

Reports of early outcomes from transition interventions indicate fewer tardies and absences and less vandalism and violence at school and in the neighborhood. Over time, such supports can contribute to reductions in school avoidance and dropouts, as well as enhanced school adjustment and increases in the number who make successful transitions to higher education and post school living and work. And, initial studies of programs for transition in and out of special education suggest the interventions can enhance students' attitudes about school and self and can improve their academic performance. Transition supports also can add to perceptions of a caring school climate and can play a significant role in a family's decision about staying or changing schools.

Framing And Designing Supports For Transitions

Exhibit 40 provides a guide for school improvement planning related to developing a comprehensive approach for addressing transition concerns.

Exhibit 40

Prototype Framework for Addressing Transition Concerns*

	Subsystem for Enhancing Development and Preventing Problems	Subsystem for Immediately Addressing Problems	Subsystem for Follow-up &Addressing Continuing Problems
Starting School & Arriving New			
Matriculation & Program Challenges			
Daily Transitions			
Lengthy Periods Away from Instruction			

*Transition planning focuses on addressing concerns (a) in classrooms, (b) schoolwide, (c) by a network of schools (e.g., a high school and its feeder pattern), and (d) in collaboration with the community.

While the nature and scope of transitions vary, there are common features in planning and implementing transition supports. As with every intervention, considerations about time, space, materials, and competence arise at every step. Multi-year strategic development requires gap analyses and priority setting. And, as with all student and learning supports, the work is strengthened when there is broad involvement of stakeholders in planning for transitions and being responsible for effective implementation (e.g., students, staff, home; representatives from the police, faith groups, recreation, businesses, higher education, etc.). Coalescing resources from such stakeholders can enhance school capacity to handle the variety of transition concerns confronting students and their families and enhance cost-effectiveness. For instance, garnering the involvement of a wide range of stakeholders enlarges the pool of potential contributors and volunteers.

Summer and intersession breaks are periods of transition. Generally, they raise concerns about how to use such times to address students who are lagging behind and to minimize learning lapses. When communities are open again, a wide range of enrichment activities also can be offered to promote whole-child development (e.g., arts, recreation, sports, service and workplace experiences). Such times also provide opportunities for schools to enhance connections with libraries, parks and recreation, service organizations, and local businesses.

What Are Priorities in Enhancing Supports for Transitions?

In establishing priorities for system development, the emphasis is on strengthening the most important interventions and filling the most critical gaps. What follows are examples commonly identified as priorities for improving supports for transitions. For more specific examples, see the self-study survey online at <http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/transitionssurvey.pdf>.

Focus on Students Starting or Reentering School and Newcomers

School systems and individual schools are quite variable in the degree to which they are prepared to address new students and families. And, of course, newcomers vary in terms of their capability and motivation with respect to transitioning to new settings and conditions. As a result, a newcomer may perceive a setting positively (e.g., friendly, inviting, helpful) or negatively (e.g., unwelcoming or even hostile, nonaccommodating). Schools can reduce learning, behavior, and emotional problems by prioritizing strategies for addressing newcomers' transitional needs and enhancing their positive perceptions.

Welcoming and social support for everyone. Schools are concerned with enhancing a positive "climate" for learning. A good place to start is by improving welcoming and social supports for all newcomers. A positive welcome is desirable at each initial encounter between school staff and a new student and family, a new colleague, and all visitors. Each point of contact represents an opportunity and a challenge to positively assimilate newcomers into the school – welcoming and orienting them, linking them with appropriate social supports (e.g., peer buddies, mentors; orchestrating their entrance into ongoing groups and activities), and assisting them to make successful transitions. (See the Center's resource entitled: *What Schools Can Do to Welcome and Meet the Needs of All Students and Families* – <http://smhp.psych.ucla.edu/welcomeguide.htm>).

Immediately addressing adjustment problems to the new setting. Beyond greeting and orienting, transition supports include using the first weeks after arrival as a time to monitor and follow-up with personalized supports (e.g., social-emotional, academic, task-related) for those having difficulty adjusting to the new situation. Every school needs early warning and response procedures to

- quickly identify any new student, family, or staff who is having adjustment problems
- provide supports that aid those with minor adjustment problems
- initiate special assistance when necessary to those who have major adjustment problems

Such supports are personalized to account for individual differences in both motivation and capability.

Particular attention must be given to addressing the complex transitional needs of highly mobile students, recent immigrants, and new staff. The greater the numbers and rate of student and staff mobility and of families arriving from other countries, the greater the priority for pursuing strategies to enhance welcoming, social, emotional, and academic supports.

Daily Transitions

Many schools have significant problems with tardies, bullying, substance abuse, and other forms of out-of-classroom behavior that contribute to poor student performance and a negative school climate. To prevent such problems, a common priority is to focus on strategies to address before, during, and after school transitions. During such transitions, the aims are to ensure positive schoolwide supervision and safety, increase the range of attractive recreational, enrichment, and academic support activities, and enhance social-emotional development.

Enriching before, during, and after school recreation and academic supports. Well-designed and structured recreation and enrichment activities are basic elements in preventing problems and encouraging proactive behavior. Offered before school, they bring students to the campus early and thus reduce tardies. Offered at lunch, they can reduce the incidence of harassment and other negative interactions. After school, they provide alternatives to antisocial interactions in the community, and paired with positive opportunities for enriched and personalized academic support, they offer renewed hope for those who have learning problems.

Using schoolwide supervision and follow-up to counter transition problems and promote social-emotional development. Unstructured times at school are “dangerous,” especially for vulnerable students. Breaks and lunch often result in office referrals for behavior problems and calls home expressing concern over inappropriate social and interpersonal behaviors. These are times when social groups (including gangs) gather together and provoke or intimidate others. When problems arise outside the classroom, those monitoring the situation have natural opportunities for helping students enhance social-emotional and moral development.

In general, daily transitions provide many *natural* opportunities that can be used as personalized, teachable moments to enhance learning and development. And, follow-up interventions can deepen the learning whenever feasible.

Matriculation and Program Challenges

Articulation programs. Students frequently have significant difficulty making the transition from grade-to-grade and going from elementary to middle school or from middle to high school. Indeed, many “dropouts” occur during transitions to high school. Priorities here include

- providing all students with opportunities to prepare themselves psychologically for such changes
- identifying and intervening on behalf of any student having difficulty during the actual period of transition
- offering follow-up opportunities, as feasible, to support those moving to post school living and work.

Comparable interventions are useful in helping family members address articulation concerns.

Online instruction. Schools using hybrid models will need to prioritize supports for student and families focused on how to engage the student and facilitate learning.

Counseling. Schools are unlikely to ever have the type of student-counselor ratio that is advocated. Therefore, an early priority often is the recruitment, training, and supervision of interested personnel and volunteers/mentors to fill certain gaps (e.g., to provide basic information relevant to students’ academic and vocational futures). Such supports can free up counseling personnel to provide more social-emotional counseling and related supports to those in need.

Lengthy Periods Away from Regular School

Research findings stress that students' skills and knowledge often deteriorate when youngsters are not in school for significant periods of time. This is a particular concern with students from low-income families, and thus this subgroup might be a high priority. Prolonged absences due to illness also warrant special attention. Many lessons were learned from the COVID-19 school closures.

Addressing significant breaks in schooling requires enhancing school and community opportunities for maintaining and increasing abilities and positive motivation and enabling students to catch-up. Some of this involves establishing academic opportunities (e.g., distance learning, tutoring, summer school). For reluctant students, motivational considerations call for designing such instructional approaches to look and feel quite different from typical schooling.

As schools re-open, transition-back may be relatively easy for some, but care-filled transition supports will be essential for others. We highlight three major concerns and offer resources related to each at <http://smhp.psych.ucla.edu/pdfdocs/newsletter/spring20.pdf>.

Concluding Comments

Schools must plan, develop, and maintain a focus on ways to address the variety of transition concerns confronting students, their families, new staff, and others who come to the school. In reviewing school improvement plans, school staff need to ask:

- *How are new students and families welcomed and positively assimilated into the school?*
- *What is done when a student is not adjusting well to a new school, a new class, hybrid instruction?*
- *How are behavior problems minimized before and after school? at lunch?*
- *Do articulation and related counseling programs provide more than orienting information and simple skills?*

As effective transition supports are implemented, concerns turn into opportunities to enhance healthy development and address learning, behavior, and emotional problems. And, supports for transitions play a critical role in the emergence of a positive school climate.

For more specific examples of ways to enhance *Supports for Transitions*, see the self-study survey online at

<http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/transitionsurvey.pdf>

For Free and Easily Accessed Online Resources Related to *Supports for Transitions*

See our Center's Quick Find on
Transition Programs/Grade Articulation/Welcoming
>http://smhp.psych.ucla.edu/qf/p2101_01.htm

Also see related topics listed on the Quick Find menu
><http://smhp.psych.ucla.edu/quicksearch.htm>

Chapter 15. Home Involvement, Engagement, and Re-engagement in Schooling

Research findings accumulated over ... decades ... show that ... parental encouragement, activities, and interest at home and participation in schools and classrooms affect children's achievement, attitudes, and aspirations, even after student ability and family socioeconomic status are taken into account.

Joyce Epstein

Framing and Designing Interventions for Home Involvement and Engagement

Early Frameworks

Reframing Parent Involvement

What are Priorities in Enhancing Home Involvement and Engagement?

Enhancing Policy, Planning, and Action to Minimize Barriers to Involvement

Improving Supports in Ways that Increase Involvement

Instead of just focusing on *parent* involvement, consider the differences in primary caretakers of students. Some students are being raised primarily by grandparents, aunts, older siblings, "nannies," and in foster homes. That is why we stress the term *home* involvement.

Supports to enhance home connections with school include

- >addressing barriers to home involvement (including homeless youth)
- >helping those in the home enhance supports for their children
- >strengthening home and school communication
- >increasing home support of the school

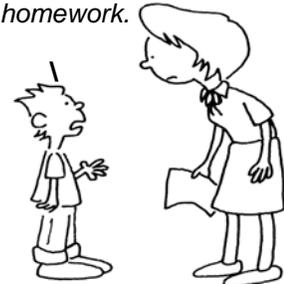
Your mom said that she never saw this report

I sent her about your work.

What do you know about that?



Gee, I guess the dog has been eating more than my homework.



Research findings consistently indicate the value of home support for schooling. Moreover, with respect to students who are not doing well at school, efforts to enhance home involvement are basic in the overall approach to addressing factors interfering with school learning and performance. And with the increase emphasis on learning at home and online, family members are part of the teaching team.

Despite the long-standing call by policy makers and researchers for schools to enhance parent involvement, the challenges in doing so have confounded many schools. Our analyses before the COVID-19 crisis indicated that this would be the case as long as schools fail to account for the variety of individuals providing “parenting” and until “involvement” is designed as a mutually beneficial, equitable, and engaging process. Hopefully, responses by schools to the virus pandemic and the increasing demands to correct racial injustice will produce changes that improve the situation.

A good start is to no longer mainly focus on *parent* involvement and recognize that many students are raised primarily by grandparents, aunts, older siblings, “nannies,” and in foster homes. And as has been evident with distance learning, others in the home play a significant role in supporting schooling. Given the variety of primary caretakers and supporters at home, the term *home* involvement is a more inclusive concept.

In general, as with students, parents and other caretakers vary in their personal motivation and ability to connect with the school. And as with many students who are not doing well at school, (re)establishing productive *working* relationships with some caretakers involves addressing barriers and doing so in a personalized way.

Home involvement complications stem from factors such as caretaker economic status, work schedules, immigrant status, ethnic and racial considerations, single parent families, number of youngsters in the home, homes where English is not spoken, extended families, military families, families where a parent is in prison, foster homes, and homeless families and youngsters. In addition, some caretakers have disabilities, and some are dysfunctional.

Home situations also differ in caretaker attitudes about school. Such attitudes often reflect personal past experiences, current encounters, and whether or not their youngsters are doing well at school. Involving reluctant primary caretakers is difficult and often handled at school as a low priority.

The strongest predictors that a student is likely to drop out are family characteristics such as: socioeconomic status, family structure, family stress (e.g., death, divorce, family moves), and the mother’s age. Students who come from low-income families, are the children of single, young, unemployed mothers, or who have experienced high degrees of family stress are more likely than other students to drop out of school. Of those characteristics, low socioeconomic status has been shown to bear the strongest relationship to students’ tendency to drop out.

National Education Association

The above are major concerns for schools aiming at making home involvement a mutually beneficial, equitable, and (re)engaging process.

Reflecting on Those Who Aren't Involved

We find that most efforts to involve families are aimed at those who want and are able to show up at school. It's important to have activities for such families. It's also important to remember that, at many schools, these represent a small percent of families.

What about the rest? Especially those who are *primary caretakers* for children who are doing poorly at school.

Ironically, endeavors to involve those at home whose youngsters are doing poorly often result in the home becoming less involved. For example, a parent of such a youngster usually is called to school to explore the child's problems and often leaves with a sense of frustration, anger, and guilt. It is not surprising, then, that the parent subsequently avoids school contact as much as feasible.

A colleague describes the typical pattern of messages over time from the school to the homes of struggling students as follows:

Early messages: We are concerned about ... [missing assignments, poor attendance, lack of academic progress, behavior problems] ...

Over the years the school's messages become more urgent: Dear parents, we need a conference to talk about ... [behavior problems, academic problems, truancy]; please attend student study team meeting...

Finally, the school's messages become more formal: This is to inform you ... [your child will be retained, your child will be suspended]; you must attend an attendance review board meeting

Schools that really want to involve those at home try to minimize "finger wagging" and offer more than parent education classes.

We are reminded of the dictum that it can take as many as eight positive interactions to restore a relationship after a negative encounter.

The complications that must be addressed in enhancing home involvement can be categorized as *institutional*, *impersonal*, and *personal* barriers (see Exhibit 41). Over the years, increased attention has been given to reducing institutional and impersonal barriers. However, as with so much related to address barriers to learning and teaching, home involvement policies and practice are not well-developed.

Exhibit 41

General Types and Forms of Barriers to Home Involvement

Forms of Barriers

		Negative Attitudes	Lack of Mechanisms/Skills	Practical Deterrents
T Y P E S o f B A R R I E R S	Institutional	<u>Examples</u> School administration is hostile toward increasing home involvement	<u>Examples</u> Insufficient staff assigned to planning and implementing ways to enhance involvement; no more than a token effort to accommodate different languages	<u>Examples</u> Low priority given to home involvement in allocating resources such as space, time, and money
	Impersonal	Home involvement suffers from benign neglect	Rapid influx of immigrant families overwhelms school's ability to communicate and provide relevant home involvement activities	Schools lack resources; majority in home have problems related to work schedules, childcare, transportation
	Personal	Specific teachers and parents feel home involvement is not worth the effort or feel threatened by such involvement	Specific teachers and parents lack relevant languages and interpersonal skills	Specific teachers and parents are too busy or lack resources

We suggest that moving forward to improve home involvement in schooling requires

- broadening the focus beyond thinking only in terms of parents
- enhancing the range of ways in which schools address factors that interfere with (re)engaging primary caretakers (with particular attention to outreaching to those who have a youngster who is not doing well and those who are reluctant to engage)
- transforming current school improvement policy and practice to fully encompass home involvement and engagement in development of a unified, comprehensive, and equitable system for addressing barriers to learning and teaching.

Underlying Rationales for Involving the Home

In general, underlying rationales shaping home involvement interventions can be contrasted as pursuing *political*, *socialization*, *economic*, and/or *helping agenda* (see Chapter 7). A *political* agenda focuses on the role the home plays in making decisions about schools and schooling and on the degree to which that agenda only is personal or also is socially responsible. Examples of venues for political participation include advisory and shared governance committees, lobbying politicians, and supporting school bond measures.

A *socialization* agenda is seen in many of the messages sent home and in the widespread emphasis on school-based parent training. The intent is to influence parent-caretaker practices and attitudes in ways that facilitate what goes on at school.

An *economic* agenda is seen in views of the school as a marketplace choice and parents as consumers, in conflicts related to privatization of facets of public education, and in the ways the home is used as a supplementary resource to compensate for budget limitations.

A *helping* agenda is reflected in interventions designed to aid students and their families to address barriers to learning and teaching. This can include facilitating family access to health and social services at the school and referral to community services.

From a special education perspective, Dunst and colleagues offer an example of conflicting agenda for home involvement. They differentiate family intervention policies and practices in terms of the degree to which they are (1) family-centered, (2) family-focused, (3) family-allied, or (4) professional-centered. Their view is that, in contrast to professional-centered approaches, a family-oriented agenda is much more committed to

- enhancing a sense of community (i.e., "promoting the coming together of people around shared values and common needs in ways that create mutually beneficial interdependencies")
- mobilizing resources and supports (i.e., "building support systems that enhance the flow of resources in ways that assist families with parenting responsibilities")
- sharing responsibility and collaboration (i.e., "sharing ideas and skills by parents and professionals in ways that build and strengthen collaborative arrangements")
- protecting family integrity (i.e., "respecting the family beliefs and values and protecting the family from intrusion upon its beliefs by outsiders")
- strengthening family functioning (i.e., "promoting the capabilities and competencies of families necessary to mobilize resources and perform parenting responsibilities in ways that have empowering consequences")
- ensuring proactive services (i.e., "adoption of consumer-driven human service-delivery models and practices that support and strengthen family functioning").

Framing and Designing Interventions for Home Involvement and Engagement

Over the years, the agenda for home involvement in schooling has reflected multiple aims and contrasting but not necessarily mutually exclusive **rationales**. For example, parents may be viewed as consumers, citizens, or both. At the root of the matter are debates about the role of schools as political and socialization agents, as a marketplace, and as a source of helping, especially for those with specific needs.

Early Frameworks

As stressed, the prevailing focus has been on *parents* (usually mothers). Thus, early frameworks were built around connecting with parents. For example, many years ago Joyce Epstein described five types of parent-school involvements:

(1) *Basic obligations of parents to children and school* (e.g., providing food, clothing, shelter; assuring health and safety; providing child rearing and home training; providing school supplies and a place for doing school work; building positive home conditions for learning),

(2) *Basic obligations of school to children and family* (e.g., using a variety of communication methods to inform parents about school schedules, events, policies and about children's grades, test scores, daily performance; treating children justly and effectively -- including accounting for differences),

(3) *Parent involvement at school* (e.g., assisting teachers and students with lessons, class trips; assisting administrators, teachers, and staff in cafeteria, library, computer labs; assisting organized parent groups in fund-raising, community relations, political awareness, program development; attending student assemblies, sports events; attending workshops, discussion groups, training sessions),

(4) *Parent involvement in student learning at home* (e.g., contributing to development of child's social and personal skills, basic academic skills, and advanced skills by aiding with schoolwork, providing enrichment opportunities, and monitoring progress and problems),

(5) *Parent involvement in governance and advocacy* (e.g., participating in decision making groups; advocating for improved schooling).

Jackson and Cooper added a sixth and seventh category to Epstein's work. The sixth, *parent decision making*, stresses parents as consumers in the marketplace of available educational choices (e.g., making the best feasible arrangements to ensure their child's success). Their seventh category, *parent community networks*, covers involvements related to using "the unique culture of the local parent community to help all parties concerned." Included in this category are schools as places for parents to congregate and solve problems, activities that improve parents' skills, schooling that builds on parents' cultural traditions, and networking relevant to parents' agenda.

Reframing Parent Involvement

Building on the early work, we place greater emphasis on the full range of those influencing the student's life at home and on addressing barriers to engagement. In doing so, we present the agenda for involvement as a continuum of potential interventions that reflect the differences in primary caretakers needs and interests and the needs of the school (see Exhibit 42).

At one end of the continuum, the focus is on helping those in the home address their own basic needs so that they are able to meet basic obligations to their children. At the other end, the emphasis is on increasing home involvement in improving what goes on at schools and supporting public education. In between, there are interventions to enhance communication between school and home (especially with reference to matters related to the student), participation in making essential decisions about the student, support at home related to the student's *basic* learning and development, and involvement in solving problems and providing support at home and at school with respect to a student's *special* needs.

Here are some overlapping examples of supports related to each concern along the continuum:

- (a) Addressing the specific learning and support needs of adults in the home (e.g., services 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; enrichment and recreational opportunities; mutual support groups)

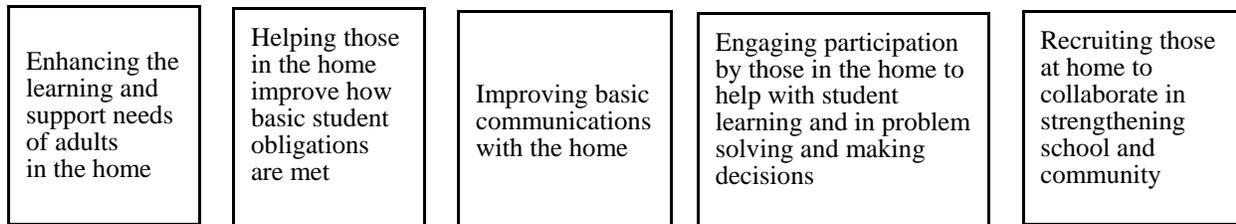
- (b) Helping those in the home improve how basic student obligations are met (e.g., providing family members with guidance related to parenting, enhancing skills for helping with schoolwork, and enriching student learning)
- (c) Improving forms of basic communication that promote the well-being of student, family, and school (e.g., facilitating home-school connections and sense of community through family networking and mutual support; facilitating child care and transportation to reduce barriers to coming to school; language translation; 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 and facilitate participation of hard-to-reach families – including student dropouts)
- (d) Enhancing home support for student learning and development and for problem solving and decision making essential to a student's well-being (e.g., preparing and engaging families for participation in supporting growth and in planning and problem-solving)
- (e) Recruiting those at home to support, collaborate, and partner in strengthening school and community by meeting classroom, school, and community needs (e.g., volunteering to welcome and support new families; participating in school governance)

As we have stressed, those the school seeks to involve differ in motivation and capability. Interventions must account for the differences. Those individuals who are motivationally ready and able to participate require little more than welcoming invitations. Those whose attitudes and/or capabilities make them reluctant and even avoidant require intensive and personalized outreach.

Note: Some schools have a *parent or family center* to enhance the attractiveness of home involvement, but care must be taken to ensure no one group dominates use so that such venues remain inviting and open to all.

Exhibit 42

Framing a Continuum of Interventions for Home Involvement



The continuum is not strictly a hierarchy of needs, but consider the following intervention reality:
When those in the home need significant help in meeting their personal basic needs and obligations, such needs probably must be met before these individuals are motivated and able to engage effectively in helping address the school's agenda.

What are Priorities in Enhancing Home Involvement and Engagement?

Multi-year strategic development requires gap analyses and priority setting. This chapter and the self-study survey available at <http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/homeinvolvementsurvey.pdf> are intended as aids for this work. After conducting analyses, a workgroup can establish priorities for strengthening the most vital interventions and filling the most critical gaps. The first priorities are to enhance school improvement policy, planning, and action so that barriers to home involvement are reduced, and supports are enhanced in ways that increase engaged involvement.

Enhancing Policy, Planning, and Action to Minimize Barriers to Involvement

Countering barriers to home involvement and engagement begins with ensuring a strong policy commitment to the work. Then, the focus turns to translating the policy into detailed strategic and action plans. This includes general and personalized staff development to ensure that all personnel (administrators, teachers, student and school support staff) understand the various barriers to home involvement and are well-prepared to assume their roles and responsibilities in addressing them. In personalizing staff development, special support is given to teachers who feel enhancing home involvement is too much of an added burden and those who feel threatened (e.g., because they think they can't make the necessary interpersonal connections due to racial, cultural, and/or language differences).

The following are potential priorities for minimizing barriers:

- *institutional barriers* – modifying bureaucratic procedures to reduce negative and enhance positive home-school interactions; enhancing the attractiveness of involvement by opening schools for community use and offering a range of adult education and literacy opportunities on school sites
- *impersonal barriers* – countering practical problems related to work schedules, transportation, childcare, cultural differences, and levels of literacy; providing interactive communications and invitations; using social marketing to convey the mutual benefits of home involvement
- *personal barriers* – identifying and outreaching to specific school personnel or family members who may lack requisite motivation and skills or who find participation uncomfortable because it demands time and other resources or who have little interest or feel hostile about home involvement.

Research shows that: “low-income and minority parents generally have reverence for education and high hopes for their offsprings’ school success, even though they may not interact with schools in the same manner as middle-class White parents. In part because of the barriers they face ... poor parents tend to focus their school support efforts on home-based activities that are often unrecognized by school personnel. And when lower-class parents choose not to participate in school activities, they often have very good reasons.... Many poor and minority parents also have a history of negative interactions with schools, making them reluctant to open themselves to more of the same” (Schutz, 2006).

“In contemporary society issues about parental support and involvement are complicated by diverse family arrangements and vast socio-cultural differences among classroom teachers, children and families. ... Urban families are often marginalized in everyday school life by poverty, racism, language and cultural differences; parents often perceive that public education is designed for children from middle class, white families at the expense of others.... Social relationships ... drive parents’ perceptions of their children’s school. There are already so many social barriers between the school and the families ... that the parents are highly sensitive to whether teachers respect their children. ... Most teacher communication with low income families consists of ‘low intensity’ letters and flyers with little face-to-face interaction....”(McDermott & Rothenberg, 2000).

Improving Supports in Ways that Increase Involvement

Given the full continuum outlined in Exhibit 42, gap analyses usually identify priorities for ways to improve supports related to each need. Examples follow:

- To enhance the learning and support needs of adults in the home, schools have offered
 - >adult classes (e.g., focused on basic literacy and vocational skills, English as a Second Language, citizenship preparation)
 - >mutual support groups
 - >assistance in accessing outside help for personal needs.
- To help those in the home improve how basic student obligations are met, schools have offered a range of education programs (e.g., focused on child-rearing/parenting, creating a supportive home environment for students, reducing factors that interfere with a student's school learning and performance, helping a student deal with challenges at home and school and in the neighborhood).
- In improving basic communications with the home, schools have included family members and foster care parents in designing and implementing the schools communication mechanisms (e.g., helping to improve front office interactions, newsletters, websites, email messages and other forms of messages to the home).
- To engage those in the home in participating in problem solving and making decisions essential to the student's well-being, schools have designed all interactions with those at home as natural opportunities for focusing on such matters.
- To recruit those at home to collaborate in strengthening school and community, schools have offered a variety of volunteer opportunities (see Exhibit 43).

Exhibit 43

Parent Participation at Pali High

Parent Volunteer Program (<http://www.palihigh.org/>)

Parent Outreach/Office Assistance

Attendance Office, Health Office, Library, College Center, Study Center, School Tours, Tutoring, Language Translation, Test Prep SAT/ACT Boot Camps

Fundraising

Educational Foundation, Booster Club - Fall Phon-A-Thon, Holiday Boutique, Casino Night, Silent Auction, Grant Writing, Grant Writing (Community Based)

Parent Organizations

Booster Club, Education Foundation, PTSA/PAC

On Campus

Fuerza Unida (Latino Student Union), Village Nation (Black Student Union), Music, Drama

School Governance

Board of Trustees Committees: Communications, Educational Programs, Finance & Budget, Operations & Facilities & Technology, Policy, Strategic Planning (Academic, Budget, Culture & Community, Facilities, Technology)

Hospitality

Baking/Cooking/Shopping, Graduation Reception, Senior Activities (Picnic, Breakfast, Awards), Student Events & Assemblies, Teacher & Staff Lunch/Dinners

Communication / Technology

Website Maintenance/Design, Email Communications: Writing or Editing, Social Media Networking/Tech Support

Other Volunteer Opportunities

Campus Beautification/Recycling/Gardening, Health and Safety/Emergency Preparedness, Field Trip Chaperone/Transportation, Athletic Events, Educational Programs/Presentations

A Few Comments About Enhancing Understanding of Engagement and Re-engagement

A typical situation: Someone at home is called to school because their youngster is misbehaving or is not learning well. The resulting encounter is unpleasant for family members and school staff. The dynamics certainly don't encourage positive engagement of the home with the school; more often than not they are a source of a growing disconnection.

Understanding the problem of increasing home involvement as that of *engaging* and, as necessary, *re-engaging* individuals helps rethink such encounters and makes engagement and re-engagement central in designing interventions to enhance home involvement.

Engagement reflects a person's motivation. Engagement has three facets: behavioral, emotional, and cognitive. From the perspective of intrinsic motivation theory and research, the emphasis in enhancing engagement is on (a) avoiding processes that mainly make people feel uncomfortable, controlled, and coerced and (b) moving away from practices that overrely on the use of reinforcers.

Research generally indicates that engagement is associated with positive outcomes and is higher when conditions are supportive, authentic, ensure opportunities for choice and provide sufficient structure. Conversely, disengagement is associated with threats to feelings of competence, self-determination, and/or relatedness to valued others. Practices for preventing disengagement require minimizing conditions that negatively affect intrinsic motivation for school involvement and maximizing conditions that enhance such motivation. Maintaining engagement and re-engaging disconnected individuals also requires minimizing conditions that negatively affect intrinsic motivation and maximizing conditions have a positive motivational effect.

Re-engaging those who have disconnected is a great challenge, especially when negative experiences in dealing with the school have resulted in a strong desire to avoid contact.

Reversing well-assimilated negative attitudes and behaviors is particularly difficult. As with disconnected students, personalized intervention strategies are required. Our work suggests outreaching to

- (a) *ask individuals to share their perceptions of the reasons for their disengagement* (This provides an invaluable basis for formulating a personalized plan to alter their negative perceptions and to prevent others from developing such perceptions.)
- (b) *reframe the reasons for and the processes related to home involvement to establish a good fit with the family's needs and interests* (The intent is to shift perceptions so that the process is viewed as supportive, not controlling, and the outcomes are perceived as personally valuable and obtainable.)
- (c) *renegotiate involvement* (The intent is to arrive at a mutual agreement that includes a detailed process for reevaluating and modifying the agreement as necessary.)
- (d) *reestablish and maintain an appropriate working relationship* (This requires the type of ongoing interactions that over a period of time enhance mutual understanding, provide mutual support, open-up communication, and engender mutual trust and respect.)

Concluding Comments

Policy may call for and mandate “parent” involvement, but that has been no guarantee of effective practice. The lack of home involvement is especially acute in middle and secondary schools, schools serving low income homes, and for families who feel blamed when their child is not doing well at school.

Enhancing home involvement requires greater attention to the full range of caretakers. Interventions include schoolwide and classroom-based efforts designed to strengthen the home situation, enhance family problem solving capabilities, increase support for student development, learning, and well-being, and strengthen schools and the community.

Ultimately, accomplishing home involvement requires establishing authentic collaborations, countering inherent inequities in power and resources, and empowering homes and communities, especially in impoverished neighborhoods. Toward these ends, the next chapter outlines ways to outreach to and enhance connections with a wide range of community resources.

As will become more evident, the six domains overlap. For example, home involvement and engagement overlaps (a) supports for transitions in emphasizing welcoming and ongoing social supports for newcomer families, (b) student and family special assistance in addressing individual family factors that interfere with family involvement, and (c) community engagement’s focus on ways for the community to increasingly support students and their families.

For more specific examples of ways to enhance *Home Involvement and Engagement*, see the self-study survey at

For Free and Easily Accessed Online Resources Related to *Home Involvement and Engagement*

See our Center’s Quick Find on
Home Involvement in Schooling

Also see related topics listed on the Quick Find menu

Chapter 16. *Community Outreach and Collaborative Engagement*

COVID-19 made it evident that schools need community support and communities need schools that are fully functional.

What Resources are in the Community?

Framing and Designing Interventions for Community Involvement and Collaborative Engagement

What are Priorities in Enhancing Community Involvement and Collaborative Engagement?

Social Marketing Outreach and Initiating Community Engagement
Developing a School-Community Collaborative

As schools move to increase community involvement and collaborative engagement, the emphasis is on

- >outreach to a wide range of resources
- >development of an operational infrastructure for a school-community collaborative

Can you define school-community collaboration for me?

Sure! it's an unnatural act between nonconsenting adults.



School-community collaboration generally has been challenging to develop and sustain. Recent events have further underscored the importance of such collaboration and changed the dynamics between schools and communities. At this time, moving forward in developing sustainable school-community collaboratives is critical to the well-being of schools, communities, students, and families.

Schools are a fundamental resource in communities. However, too many have been viewed as “islands” with no bridges to and from the mainland. The reality is that schools and the community in which they reside share and deal with many interrelated concerns, such as child development and socialization, literacy, mental and physical health, violence, crime, safety, substance abuse, housing, employment, and poverty.

Another reality is that schools are potentially more effective and caring places when they are an integral and positive partner in their community. For this to happen, schools must take steps to engage and collaborate with many community stakeholders to maximize mutual benefits related to shared concerns.

For decades, school outreach to the community has been rather circumscribed. (It is usually most intensive when there are crises and school-related ballot measures.) Policy and related funding generally have supported initiatives to link community social services and physical and mental health services to schools. Many afterschool programs have included such services, as well as contracting with community resources for academic support, enrichment, and recreation. Schools also have recruited volunteers and solicited other forms of resource contributions from the community. In recent years, much of this activity has aligned with the movements for school-based health centers and community schools.

High visibility crises are another stimulus for connecting with community resources. However, these connections usually are short-term. COVID-19 and concerns about police on campuses are the latest and most dramatic instances of crisis generated rethinking about school-community collaborations. What will develop over time remains unclear.

The downside of past efforts to connect resources from the community to schools is that they narrowed thinking about the range of potential community resources, about the role and functions of school-community collaboration, and about transforming student/learning supports.

This chapter focuses on supporting school efforts to enhance community outreach and engagement. From our perspective, the challenge ahead is to move beyond a narrow view of community resources and responding to immediate events.

The driver for school-community collaboration should be a comprehensive vision about the shared role schools, communities, and families can play in strengthening youngsters, families, schools, and neighborhoods. Such a vision encompasses safe and healthy schools and neighborhoods, positive development and learning, personal, family, and economic well-being, and more. Achieving the vision involves (a) outreach to a wide range of community resources and (b) developing a school and community collaborative infrastructure that can weave together participant resources.

What Resources are in the Community?

Districts/schools need to consider outreach to the full range of potential community resources, especially in neighborhoods where poverty reigns. Researchers have mapped a wide range of community entities whose missions overlap that of the local schools (see Exhibit 44).

Exhibit 44

Appreciating the Range of Community Resources for Outreach

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 & Parks, Library, courts, housing)

Municipal Agencies and Bodies

(e.g., parks & recreation, library, police, fire, courts, civic event units)

Physical and Mental Health & Psychosocial Concerns Facilities and Groups

(e.g., hospitals, clinics, guidance centers, Planned Parenthood, Aid to Victims, MADD, "Friends of" groups; family crisis and support centers, helplines, hotlines, shelters, mediation and dispute resolution centers)

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, Y's, scouts, 4-H, Woodcraft Rangers)

Sports/Health/Fitness/Outdoor Groups

(e.g., sports teams, athletic leagues, local gyms, conservation associations, Audubon Society)

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 assess cable)

Family members, local residents, senior citizens groups

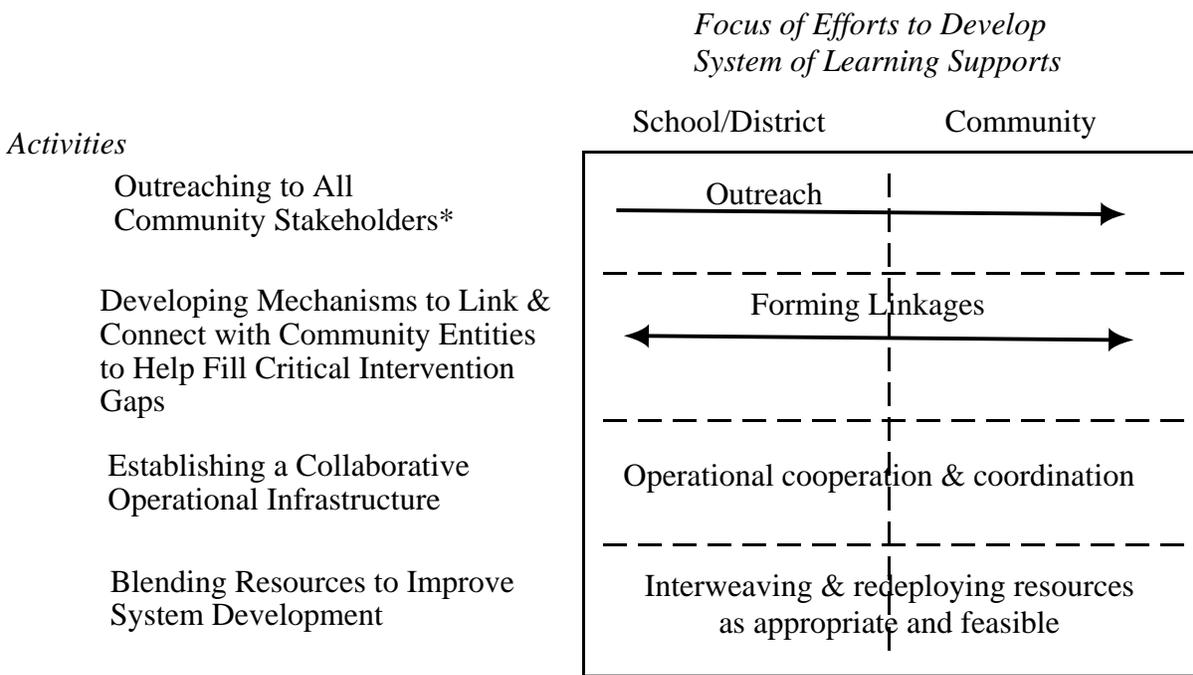
Framing and Designing Interventions for Community Involvement and Collaborative Engagement

School/district efforts to enhance community connections can encompass: (1) outreaching to a broad range of community entities, (2) establishing immediate links and connections with community resources to achieve mutual benefits, (3) establishing an effective operational infrastructure for a school-community collaborative, and (4) blending/weaving/redeploying school and community resources where feasible to help fill gaps and for system development (see Exhibit 45).

In practice, all four activities often are not pursued, especially when the focus is mainly on connecting a few community services to a school. However, all are vital in developing a unified, comprehensive, and equitable intervention system.

Exhibit 45

Framework for School-Community Collaboration in Developing a Unified, Comprehensive, and Equitable Intervention System



*Outreach is to all available community resources and decision makers (e.g., those associated with public and private agencies, colleges and universities, artists and cultural institutions, businesses and professional organizations, and service, volunteer, faith-based organizations).

Note: Because community resources in many neighborhoods are sparse, a school-by-school approach often leads to inequities (e.g., the first school to contact an agency might tie up all that a given agency can bring to a school). Therefore, district leadership needs to (a) help develop mechanisms that connect a “family” of schools (e.g., a high school feeder pattern, schools in the same neighborhood) and (b) play a role in outreaching and connecting community resources equitably to schools. A family of schools also provides a good nucleus for creating a school-community collaborative (see discussion later in this chapter).

Below are examples of strategies related to pursuing the activities highlighted in Exhibit 45.

Outreach to the Community:

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

Developing Mechanisms to Link and Connect with Community Entities:

- using telecommunications. email, website, social media, distance learning platforms as regular links
- ensuring that school improvement planning includes a focus on analyzing and filling critical gaps in school-community efforts to develop a unified, comprehensive, and equitable intervention system
- establishing and training a multi-school workgroup to focus on recruiting and equitably weaving together community stakeholders and agencies who have resources that can help fill critical gaps

Establishing a Formal Collaborative and Building an Operational Infrastructure:

- identifying community stakeholders who are interested in establishing a school-community collaborative
- formulating aims, short-term goals, and immediate objectives
- organizing participants into an effective operational infrastructure and establishing formal working agreements (e.g., MOUs) about roles and responsibilities*
- forming and training workgroups to accomplish immediate objectives
- monitoring and facilitating progress

*Don't forget to involve students as key collaborative stakeholders

Blending Resources to Improve System Development:

- mapping school and community resources used to address mutual concerns
- analyzing resource use to determine redundancies and inefficiencies
- identifying ways resources can be redeployed and interwoven to meet current priorities

What are Priorities in Enhancing Community Involvement and Collaborative Engagement?

Analyses related to school improvement can use the framework in Exhibit 46 and the self-study survey (online at <http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/communityoutreachsurvey.pdf>) to identify next steps for enhancing school-community connections. Immediate priorities usually involve establishing policy and operational mechanisms for (a) a broad based social marketing outreach campaign aimed at connecting with a wide range of community entities, (b) initiating work with those who indicate interest, and (c) exploring the feasibility of building a school-community collaborative.

Social Marketing Outreach and Initiating Community Engagement

A social marketing campaign can begin simply with a press release, telecommunications, website, email, and social media announcements, and circulars distributed through local businesses and agencies. The initial focus is on informing the community about the many facets of the school and letting them know about the need and opportunities for community involvement.

Social marketing and outreach are ongoing processes. The efforts require setting priorities and strategically pursuing them. A first priority involves establishing ongoing working relationships with

- community agencies that can fill critical gaps in any of the six domains
- sources from which a multifaceted volunteer pool can be recruited
(Review Exhibit 45 and see Exhibit 46 for the many ways volunteers can help at schools.
Note: While home involvement can fill some volunteer roles and functions, adding the wider range of talents found throughout the community helps fill many gaps and broadens perspectives about community engagement.)

Social marketing also can be directed at students and families who don't interact with the school on a regular basis, such as truants, dropouts, uninvolved families (See Chapter 14 for discussion of the type of special assistance and accommodations required to re-engage the disconnected.)

Exhibit 46

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 as a Whole – including helping develop and staff additional
 - A. Recreational activity
 - B. Enrichment activity
 - C. Tutoring
 - D. Mentoring
- IV. Helping Enhance the 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

While outreach to make informal linkages is relatively simple, establishing a comprehensive, long-term, formal collaborative infrastructure is difficult. Development of an effective school-community operational infrastructure requires institutionalized systemic changes that enable sharing of a wide spectrum of responsibilities and resources.

Developing a School-Community Collaborative

With a view to establishing an effective school-community collaborative, the early priority is to create a workgroup charged with developing an operational infrastructure for the collaborative. As the prototype illustrated in Exhibit 47 indicates, mechanisms are needed to provide oversight, leadership, capacity building, and ongoing support as the collaborative plans and implements strategic actions. Establishing such an infrastructure requires translating policy into authentic agreements about shared mission, vision, decision making, priorities, goals, roles, functions, resource allocation, redeployment, and enhancement, strategic implementation, evaluation, and accountability.

A guidebook is available for establishing a productive collaborative (see *School-Community Partnerships: A Guide* – <http://smhp.psych.ucla.edu/pdfdocs/guides/schoolcomm.pdf> .)

Concluding Comments

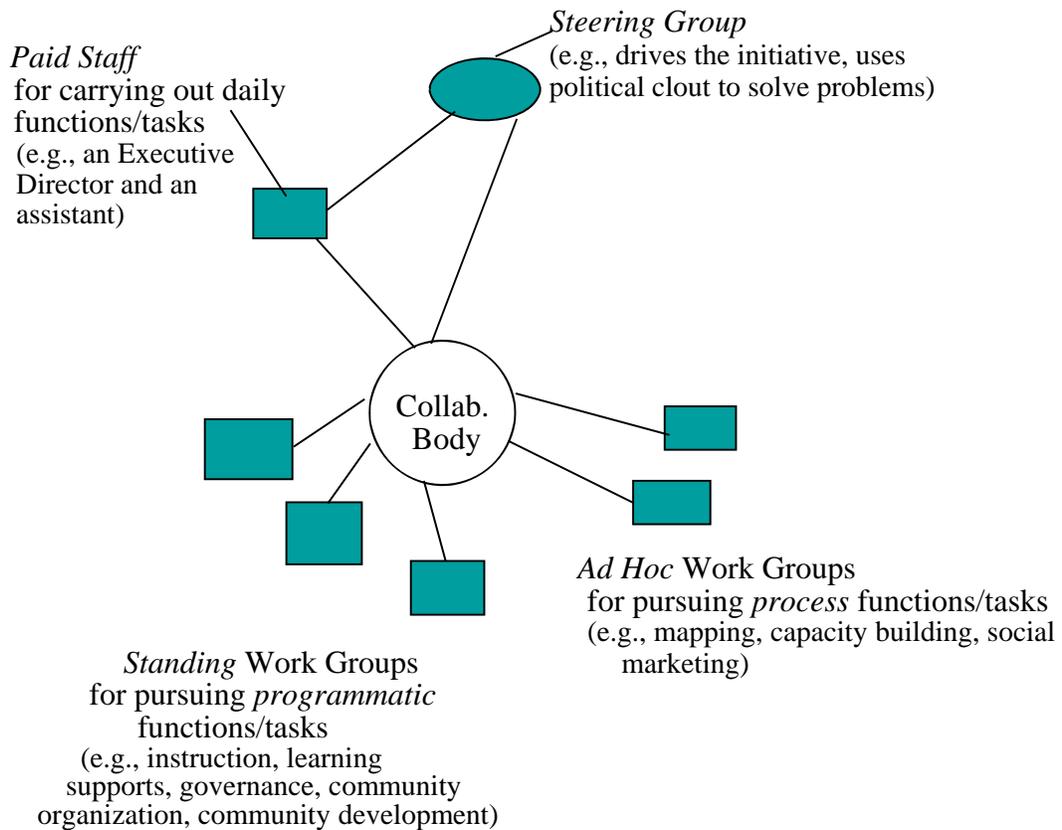
We caution against *limiting* school-community connections to co-locating a few service agencies on a few school sites. Such an approach tends undervalue the role of existing school resources and other human and social capital found in homes and communities and downplays what is needed to effectively address learning, behavior, and emotional problems. Increasing access to a few more services is only one facet of developing a unified, comprehensive, and equitable system for enhancing equity of opportunity.

Multifaceted and authentic outreach to engage the community conveys the message that schools are not islands. Opening up school sites as places where the community can engage in learning, recreation, enrichment, and connect with needed services can accelerate the impact of social marketing and outreach. Combining school and community resources heightens feasibility for increasing on-and off-campus opportunities that enhance equity for students to succeed at school and beyond. For example, many community stakeholders might be a contributing teacher and mentor who provides opportunities, such as service learning, internships, job-shadowing.

Over time, the impact of school-community outreach and engagement can enhance school climate and move schools closer to becoming the heart of the community.

Exhibit 47

Prototype of a School-Community Collaborative Operational Infrastructure*



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

Who should be at the table?

- *Schools* = formal institutions responsible for formal education (e.g., pre-K, elementary, secondary, higher education entities). The intent is to interweave the resources of these institutions with community entities (e.g., programs, personnel, students, facilities, etc.)
- *Community entities* = the many resources (public and private money, facilities, human and social capital) that can be brought to the table (e.g., health and social service agencies, businesses and unions, recreation, cultural, and youth development groups, libraries, juvenile justice and law enforcement, faith-based community institutions, service clubs, media). As the collaborative develops, additional steps must be taken to outreach to disenfranchised groups in the community.
- *Families* = representatives of all families in the community (not just representatives of organized family advocacy groups). The intent is to mobilize all the human and social capital represented by family members and other home caretakers of the young.

For more specific examples of ways to enhance *Community Involvement and Engagement*, see the self-study survey online at

<http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/communityoutreachsurvey.pdf>)

**For Free and Easily Accessed Online Resources Related to
*Community Involvement and Engagement***

See our Center's Quick Finds on

Community Outreach for Involvement and Support

><http://smhp.psych.ucla.edu/qf/commoutreach.htm>

Collaboration - School, Community, Interagency; community schools

>http://smhp.psych.ucla.edu/qf/p1201_01.htm

Also see related topics listed on the Quick Find menu

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

*Is it a school-community
collaborative if its online?*



*Yes, as long as folks don't
get disconnected!*

Chapter 17. Crises Assistance and Prevention

For some time to come, schools will be recovering from the two world-wide pandemics (COVID-19 and racial injustice). At the same time, schools must be ready to deal with other school and personal crises that may arise.

Framing and Designing Crises Assistance and Prevention

What Are Priorities in Enhancing Crises Assistance and Prevention?

- Reviewing Strategic and Action Plans
- Ensuring Effective Immediate Crisis Response
- Planning for the Aftermath

Preventing What is Readily Preventable

Preparing for possible crises/emergencies at school involves planning for

- >implementing interventions when an event occurs
- >countering the impact of traumatic events
- >preventing negative incidents (e.g., creating a caring/safe learning environment)

The proper handling of school crises is essential to minimizing a negative impact on learning and physical and mental health. Comprehensive crisis intervention planning and implementation provides ways for school personnel, students, and families to return to normalcy as quickly as feasible, address residual (longer-term) psychosocial problems, and explore preventive measures for the future.

We should really do more in-depth crisis planning. But it seems there's never a right time to do it.



True. But trying to plan during a crisis certainly is the wrong time to do it!



There cannot be another crisis next week. My schedule is already full.

U.S. Secretary of Stste

Crisis, emergency, disaster, catastrophe, tragedy, trauma – all are words heard frequently at schools. Before COVID-19, too many schools had already experienced major crises. And any school may have another one soon.

Besides pandemics students and staff may experience natural disasters such as hurricanes, earthquakes, and fires and violence related to suicide, gang activity, snipers, hostage-taking, and rape. Some react with severe emotional responses – fear, grief, post traumatic stress syndrome. And, when a significant portion of a school’s population is affected, major facets of a school's functioning are jeopardized. The aftermath can interfere with school and home performance, and long-term psychosocial and educational problems may ensue.

After a crisis such as a school shooting, the first concern is to ensure physical safety and medical first aid; this is followed immediately by attention to psychological considerations. Then, the emphasis is on the school’s need to regain stability and a sense of normality so that students and staff can resume learning and teaching. This includes attending to follow-up care as needed.

These matters call for sophisticated school planning. The nature and scope of such planning is well underscored by school re-openings after the COVID-19 disruption.

Districts differ in the specificity with which they spell out procedures for schools to follow during and in the aftermath of a crisis. Based on district policy, schools plan for emergencies. It is rare, however, for districts to have addressed, in sufficient detail, policies and procedures for what to do in the days and weeks that follow a crisis event and what to do to prevent future occurrences when feasible. (Probably no school planned for a crisis such as COVID-19, but it is now a pressing agenda item.)

Districts also differ in the amount of support they provide in helping schools establish and maintain crisis response mechanisms (e.g., crisis teams) and in training staff, as well as how much district level staffing is available for crisis intervention. Some, usually larger districts, may have regional support crisis teams that provide crisis management, medical and psychological/counseling support services, media relations, and debriefing. Others provide only an immediate response.

Crisis intervention is for responding to, minimizing the impact of, and, if feasible, preventing school and personal crises.

Examples of crisis intervention include activity designed to minimize the personal and institutional impact of crises and establish

- a safe and productive school environment (e.g., that deters violence and reduces injury)
- emergency/crisis responses at a site
- collaboration among local schools (e.g., an elementary to high school feeder pattern) and the community at-large for crisis planning and response and to develop and implement strategies to enhance safety and reduce violence, bullying, child abuse, suicide
- follow-up care when needed
- a violence prevention and resiliency curriculum designed to teach students anger management, problem-solving skills, social skills, and conflict resolution

About Police on School Campuses

In 2018, Allegra Collins, an undergraduate working in our Center, wrote the following:

In the aftermath of a school shooting in America, school and student safety is propelled to the forefront. Each event leads to new ideas being put forth to make sure that every student who goes to school makes it safely home.

One potential solution that gains a lot of support ... is to place more armed police officers at schools. The idea is that the officers would serve to not only neutralize threats and attacks on campus but also to serve as another kind of school administrator to aid with on-campus issues, such as common disciplinary issues.

Advocates believe that the presence of officers would act as a deterrent to crime on campuses. Additionally, advocates of this solution argue that students may feel more comfortable telling a police officer about any threats to the school....

While advocates of placing police officers in schools believe more police will make students feel safer, not much attention is given to how this solution would make students of color feel. With growth of the Black Lives Matter movement and the recent criminalization of immigrants in this country, the attitudes towards and perceptions of police officers held by black and brown people have changed.

People of color are wary of police officers. Many fear that they may be racially profiled leading to their safety being compromised. This attitude could affect how minority students perceive police presence at their schools. The black students who survived the Marjory Stoneman Douglas High School shooting in Parkland, Florida made a statement saying that "the increase [in] police presence at Stoneman Douglas made the [school] building feel like a prison for students." Some students even felt that their school was not made safer by having police officers at every entrance. This concern shows that what seems like a perfectly plausible solution to curbing gun violence in schools can actually have the effect of causing fear and anxiety among a particular group of students.

Additionally, police officers may be adding to the phenomenon of seeing students being funneled into the criminal justice system at younger ages because of their duty to report crime and uphold the law. Before police officers are placed at the front entrance of every school in America, more time needs to be taken to examine how their presence affects the mental health of minority students.

A Personal Note

When I was younger, I had positive views of police officers. I knew them as people I could count on whenever I felt unsafe. However, as I grew up my view began to change. I got a better understanding of the injustices that black and brown people experience in the judicial system.

Too many minorities, especially black men, find themselves affected by a judicial system that is not built to protect them. Black men find themselves lost in the prison system, and when they return to society they are treated worse than they were in prison. It does not even take going to jail to feel the effects of this system.

For me, I become nervous every time I see a police officer. As a black woman, what is usually a simple traffic stop for a white person fills me with terror. Seeing police officers or security in stores puts me on edge because I have a lingering feeling that I am being watched a little bit more than other customers. I am even more afraid for my younger brother. At 6'4" he can look physically intimidating. My biggest fear is for him to encounter a police officer and, because of his size, be perceived immediately as a threat....

Unfortunately, this is a reality for many black and brown people in America. We are taught to expect to be perceived as a threat because of the color of our skin. We learn, either through personal experience or through others, that the "system" does not always protect us. There can be very little reprieve from a life of constant fear. For me, I felt safe at school. I felt that school was the one place I could go and not feel the weight of being a black woman in America anymore. I personally do not know what I would have done if I did not have that one space to feel free. Every student should be able to experience the freedom that I did in school.

Framing and Designing Crises Assistance and Prevention

Exhibit 48 presents a prototype framework to help plan crisis assistance and prevention. (Go to the resources referenced at the end of this chapter for specific intervention ideas related to each of these concerns.)

Exhibit 48

Prototype Framework for Crises Assistance and Prevention

		<i>Scope of Event</i>		
		Major School-wide crisis*	Small Group Crisis**	Individual Crisis***
<i>Phases for which to plan</i>	During the Emergency			
	Immediate Aftermath			
	Days/Weeks Following			
	Prevention in the Future			

*Major school-wide crisis (e.g., major earthquake, fire in building, gun violence on campus)

**Small group crisis (e.g., in events where most students are unaffected such as a classmate's death, the focus is on providing for *specific* classes, groups, and individuals who are upset)

***Individual crisis (e.g., student confides threat to hurt self or others such as suicide, assault)

Clearly, the scope of the event (major school-wide crises as contrasted to small group or individual crises) profoundly shapes the number of responders needed during the various phases of the crisis. Furthermore, problems requiring attention during the crisis are quite distinct from those arising in the immediate aftermath and in the days and weeks following the event (e.g., hysteria and fear as contrasted with grief reactions and post traumatic stress).

As with every intervention, multi-year strategic development requires gap analyses and priority setting and feasibility considerations. And, as with all student and learning supports, the work is strengthened when a broad range of stakeholders and resources are coalesced to help with planning and implementation (e.g., students, staff, home, police, medical, and other community resources).

What Are Priorities in Enhancing Crises Assistance and Prevention?

The prototype framework in Exhibit 48 can guide gap analysis and setting priorities for intervention, personnel development, and ongoing support. For more specific examples to aid gap analysis, see the self-study survey at <http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/crisissurvey.pdf>.

The first priority is to *upgrade crisis intervention planning and response capability*. This can be

done by a school's administration or by establishing a standing crisis response and prevention workgroup. In some districts, a school-based crisis intervention team is delineated as the key planning and implementation mechanism. Planning groups vary in size; they benefit from the participation of an administrator, student support staff (e.g., nurse, psychologist, counselor), and someone with special expertise from the district and community.

Early tasks include

- reviewing strategic and action plans for crisis response and prevention
- preparing everyone at a school for responding to the different types of emergencies and making specific assignments and building capacity for crowd management, immediate medical and psychological first aid, rumor control, and handling media
- preparing everyone at a school to implement recovery efforts so students can resume learning and staff can resume their duties
- designing and building capacity for immediate aftermath counseling and debriefing

As the above basics are accomplished, the workgroup can enhance plans and capacity for

- providing brief and longer-term follow-up assistance as necessary
- preventing what is readily preventable.

Reviewing Strategic and Action Plans

Every school needs up-to-date crisis assistance and prevention plans that establish specific responses and delineate capacity building for implementation. The focus in strategic and action planning is on such matters as:

- who will assume what roles and functions in responding to a crisis
- what types of events the school defines as a crisis that warrants a school-based response
- what defines a particular event as a crisis
- how will different facets of crisis response be handled (who, what, where)
- how to assess and triage medical and psychological trauma
- how to identify students and staff in need of aftermath intervention
- what types of responses will be made with respect to students, staff, parents, district, community, media
- what special provisions will be implemented to address language and cultural considerations
- which school personnel will respond
- how district and community resources will be used
- which personnel will review the adequacy of each response and make appropriate revisions in crises response plans
- what in-service staff development and training are needed and how it will be implemented
- how everyone will be informed about emergency and crisis procedures

Planning also addresses contingencies. *What will be done if someone is not at school to carry out specified crisis response duties? What if a location is not accessible for a planned activity?*

School crises, of course, often are community crises. Therefore, a priority is to coordinate the school's plan with other local schools and with community crisis response personnel. The ideal is to seamlessly interweave plans and resources to enhance the benefits of the wider range of expertise and increase cost-effectiveness.

Once a general response plan is made planners can, over time, work out further details related to specific concerns and how to prevent what is preventable. In doing so, priority is given to high frequency and high impact concerns, such as racial conflict and gang violence.

Ensuring Effective Immediate Crisis Response

Action planning focuses on establishing and preparing a *response team* that

- organizes planning and training sessions for everyone at a school
- provides overall coordination during a crisis response
- liaisons with district and school administrators and with community emergency response agencies (e.g., fire department, police, emergency medical teams).

The plan also designates which responders will take on roles and functions related to

- mobilizing the team when needed (e.g., telephone trees, email listservs)
- coordinating communications and controlling rumors
- first aid (medical, psychological)
- crowd management
- media
- evacuation and transportation
- individual and group supportive counseling
- aftermath interventions

and so forth.

A priority in ensuring plans are carried out is to back-up every role and function with 1-2 team members in case someone is absent or incapacitated.

How visible is crisis team contact information? Is the information posted next to phones and computers in office locations? In classrooms? On the school's website?

Note: While training for delivering medical first aid is fairly commonplace, relatively little attention is paid to preparing responders to administer psychological first aid. To correct this oversight, Exhibit 49 provides an overview from a guide prepared by the National Child Traumatic Stress Network and the National Center for PTSD.

Exhibit 49

About Psychological First Aid in Schools

The National Child Traumatic Stress Network and the National Center for PTSD have made the Psychological First Aid for Schools Field Operations Guide* and accompanying handouts available online <http://www.nctsn.org/content/psychological-first-aid-schoolspfa>

Psychological First Aid for Schools is an evidence-informed approach for assisting children, adolescents, adults, and families in the aftermath of a school crisis, disaster, or terrorism event.

The guide is divided into the following sections:

Introduction and Overview

Preparing to Deliver Psychological First Aid

The Core Actions

- Contact and Engagement
- Safety and Comfort
- Stabilization
- Information Gathering: Current Needs and Concerns
- Practical Assistance
- Connection with Social Supports
- Information on Coping
- Linkage with Collaborative Services

Appendices

As stated in the manual:

“The basic objectives of a Psychological First Aid provider in schools are:

- To establish a positive connection with students and staff members in a non-intrusive, compassionate manner
- To enhance immediate and ongoing safety and provide physical and emotional comfort
- To calm and orient emotionally overwhelmed or distraught students and staff
- To help students and staff members identify their immediate needs and concerns
- To offer practical assistance and information to help students and staff members address their immediate needs and concerns
- To connect students and staff members as soon as possible to social support networks, including family members, friends, coaches, and other school or community groups
- To empower students, staff, and families to take an active role in their recovery, by acknowledging their coping efforts and strengths, and supporting adaptive coping
- To make clear your availability and (when appropriate) link the student and staff to other relevant school or community resources such as school counseling services, peer support programs, afterschool activities, tutoring, primary care physicians, local recovery systems, mental health services, employee assistance programs, public-sector services, and other relief organizations

(cont.)

Exhibit 49 (cont.)

Core actions are:

1. Contact and Engagement
Goal: To initiate contacts or to respond to contacts by students and staff in a non-intrusive, compassionate, and helpful manner
2. Safety and Comfort
Goal: To enhance immediate and ongoing safety, and provide physical and emotional comfort
3. Stabilization (if needed)
Goal: To calm and orient emotionally overwhelmed or disoriented students and staff
4. Information Gathering: (Current Needs and Concerns)
Goal: To identify immediate needs and concerns, gather additional information, and tailor Psychological First Aid for Schools interventions to meet these needs
5. Practical Assistance
Goal: To offer practical help to students and staff in addressing immediate needs and concerns
6. Connection with Social Supports
Goal: To help establish brief or ongoing contacts with primary support persons or other sources of support, including family, friends, teachers, and other school and/or community resources
7. Information on Coping
Goal: To provide information about stress reactions and coping to reduce distress and promote adaptive functioning
8. Linkage with Collaborative Services
Goal: To link students and staff with available services needed at the time or in the future

These core actions of Psychological First Aid for Schools constitute the basic objectives of providing early assistance within hours, days, or weeks following an event.”

The manual stresses the importance of being flexible and devoting the amount of time spent on each core action based on the person’s specific needs and concerns.

*Brymer M., Taylor M., Escudero P., Jacobs A., Kronenberg M., Macy R., Mock L., Payne L., Pynoos R., & Vogel J. *Psychological first aid for schools: Field operations guide, 2nd Edition*. (2012). Los Angeles: National Child Traumatic Stress Network.

Planning for the Aftermath

The aftermath of any crisis may affect a significant segment of a school's stakeholders. Of particular concern is the need for rumor control, dealing with contagion effects, and providing support for anyone experiencing medical problems and strong psychological reactions.

Planning for recovery. Recovery planning and action focuses on specific steps to be taken in the ensuing days/weeks. Priorities are:

- (1) Preparing and circulating accurate information to minimize destructive/disruptive rumors. An example is providing teachers with accurate information about the event and asking them to judiciously cover the matter with their students. The point is not only to provide accurate information about the event, but to clarify that the feelings students are having are natural and to remind students of available resources. The same type of information is relevant for staff and families.
- (2) Preparing and circulating a handout to all school personnel regarding what they should watch for in the aftermath and what they can do if anyone appears especially upset.
- (3) Implementing classroom discussions and activities that enable students to express and discuss feelings about crises.
- (4) Implementing counseling and other special supports for classes, groups, and individuals.

About brief and longer-term follow-up. Special expertise may be required in handling problems that arise in the days and weeks following an event. If there is not anyone with the needed expertise at the school, referrals are indicated.

As soon as feasible, planners meet for a debriefing session to evaluate how procedures worked and what revisions are needed. Debriefing also can help clarify any implications for prevention in the future.

For some at a school, extended counseling and other special supports are needed. See Chapter 14 for the processes involved in providing student and family special assistance. Similar processes can be established for affected staff.

The COVID-19 pandemic underscored how much a crisis could disrupt schooling. School closures required a switch to distance learning. Recent surveys report that “the vast majority of teachers could not teach all the material they were supposed to, teacher confidence plummeted in schools without supportive working conditions, and fewer than half of teachers in high schools, high-poverty schools and schools serving a majority of children of color were able to contact their students.” By far the largest need cited by teachers was strategies to keep students engaged and motivated during distance learning. Students' lack of internet access was a significant problem. 30 percent of principals surveyed said they needed training on how to support teachers during distance learning. 29 percent of elementary teachers and almost 50 percent of secondary teachers said they weren't able to contact their students. Surveys indicate schools were able to communicate with students and families in low-poverty and majority-white schools. https://www.rand.org/pubs/research_reports/RRA168-2.html

Preventing What is Readily Preventable

Prevention is a fundamental element of well-designed crises planning. Prevention strategies play a significant role in creating an environment in which a positive school climate can emerge.

A major focus of prevention is on strategies for deterring violence and reducing injury (e.g., violence prevention and resiliency curriculum; initiatives for conflict resolution and restorative justice). Another facet is concern for enhancing resiliency in the form of enhanced motivation and capacity for coping with stress. At all times, the emphasis is on minimizing circumstances that undermine personal well-being (e.g., threats to feelings of competence, self-determination, and connectedness to significant others).

Developing crisis assistance and prevention requires sophisticated planning and capacity building. Where a crisis team is in place at a school, its role may need to be reconceived and its functions expanded. Such a team needs to be a standing workgroup charged with planning, development, capacity building, implementation, ongoing evaluation, and quality improvement related to crisis concerns. The workgroup functions include ensuring effective cohesion with the other five domains of learning supports and connectedness among the district, neighboring schools, and surrounding community.

Natural members of crises workgroups are administrators and student support staff (e.g., an assistant principal, a school nurse, psychologist, social worker, counselor). At the same time, there almost always are other staff who have special expertise and will be interested in participating (e.g., those with first aid training, those concerned with school climate and safety).



Concluding Comments

The proper handling of school crises is essential to minimizing negative impact on learning and mental health. A comprehensive crisis intervention approach provides ways for school personnel, students, and parents to return to normalcy as quickly as feasible, address residual (longer-term) learning, behavior, and emotional problems, and explore potential preventive measures.

Given the complexity of crisis events and reactions, planning and implementing school-based crisis intervention require special expertise (e.g., how to deal with natural disasters as contrasted to dealing with gang violence or suicide, how to plan for crowd

management, rumor control, aftermath counseling, prevention). In most instances, the district's administration provides schools with detailed guidelines for handling major disasters during the emergency itself and in the immediate aftermath. Districts also provide training for crisis response and coordination with relevant district and community resources. And if any schools cannot generate a standing crisis team, the district and neighboring schools pool resources to meet the need. It is rarer for districts to have addressed, in the same detail, policies and procedures for what to do in the days and weeks that follow the event and what to do to improve future responses or to prevent future occurrences where feasible.

Regardless of what the district provides, it falls to the school to develop a specific operational plan and to identify and prepare personnel to carry it out. As schools have learned, often to their dismay, crises arise too often. Fortunately, over the years, school staff and students have shown strength, resilience, and effectiveness in handling such events.

For more specific examples of ways to enhance *Crisis Assistance and Prevention*, see the self-study survey at

<http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/crissurvey.pdf>

**For Free and Easily Accessed Online Resources Related to
*Crisis Assistance and Prevention***

See the special section on our website:

>*Responding to a Crisis*

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

See our Center's Resource Aid on

>*Responding to a Crisis at a School*

<http://smhp.psych.ucla.edu/pdfdocs/crisis/crisis.pdf>

See our Center's Quick Finds on

>*Crisis Prevention and Response*

http://smhp.psych.ucla.edu/qf/p2107_01.htm

>*Prevention*

<http://smhp.psych.ucla.edu/qf/prevention.html>

Also see related topics listed on the Quick Find menu

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

**Each of the above contains citations to references
used in preparing this chapter.**

Chapter 18. *Student and Family Special Assistance*

Schools have long wrestled with how to respond effectively in providing special assistance to students and families, COVID-19 and the protests against societal injustices have exacerbated the need.

Special Assistance to Support Learning and Teaching

How is Special Assistance Provided Strategically?
About the Sequence and Hierarchy

Framing and Designing Interventions for Student & Family Special Assistance

What Are Priorities in Enhancing Student and Family Special Assistance?

Doing Less Student and Family Special Assistance Outside the Classroom
Doing More Student and Family Special Assistance in the Classroom

Special Assistance For Addressing Chronic Behavior Problems

Are Special Training Programs the Answer?
Addressing Chronic Misbehavior and Enhancing Engagement as Priorities

In facilitating student and family access to special assistance as part of a unified, comprehensive, and equitable system of learning supports

- >the first emphasis is on enhancing what is provided in the classroom
- >and then, as needed, referrals are made for specialized services on- and off-campus



Of those students who require special assistance, only a small proportion are candidates for special education

As with the other domains of a learning supports system, the aim of student and family special assistance is to address barriers to learning and teaching and re-engage disconnected students and families. The interventions encompass adding special assistance to personalized instruction when necessary as introduced in Chapter 13 and providing specialized services in response to mental health problems and special education as reviewed in Chapter 4.

Special Assistance to Support Learning and Teaching

When many students are not doing well, a logical first step is to address general factors that may be causing problems. For schools, this involves the five domains of learning supports discussed in previous chapters. Such interventions can be sufficient for addressing conditions that are affecting a large proportion of students, and this reduces the need for individual assistance. A few students, however, will continue to manifest learning, behavior, and emotional problems, and they and their families will require extra assistance, perhaps including specialized interventions and possibly special education services.

Most teachers and parents have little difficulty identifying youngsters who manifest problems at school. Given that a school has done as much as feasible to personalize instruction and provide a range of general learning supports for such students, special assistance is the next step. As discussed in Chapter 13, special assistance begins in the classroom. Depending on problem severity and pervasiveness, such assistance involves pursuing the sequence and hierarchy of interventions highlighted in Exhibit 50 (reproduced from Chapter 13).

Special assistance often is just an extension of general strategies; sometimes, however, more specialized interventions are needed. In either case, it is essential to provide extra support as soon as a need is recognized and in ways that are least disruptive to the student's whole development. Done effectively, special assistance can reduce unwarranted special education referrals and misdiagnoses. To these ends, the process includes use a wide range of special assistance interventions as part of the authentic, multifaceted assessment practice currently designated as Response to Intervention (RtI). Such practices improve screening and planning, and they facilitate appropriate decisions about referral for school-based, school-linked, and community-based specialized services. Exhibit 51 summarizes the array of special assistance and offers examples, .

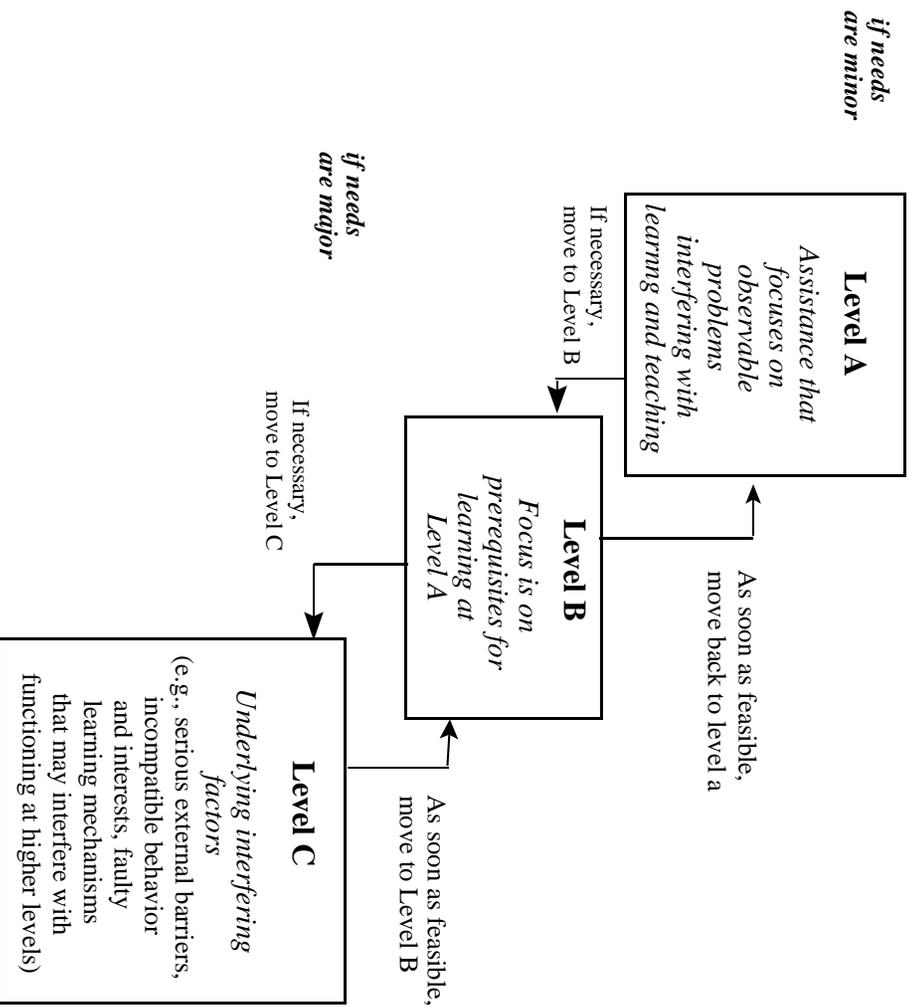
How is Special Assistance Provided Strategically?

Once it is clear that special assistance is required, the focus turns to determining what type of assistance to provide and how to provide it. In making such determinations, all who work with the youngster must take the time to (a) understand *why* the student is having problems, (b) analyze the nature and scope of the problems (current weaknesses and limitations, including missing prerequisites and interfering behaviors and attitudes), and (c) identify the student's strengths (in terms of both motivation and capabilities).

Learning, behavior, and emotional difficulties are commonly associated with motivational problems. Thus, enhancing motivation is always a primary concern. To this end, intensive efforts are immediately required to ensure a student is mobilized to learn and perform. Such efforts include use of a wider range of learning and performance options, personalized guidance and support, and appropriate accommodations. Particular attention is paid to minimizing threats to feelings of competence, self-determination, and relatedness to significant others and emphasizing ways to enhance such feelings.

Sequence and Hierarchy of Special Assistance

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



Note: The concept of using the least intervention necessary to accomplish results applies to decisions about intervening at Levels A, B, or C. The point is to ensure the right amount of assistance is provided so that, first and foremost, a student's needs are addressed. At the same time, the idea is to keep interventions from becoming too life-intrusive and to ensure the costs and benefits are appropriately balanced.

Responses to special assistance are a primary assessment strategy. When motivational considerations are given short shrift, assessments and diagnoses are confounded, and special assistance may just as readily exacerbate as correct a student's problems. When a student's motivation to learn and problem-solve is enhanced, a more valid assessment of special assistance needs and personal strengths is likely. Moreover, among the disengaged, re-engagement enables identification of students misdiagnosed as having internal dysfunctions (e.g., a learning disability, an attention deficit hyperactivity disorder).

Addressing motivational concerns can be sufficient for assisting a large proportion of students and reducing the need for further special attention. A few, however, may continue to manifest learning and behavior problems and require further special assistance, perhaps including specialized practices.

Exhibit 51

Array of Special Assistance

<p><i>Concern</i></p> <p>To provide student and learning supports as soon as a problem is recognized and to do so in the least disruptive way.</p>	<p><i>In the Classroom</i></p> <p>Where feasible, special assistance is implemented in the classroom. This is best accomplished by opening the door to invite in resource and student support staff and volunteers.</p>	<p><i>Outside the Classroom</i></p> <p>Outside assistance at school is provided as needed and available. Referrals elsewhere are made when necessary.</p>
<p>LEVELS</p> <hr/> <p><i>Observable Factors Required for Effective Learning at School</i></p> <p>At this level, the focus remains on <i>directly</i> enabling acquisition of the basic knowledge, skills, and interests related to age-appropriate life and learning tasks (e.g., reading, inter- & intra-personal problem solving). It builds on personalized instruction, encompasses what often is called “prereferral” intervention, and uses accommodations and <i>responses to special assistance</i>.</p>	<p>A basic strategy at this level includes <i>reteaching</i> – but not with the same approach that has failed. Alternative strategies and modification of activities are used to improve the match with the learner’s current levels of motivation and capability. To find the right match, a range of accommodations and technical moves are used to enhance motivation, sensory intake and processing, decision making, and output. Other strategies include problem solving conferences with parents and the student, expanding options and opportunities for decision making, and enhancing protective buffers and resilience.</p>	<p>Examples of interventions at this level include out-of-class tutoring, supportive and stress reduction counseling, parent training related to helping a student learn & perform, health and social services as needed for minor problems, enhancing protective buffers and resilience.</p>
<p><i>Missing Prerequisites (i.e., the readiness gap)</i></p> <p>Special assistance at this level focuses on identifying and <i>directly</i> enabling acquisition of developmental and motivational prerequisites (knowledge, skills, attitudes) in order to fill the readiness gap.</p>	<p>The more that a youngster has missed key learning opportunities, the more likely s/he has gaps in the knowledge, skills, and attitudes needed to succeed in the current grade. If the readiness gap is not filled, it grows. Where a readiness gap exists, teaching staff must be able to take the time to address the gap by identifying missing prerequisites and ensuring the student acquire them. Processes are the same as those used in facilitating learning related to current life tasks.</p>	<p>Examples at this level also include tutoring, supportive and stress reduction counseling, parent training, health and social services as needed for mild to moderate problems, and enhancing protective buffers and resilience. Students also may need special counseling to restore feelings of competence, self-determination, and relatedness to significant others.</p>
<p><i>Underlying Problems and Interfering Factors</i></p> <p>Special assistance at this level identifies severe and chronic problems (e.g., poor motivation, social and emotional dysfunctioning, faulty learning mechanisms). Then, the focus is on helping students overcome underlying deficiencies by correcting the problems (if feasible) or enabling learning and performance by providing accommodations and teaching strategies for coping and compensating.</p>	<p>Special assistance in the classroom at this level involves assessment of underlying problems and/or serious interfering factors and use of remedial, rehabilitative, and tertiary prevention strategies that are used in conjunction with ongoing personalized instruction.</p>	<p>At this level, the need is for intensive interventions designed to address barriers related to a host of external and internal risk factors and interventions for promoting healthy development (including a focus on resiliency and protective factors).</p> <p>In extreme cases, full time outside interventions may be required for a limited period of time.</p>

About the Sequence and Hierarchy

Special assistance is an extension of general efforts to facilitate learning (review Chapter 13). What mainly differentiates special classroom assistance from regular teaching is the struggle to find an appropriate match for intervening with learners having problems.

Proceeding in a sequential and hierarchical way emphasizes using the simplest, most direct, and noninvasive approaches whenever problems appear minor.

While the focus may be on any of the three levels, the sequence and level differ depending on whether students have minor and occasional problems or have severe and pervasive problems. Level, sequence, and specific practices are determined initially and on an ongoing basis by assessing a student's responses to special assistance. This is supplemented, as necessary, with more in-depth assessment to determine external and internal factors that are interfering with a student's learning and positive functioning.

- >For learners with minor or occasional problems, the initial focus is on directly facilitating learning and performance related to immediate tasks and interests and on expanding the range of interests. The procedures involve (1) continued adaptation of methods to match and enhance levels of motivation and development, (2) reteaching specific skills and knowledge when students have difficulty, and (3) enhancing coping strategies related to personal and interpersonal problem-solving and stress reduction.
- >*If* problems continue, the focus shifts to assessing and developing missing prerequisites (Level B) needed to function at the higher level. The emphasis is on essential "readiness" skills and attitudes. For example, individuals who have not learned to order and sequence events, follow directions, interact positively with peers, and so forth need to develop such capabilities to succeed at school. Similarly, if students don't see much point in learning the three Rs or other school subjects, motivational readiness and positive attitudes must be engendered. As with all intervention, procedures are adapted to improve the match, and reteaching, problem-solving, and stress reduction are used when the learner has difficulty. If missing prerequisites are successfully developed, the focus returns to observable factors (Level A).
- >If help at Levels A and B) is not effective, the focus shifts to underlying interfering factors (Level C). These may be incompatible behaviors and interests, dysfunctional learning mechanisms, mental or physical health problems. At this level, the emphasis is on intensive and often specialized practices (e.g., clinical remediation, psychotherapy and behavior change strategies, medical and social services). Examples include the following:
 - direct actions to address major external/internal barriers to learning and behavior
 - helping students strengthen themselves in areas of weakness or vulnerability
 - helping students learn ways to compensate, as necessary, when confronted with barriers or areas of weakness
 - using a range of ongoing accommodations, specialized techniques, and technology

Because the range of empirically-proven practices is so limited, direct action at this level mainly encompasses a continuous process of trial and appraisal to find the best ways to help. This may involve working with family members, peers, and other school staff – counseling them away from actions that interfere with a student's progress and guiding them to helpful strategies. While pursuing underlying interfering factors, students with severe and chronic problems still require assistance at the other levels.

Specific objectives at any level are formulated in discussions with the student (and key family members) to identify processes and outcomes the student values and perceives as attainable. Interventions are modified based on ongoing dialogues with the student that are informed by analyses of task performance.

Student Motivation Is a Major Consideration at All Times

- *Motivation is an antecedent concern* affecting intervention. Poor motivational readiness often is (a) a cause of inadequate and problem functioning, (b) a factor maintaining such problems, or (c) both. Thus, strategies are required that reduce avoidance motivation and enhance motivational readiness so that the student is mobilized to participate.
- *Motivation is an ongoing process concern*. Processes must elicit, enhance, and maintain motivation so that the student stays mobilized (e.g., strategies to counter boredom).
- *Enhancing intrinsic motivation is a basic outcome concern*. A student may be motivated to work on a problem during an intervention session 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.

Similar motivational considerations arise in providing special assistance to a student's family. And, staff motivation warrants attention as well.

**Now that you're in third grade,
how do you like school?**



Framing and Designing Interventions for Student and Family Special Assistance

Exhibit 52 offers a prototype framework to help schools plan the many learning support activities related to special assistance. As the Exhibit highlights, special assistance in and out of classrooms encompasses a wide range of activities. These include processes for providing all stakeholders with information clarifying available assistance and how to access help, facilitating requests for assistance, identifying and assessing problems, triaging in making referrals, planning and providing direct services, monitoring and managing care, managing resources, and interfacing with community outreach to fill gaps. The work also involves ongoing formative evaluations designed to improve quality, effectiveness, and efficiency.

With specific respect to severe and chronic problems and students mandated for special education programs, special assistance includes connecting what the school offers with whatever is available in the community and facilitating access. In implementing the activity, the emphasis is on enhancing a "system of care" and ensuring the special assistance is integrated with the other facets of the comprehensive system of learning supports.

Exhibit 52

Framework for Student and Family Special Assistance

Activities	Venue	
	In the Classroom*	Out of the Classroom**
Using responses to intervention (RtI) to initially identify and triage those who need such assistance		
Conducting additional assessment to the degree necessary – including diagnosis and planning of an Individual education program (IEP) when appropriate		
Providing consultation, triage, and referrals		
Conducting ongoing management of care		
Enhancing special assistance availability and quality		

*Provided by the school’s teaching and/or student support staff

**Out of class special assistance may be provided at the school, at a district facility, and/or at a community facility. In some schools, professionals from the community have connected with schools to co-locate their agency services.

Review the discussion in Part I on problem identification, triage, referral, and management of special assistance.

What Are Priorities in Enhancing Student and Family Special Assistance?

The self-study survey at <http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/studentfamilysurvey.pdf> along with the frameworks in this chapter provide aids for a workgroup charged with conducting a gap analyses and setting priorities related to strengthening special assistance. From our perspective, the overriding priorities are to establish strategies for doing less outside and more inside the classroom.

Doing Less Student and Family Special Assistance Outside the Classroom

Currently, most requests for special assistance outside the classroom ask student support staff (e.g., psychologists, counselors, social workers, nurses) to address specific problems related to individual students and/or their families. Usually, the request is stimulated because a student is manifesting significant learning, behavior, and emotional problems. In some instances, the request is intended to generate an evaluation leading to special education. Over the last 50 years, such requests have led to an exponential escalation in the number of students designated as having a learning disability (LD) or attention deficit hyperactivity disorder (ADHD).

As noted, transformation of student/learning supports aims at preventing and ameliorating many school-related learning, behavior, and emotional problems. The transformation stresses bringing student support staff into classrooms for part of each day so they can play a greater role in limiting the need for out-of-class services. One aim is to reduce the number of students with commonplace problems who are misdiagnosed and assigned to the special education population.

This is not to say that added assistance outside class is unnecessary. The point is to reduce overuse and misuse of specialized services, while maximizing appropriate attention to both external and internal barriers to learning and performance. Examples of appropriate use are cited in Exhibit 53.

Doing More Student and Family Special Assistance in the Classroom

Common priorities in enhancing special assistance in classrooms are expanding options, broadening accommodations, taking a comprehensive approach in using response to intervention for assessment, and enhancing remedial strategies. A few words about each follow.

About Adding Learning Options. Every teacher knows the value of variety. Varied options are especially important in engaging and finding ways to re-engage students with low motivation for or negative attitudes about classroom learning and performance. Before some students will decide to participate in a proactive way, they have to perceive the learning environment as positively different – and quite a bit so – from the one they dislike.

A valued set of options and the opportunity for involvement in decision making helps foster student perceptions of having real choices and being self-determining and can help counter perceptions of coercion and control. Shifting such perceptions can reduce reactive misbehavior and enhance engagement in classroom learning.

Broadening Accommodations. Besides adding options, it is imperative to accommodate a wider range of behavior than often is tolerated. For instance, classroom environments can be altered to better account for youngsters who are very active and/or distractable. This includes temporarily easing of certain behavioral expectations and standards for some of these students (e.g., widening limits on acceptable behavior for a time to minimize rule infringement).

Accommodative strategies are intended to enable a student to participate successfully. Such strategies improve the fit between what is expected and what a student values and believes is attainable with appropriate effort.

Exhibit 53

Examples of Accommodation Recommendations

If students seem easily distracted, the following might be used:

- identify any specific environmental factors that distract students and make appropriate environmental changes
- have students work with a group that is highly task-focused
- let students work in a study carrel or in a space that is “private” and uncluttered
- designate a volunteer to help whenever students becomes distracted and/or start to misbehave, and if necessary, to help them make transitions
- allow for frequent "breaks"
- interact with students in ways that will minimize confusion and distractions (e.g., keep conversations relatively short; talk quietly and slowly; use concrete terms; express warmth and nurturance)

If students need more support and guidance, the following might be used:

- develop and provide sets of specific prompts, multisensory cues, steps, etc. using oral, written, and perhaps pictorial and color-coded guides as organizational aids related to specific learning activities, materials, and daily schedules
- ensure someone checks with students frequently throughout an activity to provide additional support and guidance in concrete ways (e.g., model, demonstrate, coach)
- support student efforts related to self-monitoring and self-evaluation and provide nurturing feedback keyed to student progress and next steps

If students have difficulty finishing tasks as scheduled, try the following:

- modify the length and time demands of assignments and tests
- modify the nature of the process and products (e.g., allow use of technological tools and allow for oral, audio-visual, arts and crafts, graphic, and computer generated products)

As noted, accommodations help establish a good match for learning. For students with significant learning, behavior, and emotional problems, interveners use many special accommodations. In fact, federal law (Section 504 of the Rehabilitation Act of 1973) encourages schools to pursue a range of such accommodations when students’ symptoms significantly interfere with school learning but are not severe enough to qualify them for special education. See the following page for examples of the types of accommodations offered.

(cont.)

504 Accommodation Checklist

Various organizations concerned with special populations circulate lists of 504 accommodations. The following is one that was downloaded from website of a group concerned with Fetal Alcohol Syndrome (see <http://www.come-over.to/FAS/IDEA504.htm>).

Physical Arrangement of Room

- seating student near the teacher
- seating student near a positive role model
- standing near student when giving directions/presenting lessons
- avoiding distracting stimuli (air conditioner, high traffic area)
- increasing distance between desks

Lesson Presentation

- pairing students to check work
- writing key points on the board
- providing peer tutoring
- providing visual aids, large print, films
- providing peer notetaker
- making sure directions are understood
- including a variety of activities during each lesson
- repeating directions to student after they are given to the class: then have him/her repeat and explain directions to teacher providing written outline
- allowing student to tape record lessons
- having child review key points orally
- teaching through multi-sensory modes, visual, auditory, kinesthetics, olfactory
- using computer-assisted instruction
- accompany oral directions with written directions for child to refer to blackboard or paper
- provide model to help students, post the model, refer to it often
- provide cross age peer tutoring
- to assist the student in finding the main idea underlying, highlighting, cue cards, etc.
- breaking longer presentations into shorter segments

Assignments/worksheets

- giving extra time to complete tasks
- simplifying complex directions
- handing worksheets out one at a time
- reducing the reading level of the assignments
- requiring fewer correct responses to achieve grade (quality vs. quantity)
- allowing student to tape record assignments/homework
- providing a structured routine in written form
- providing study skills training/learning strategies
- giving frequent short quizzes and avoiding long tests
- shortening assignments; breaking work into smaller segments
- allowing typewritten or computer printed assignments prepared by the student or dictated by the student and recorded by someone else if needed.
- using self-monitoring devices
- reducing homework assignments
- not grading handwriting
- student not be allowed to use cursive or manuscript writing
- reversals and transpositions of letters and numbers should not be marked wrong, reversals or transpositions should be pointed out for corrections
- do not require lengthy outside reading assignments
- teacher monitor students self-paced assignments (daily, weekly, bi-weekly)

- arrangements for homework assignments to reach home with clear, concise directions
- recognize and give credit for student's oral participation in class

Test Taking

- allowing open book exams
- giving exam orally
- giving take home tests
- using more objective items (fewer essay responses)
- allowing student to give test answers on tape recorder
- giving frequent short quizzes, not long exams
- allowing extra time for exam
- reading test item to student
- avoid placing student under pressure of time or competition

Organization

- providing peer assistance with organizational skills
- assigning volunteer homework buddy
- allowing student to have an extra set of books at home
- sending daily/weekly progress reports home
- developing a reward system for in-schoolwork and homework completion
- providing student with a homework assignment notebook

Behaviors

- use of timers to facilitate task completion
- structure transitional and unstructured times (recess, hallways, lunchroom, locker room, library, assembly, field trips, etc.)
- praising specific behaviors
- using self-monitoring strategies
- giving extra privileges and rewards
- keeping classroom rules simple and clear
- making "prudent use" of negative consequences
- allowing for short breaks between assignments
- cueing student to stay on task (nonverbal signal)
- marking student's correct answers, not his mistakes
- implementing a classroom behavior management system
- allowing student time out of seat to run errands, etc.
- ignoring inappropriate behaviors not drastically outside classroom limits
- allowing legitimate movement
- contracting with the student
- increasing the immediacy of rewards
- implementing time-out procedures

Besides individual accommodations, schools can make changes in how classrooms and instruction are organized. Looping is an example. This strategy involves the teacher moving with students from one grade to the next for one or more years. This accommodation can reduce student apprehension about a new school year and enables schools to provide more time for slower students. And, it ensures more time for relationship building and bonding between teachers and students and teachers and parents and among students. Other examples of procedural changes that can help accommodate a wider range of learner differences in motivation and development include blocking, blending, and flipping instruction and various uses of technology. Both academic and social benefits are reported for such practices.

About Response to Intervention (RtI). As a special assistance approach, RtI becomes a strategy for improving understanding of a student’s problem and what to do about it (see Exhibit 54).

Exhibit 54

Example of Steps in a Special Assistance Approach to Response to Intervention

- Use individual conferences to find out more about the causes of a student’s problems and what interventions to try.
- Keep the initial focus on building a positive working relationship with the youngster and family.
- Move on to ask about assets (e.g. positive attributes, outside interests, hobbies, what the student likes at school and in class).
- Ask about what the youngster doesn’t like at school.
- Explore the reasons for “dislikes” (e.g., Are assignments seen as too hard? as uninteresting? Is the student embarrassed because others will think s/he doesn’t have the ability to do assignments? Is the youngster picked on? rejected? alienated?)
- Clarify other likely causal factors.
- 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.).
- Discuss some new strategies the youngster and those in the home would be *willing* to try to make the situation better.
- Introduce some new learning and enrichment options with an emphasis on those that fit the student’s specific interests and a deemphasis on areas that are not of interest. Analyze the response.
- If peers dislike the student, find ways for the youngster to have special, positive status in class and/or in others arenas around the school/community. (This not only can help counter a negative image among peers, but can reduce behavior problems and alleviate negative feelings about self and others.) Analyze the impact on learning and behavior.
- Enhance use of aides, volunteers, peer tutors/coaches, mentors, those in the home, etc. not only to help support student efforts to learn and perform, but to enhance the student’s social support networks. Analyze the impact on learning and behavior.
- After trying all the above, add some tutoring specifically designed to enhance student engagement in learning and to facilitate learning of specific academic and social skills that are interfering with effective classroom performance and learning.

Over time, staff using RtI acquire an appreciation of what is likely to work with the student and what will not. Only after extensive efforts are pursued and proven unsuccessful in the classroom is it time to seek out-of-classroom support services. And, as such services are added, steps are required to ensure they are coordinated with what is going on in the classroom, schoolwide, and at home.

About “Remediation.” Remediation generally is used when students have difficulty learning or retaining what they have learned. Techniques and materials designated as remedial often appear quite different from those used in regular teaching. However, many remedial practices are simply adaptations of regular procedures and draw on general intervention principles and models. This is even the case with some packaged programs and materials especially developed for problem populations.

So what makes remedial instruction different?

The answer involves the following factors:

- *Sequence of application.* Remedial practices are pursued after the best available nonremedial practices prove inadequate.
- *Level of intervention focus.* Specialized psychoeducational procedures to facilitate learning may be applied at any of three levels noted in Exhibit 9.1.
- *Staff competence and time.* Probably the most important feature differentiating remedial from regular practices is the need for a competent professional who has time to provide one-to-one intervention. While special training does not necessarily guarantee such competence, remediation usually is done by staff who have special training. Establishing an appropriate match for learners with problems is difficult and involves a great deal of trial and appraisal. Additional time is essential in developing an understanding of the learner (strengths, weaknesses, limitations, likes, dislikes).
- *Content and outcomes.* Remedial efforts often add other content and outcome objectives to address missing prerequisites, faulty learning mechanisms, or interfering behaviors and attitudes.
- *Instructional and other intervention processes.* Remediation usually stresses an extreme application of instructional principles. Such applications may include reductions in levels of abstraction, intensification of the way stimuli are presented and acted upon, and increases in the amount and consistency of direction and support – including added reliance on other resources in the classroom (e.g., paid aides, resource personnel, volunteers, peer tutors). Use of special settings outside regular classrooms is a last resort.
- *Resource costs.* Because of the factors described above, remediation is more costly than regular teaching (allocations of time, personnel, materials, space, and so forth).
- *Psychological Impact.* The features of remediation are highly visible to students, teachers, and others. Chances are such features are seen as "different" and stigmatizing. Thus, the psychological impact of remediation can have a negative component. The sensitive nature of remediation is another reason it should be implemented only when necessary and in ways that strive to produce positive perceptions all around.

In sum, what makes remedial strategies different is their rationale, the extreme degree and consistency with which they must be applied, and their application on levels of functioning other than current life tasks. What may make a remedial procedure work is that it puts aside practices a student has experienced as ineffective and replaces them with strategies that enhance motivation and match current capabilities.

Special Assistance For Addressing Chronic Behavior Problems

As noted in Chapter 7, a comprehensive approach to addressing misbehavior encompasses:

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

However, because of the frequency with which students may be misbehaving, a school's focus usually is on reacting to deviant and devious behavior and ensuring a safe environment. In doing so, teachers and other school staff increasingly have adopted *discipline* and *classroom management* strategies that model behaviors which foster (rather than counter) development of negative values.

With growing awareness of the lack of effectiveness and the negative effects associated with widely used discipline practices, many schools are moving beyond applications of direct punishment. The trend is toward using positive approaches and “logical” and “fair” consequences in dealing with behavior problems.

From both a prevention and correction perspective, advocates for more positive approaches have called for various special programs (e.g., *character education*, *emotional "intelligence" training*, positive behavior support initiatives, social skills training, mindfulness training). Besides reducing misbehavior, some of these approaches aim at enhancing personal responsibility (social and moral), integrity, self-regulation/self-discipline, a work ethic, appreciation of diversity, and positive feelings about self and others. Embedded throughout are calls for more home involvement, with emphasis on enhanced parent responsibility for their children's behavior and learning.

Are Special Training Programs the Answer?

Poor social-emotional development clearly is a widely identified concern (a correlate) and contributing factor in educational, psychosocial, and mental health problems. Training programs to improve social-emotional learning and interpersonal problem solving are described as having promise both for prevention and correction. Reviewers of research are cautiously optimistic.

Conclusions stress that individual studies show effectiveness, but the range of skills acquired remain limited; and so does 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) and general strategies (e.g., how to generate a wider range of interpersonal problem-solving options), as well as for efforts to develop cognitive-affective orientations (e.g., empathy training). What training programs tend to pay insufficient attention to is the role engagement in instruction plays in determining behavior at school.

Addressing Chronic Misbehavior and Enhancing Engagement as Priorities

Specific discipline practices, training programs, and positive behavior initiatives usually stop short of ensuring the ongoing motivational engagement of students in classroom instruction. Engaging/re-engaging students productively in instruction is key not only to reducing misbehavior but to maintaining positive behavior. And the process requires understanding and addressing the causes of misbehavior, especially the underlying motivation. Failure to attend effectively to underlying motivation leads to approaching passive and often hostile students with practices that can instigate and exacerbate problems.

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 they experience a sense of competence, self-determination, and/or relatedness to significant others. Indeed, too often, the experience results in feelings of incompetence, loss of autonomy, and adverse relationships. Over time, the negative perceptions develop into strong motivational dispositions and related patterns of misbehavior.

Analyses point to many school conditions that can have a negative impact on a student's motivation. Examples of such conditions include: excessive rules, criticism, and confrontation; processes that the student perceives as unchallenging, uninteresting, over-demanding, or overwhelming; structure that seriously limits options or that is over-controlling and coercive. Misbehavior at school often is reactive to such conditions. That is, individuals can be *expected* to react. This is particularly true for students with learning, behavior, and emotional problems.

So, it is essential to understand that a great deal of school misbehavior is motivated by students' efforts to cope, defend, avoid, and protest in reaction to aversive experiences (e.g., to protect themselves against situations in which they feel coerced to participate and/or cannot cope effectively). The actions may be direct or indirect and include defiance, physical and psychological withdrawal, and diversionary tactics.

Of course, misbehavior can also reflect *approach motivation*. Noncooperative, disruptive, and aggressive behavior patterns that are *proactive* can feel rewarding and satisfying to a youngster 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 approach motivation can be viewed as *pursuit of deviance*.

In addressing students manifesting chronic misbehavior, intrinsic motivational theory suggests different approaches for reactive and proactive actions. In both instances, however, interventions to reduce reactive and proactive behavior problems generally begin with major changes in the school environment designed to minimize reactivity.

Special assistance for those misbehaving reactively require steps designed to reduce reactance and enhance positive motivation for participating in an intervention. For youngsters highly motivated to pursue deviance (e.g., those who proactively engage in criminal acts), even more is needed. Intervention might focus on helping these youngsters identify and follow through on a range of valued, socially appropriate alternatives to deviant activity. Such alternatives must be capable of producing greater feelings of self-determination, competence, and relatedness than usually result from the youngsters' deviant actions. To these ends, motivational analyses of the problem can point to corrective steps for implementation by teachers, student support staff, other professionals, parents, or students themselves. (For more resources on this, see the Center's Quick Find entitled: *Behavior Problems and Conduct Disorders* at http://smhp.psych.ucla.edu/qf/p3022_01.htm .)

A Cautionary Note about Special Assistance

Too many schools tend to redefine and constrict the curriculum for individuals identified as needing special assistance. For example, remedial programs often focus primarily on students deficits. Always working on one's problems and trying to catch up can be grueling. It takes tremendous motivation to spend day in and day out mostly working on problems. Moreover, restricting opportunities can delay development in areas not included and risks making the whole school experience rather deadening.

Concluding Comments

Transforming how schools provide special assistance to students and families is critical for improving student and learning supports and thus is an essential facet of enhancing equity of opportunity. From the school's perspective, the aim is 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.

Without a systematic approach to special assistance, referral processes at schools become flooded, and the capability of facilitating access to effective help for many students with learning, behavior, and emotional problems is undermined. By developing a systematic approach to special assistance, schools can play a greater role in addressing such problems and do so in ways that are holistically designed, student and family-centered, and consumer oriented.

For more specific examples of ways to enhance *Student and Family Special Assistance*, see the self-study survey at

<http://smhp.psych.ucla.edu/pdfdocs/toolsforpractice/studentfamilysurvey.pdf>

**For Free and Easily Accessed Online Resources Related to
*Student and Family Special Assistance***

In the Classroom

See *Enhancing Classroom Approaches for Addressing Barriers to Learning: Classroom-Focused Enabling*

><http://smhp.psych.ucla.edu/pdfdocs/contedu/cfe.pdf>

Out of the Classroom

See our Center's *Practitioner's Tool Box*

><http://smhp.psych.ucla.edu/summit2002/toolbox.htm>

See our Center's Quick Find on *Case/Care Management*

><http://smhp.psych.ucla.edu/qf/casemanagement.htm>

Also see related topics listed on the Quick Find menu

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

*I didn't get the assignment done
because my dog ate my computer.*



Part IV Concluding Comments

The Research Base

Commonly heard these days is the shibboleth:
In God we trust; from all others demand data.

As Part IV underscores, a big part of embedding mental health in schools involves addressing mental health concerns within the context of the major domains of student and learning supports that schools encounter on a regular basis. To this point in the book, we have stressed the conceptual base for embedding mental health into a unified, comprehensive, and equitable system of learning supports. Elsewhere, we have highlighted the extensive body of literature that supports developing such a system. 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.

Most *formal* studies have focused on a wide range of specific interventions. Positive outcomes are reported for students, schools, and society (e.g., problems, improvements in behavior, attendance, interpersonal skills, achievement, bonding at school and at home).

Because of the fragmented nature of studies to date, 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.

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.

It is important to remember that research for 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

As Lee Ann Jung notes about the COVID-19 natural experiment:

The move to remote learning exacerbates preexisting issues of equity in schools. Delivering instruction at a distance isn't simple, even when students have no difficulties with learning, a dedicated device in a quiet space, a household with low stress levels, and parents able to support learning. But this ideal situation is far from ubiquitous. The proportion of families who are currently unemployed or underemployed, food insecure, and experiencing high levels of stress is higher than we've ever seen. We have students who require accommodations, modifications, and intervention now at home with their families—many of whom are unsure of how to provide the support

Certainly, 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. As Frederick Hess cautions:

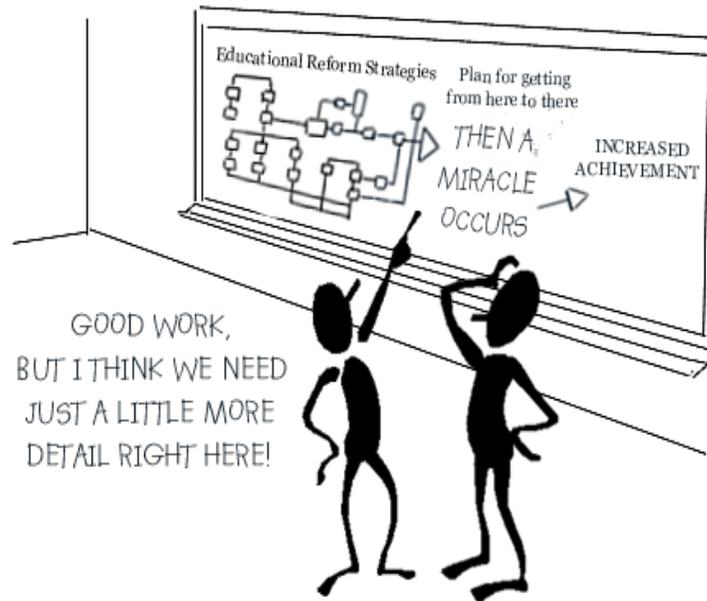
Today's enthusiastic embrace of data has waltzed us directly from a petulant resistance to performance measures to a reflexive and unsophisticated reliance on a few simple metrics... The result has been a nifty pirouette from one troubling mind-set to another; with nary a mistep, we have pivoted from the "old stupid" to the "new stupid."

A unified, comprehensive, and equitable system of learning supports meshes well with the school's mission and the overlapping nature of learning, behavior, and emotional problems. It also bodes well for reducing the fragmentation of efforts to address barriers to learning and teaching and re-engage disconnected students. And embedding mental health concerns into such a system will help counter the marginalization of such concerns and provide leverage for full integration of such supports into school improvement policy and practice.

All this has revolutionary implications for the professional preparation of those who work in schools. Of particular concern is ensuring that those who tasked with improving how schools address barriers to learning and teaching learn how to transform current approaches. Part V provides a glimpse into what is involved in making such a transformation.

Part V. Making Sustainable System Changes: Escaping Old Ideas and Moving Forward

Calls for transforming institutions such as schools are easy; making it happen isn't.



Some time ago, John Maynard Keynes cogently stressed: *The real difficulty in changing the course of any enterprise lies not in developing new ideas but in escaping old ones.* So in espousing the transformation of student and learning supports into a unified, comprehensive, and equitable system, we are well aware that success requires leaving established ideas behind. Key ideas to escape are:

- the idea that student and learning supports are not essential
- the ideas that addressing barriers for the large number of students in need can be accomplished by relying *primarily* on direct services for individuals and an emphasis on wrap-around services
- the idea that improving student and learning supports *mainly* involves enhancing coordination of current interventions and co-locating community resources on a school campus
- the idea that adopting *a simple continuum* of interventions *is a sufficient framework* for transforming the nature and scope of school-based student/learning supports
- the idea that effective school improvement can be accomplished without ending the continuing marginalization of student and learning supports in school improvement policy
- the idea that transformation of student and learning supports can be achieved without considerable attention to the challenges of promoting and facilitating systemic changes.

By now, we hope we have clarified what needs to replace most of these old ideas. In Part V, we turn to the challenges associated with organizational and systemic change.

In discussing organizational change, Seymour Sarason cautioned:

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.

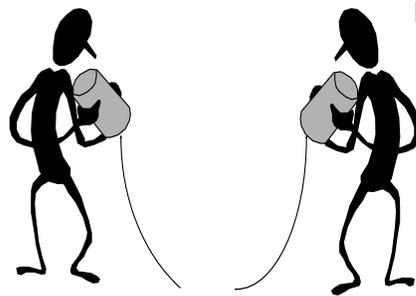
Escaping old ideas is a beginning. However, accomplishing more than cosmetic changes requires understanding sustainable systemic change and how to deal with the inevitable problems that arise. In particular, *transforming* what goes on each day in schools in substantive and sustainable ways involves focusing on (1) the *direct implementation* of a set of new ideas and (2) strategically *facilitating* the phasing in of systemic changes.

Four Interrelated Concerns for Sustainable System Changes

With the above in mind, our work has highlighted four core systemic matters with which decision makers and planners must grapple in developing effective *systems* for addressing barriers to learning and teaching. These considerations were introduced in Part III and are highlighted again on the next page as Exhibit 55. They stress the need to

- *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 the focus on matters such as enhancing home and community engagement and school safety and climate embedded in natural and authentic ways),
- *Reframe interventions in-classrooms and school-wide* – unifying the fragmented interventions used to address barriers to learning and teaching and promote healthy development under an umbrella framework that can guide development of a comprehensive system at every school,
- *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,
- *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.

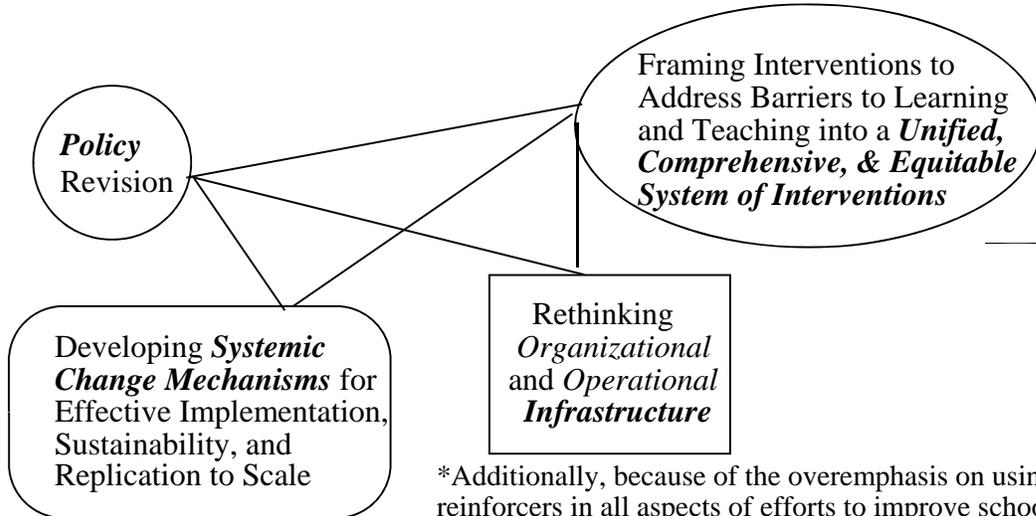
Why can't improving schools be simple?



Remember what H.L. Mencken said:
*For every complex human problem,
there is a solution that is neat, simple,
and wrong.*

Exhibit 55

Four Fundamental and Interrelated Considerations*



*Additionally, because of the overemphasis on using extrinsic reinforcers in all aspects of efforts to improve schools, we find it essential to re-introduce a focus on *intrinsic motivation* in planning related to all four concerns.

The preceding chapters have discussed three of these matters. In Part V, we explore challenges and ideas related to the problems of making and sustaining transformative systemic changes. We stress the (a) complexities and outline the phases of systemic change, (b) the importance of expanding school accountability in the process, and (c) using formative evaluation to guide development.

Chapter 19. Systemic Change: Some of the Complexities

The question before us is: *How do we get there from here?*

About Facilitating Transformation: Logical, but Not, Linear

What Are Major Phases and Key Facets of Systemic Change?

Phases

Key Facets

COVID-19 resulted in calls to make major systemic changes in schools. However, efforts to change schools on a large scale often prove untenable. Implementation and replication of transformative changes across a school district is complex and requires a well-conceived design, a multi-year strategic plan, sufficient resources, and more.

How come the school isn't continuing with the good system changes started last year?

We have a new principal.



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* and *sustain* difficult systemic change. That is, successful systemic transformation of established institutions requires organized and effective facilitation, especially when change is to take place at multiple sites and at several levels.

About Facilitating Transformation: Logical, but Not, Linear

Accomplishing substantive and sustainable transformation requires planning for both (1) direct implementation and (2) facilitation of systemic changes, but this infrequently happens. Most of the attention goes to strategic and action plans for *direct implementation*. The logic model for this is illustrated in the top half of Exhibit 56. What tends to get ignored is the necessity of *facilitating system changes*. Yet, as can be seen in the bottom half of Exhibit 56, the same logic applies.

In both instances, the logic models are helpful for strategic planning. At the same time, logical plans rarely play out linearly in transforming schools, and plans vary in how well they anticipate common problems associated with making systemic changes.

Among the most flagrant problems are failure to give sufficient strategic attention and time to

- underwriting and establishing an operational infrastructure for systemic change
- creating readiness, commitment, and engagement among a critical mass of key stakeholders
- developing a design document to communicate and guide the work
- developing a multi-year strategic plan
- ensuring policy is adopted that makes the changes a high priority
- reworking an organization’s daily operational infrastructure to support development and sustainability of the changes

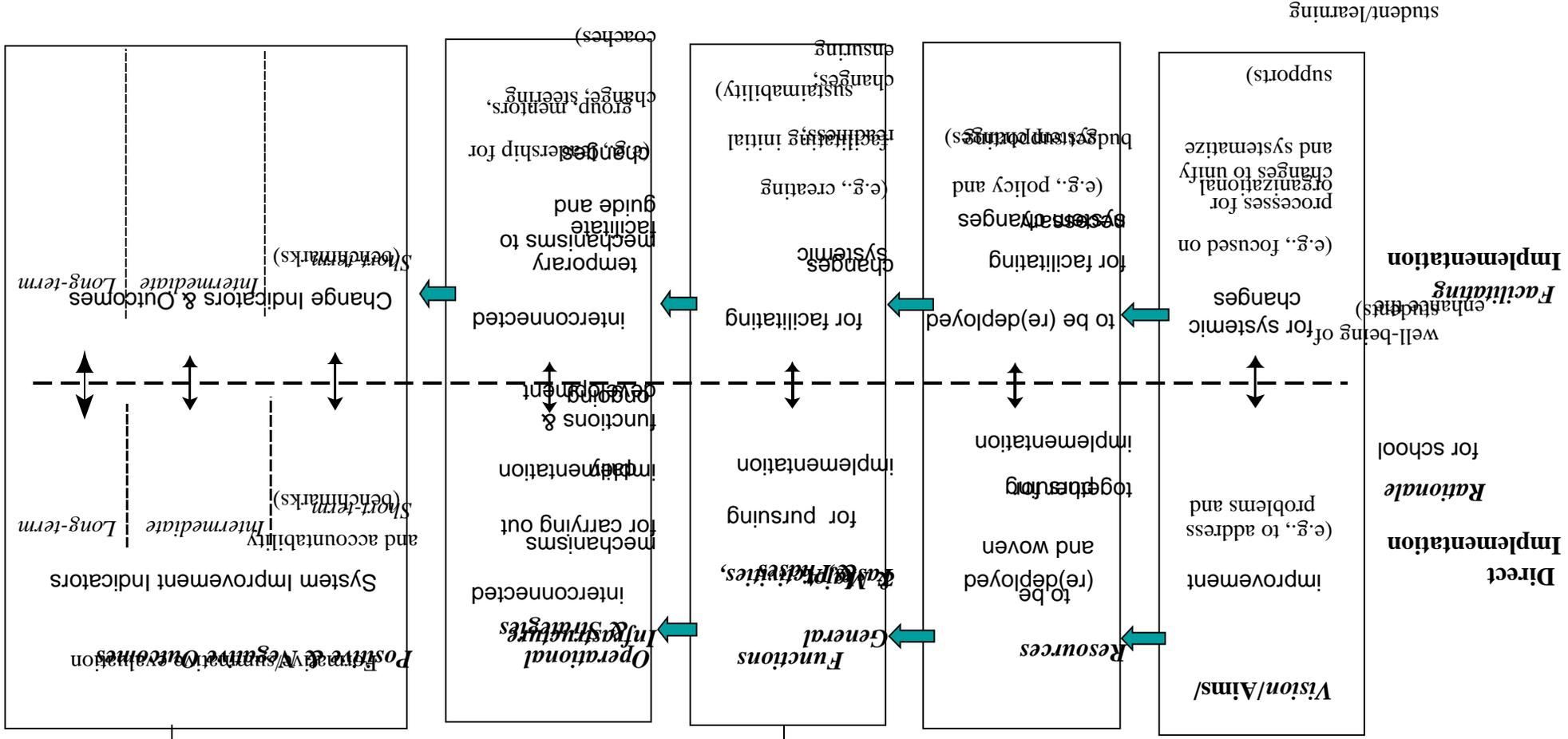
For a discussion of each of these problems, see <http://smhp.psych.ucla.edu/pdfdocs/lessonslearned.pdf>

*I love the logic,
but what really works?*



*Two steps forward, and
hope for only one step backward!*

Linking Logic Frameworks for Planning Systemic Change



What Are Major Phases and Key Facets of Systemic Change?

In addition to the logic model, we frame major phases and key facets (see Exhibit 57). These guide strategic planning for implementing, sustaining, and going-to-scale.

Phases

Our formulation of four overlapping phases of systemic change is as follows:

- *creating readiness, commitment, and engagement* – increasing a climate/culture for change through enhancing the motivation and capability of a critical mass of stakeholders and generating memoranda of agreements, policy decisions, a design document, and strategic and action plans, and capacity building (including personnel development)
- *initial implementation* – introducing and phasing in changes using a well-designed facilitative operational infrastructure to provide guidance and support including ongoing capacity building
- *institutionalization* – ensuring that policy guidelines and a daily operational infrastructure for maintaining and enhancing productive changes are fully integrated into long-term strategic plans, guidance documents, and continuous capacity building
- *ongoing renewal and evolution* – providing for continuous quality improvement and ongoing support in ways that enable stakeholders to become a community of learners who creatively pursue development and renewal

Each phase encompasses a range of tasks and steps related to facilitating implementation at every organizational level. (For a detailed discussion of the four phases and related tasks and steps, see *Scaling-Up Reforms Across a School District* –

Key Facets

As indicated in Exhibit 57, transformation includes continuous social marketing based on articulation of a clear and shared vision for desired changes. It necessitates a major policy commitment and formal partnership agreements. Effectively carrying out essential functions (e.g., governance and priority setting, steering, operations, capacity building, resource mapping, coordination) requires qualified leadership and an appropriately designed operational infrastructure for daily implementation and for facilitating systemic transformation. Chapters 19 and 20, respectively, address these matters.

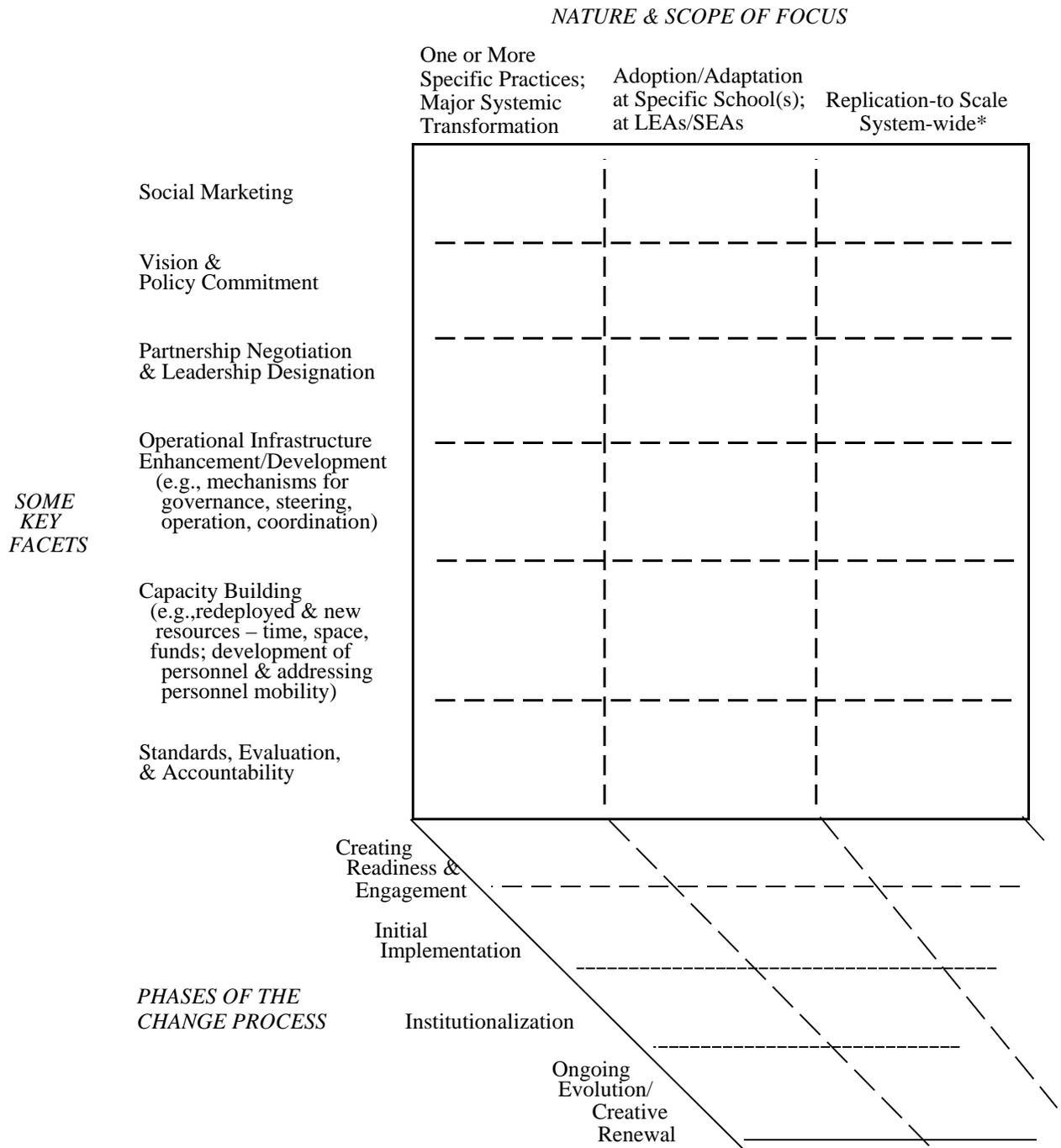
Effectiveness also requires redeploying and generating some new resources. Capacity building includes major attention to personnel development, including strategies for addressing the reality that personnel leave and newcomers appear with regularity. Finally, processes for quality improvement (e.g., formative evaluation), impact evaluation, and accountability call for establishing standards and related indicators.

Concluding Comments

The frameworks in this chapter are meant to deepen appreciation for what is involved in planning transformative changes. The complexity of transformation may make some readers uncomfortable. The temptation is to simplify. Doing so, is a mistake. When it comes to school improvement, simplification generally leads to dressing up old ideas in new language and losing the promise of substantive and sustainable change.

Exhibit 57

Focus, Facets, and Phases of Systemic Changes



*Transforming student and learning supports in a district involves replicating major system changes on a large-scale.

20. Moving to a Three Component School Improvement Accountability Framework

Accountability has extraordinary power to reshape schools

Why don't we directly measure how schools address barriers to learning and teaching?

If we did, we would have to account for the problem!



In Chapter 10, we introduced the need to expand school accountability; this chapter discusses the matter in more detail. Systems are driven by what is measured for purposes of accountability. This is particularly so when systems are the focus of major change. Under system reform conditions, policy makers often want a quick and easy accountability recipe. This leads to 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 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 schools to do. 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 and not 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 often 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.

Thus, rather than building the type of system that can produce improved academic performance, prevailing accountability measures are pressuring schools to pursue as direct a route to improving instruction as feasible. The implicit underlying assumption in doing so 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 from significant instructional improvements. The result is low test scores and an achievement gap.

Logically, well designed, systematic efforts also need to be directed at addressing interfering factors. However, current accountability pressures override the logic and result in marginalizing many initiatives that don’t focus directly and quickly on increasing achievement test scores. Ironically, not only does this work against what is needed, it works against gathering evidence on how essential and effective it is to address barriers to learning directly.

Correcting the misguided approach requires 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 58 reproduces the graphic representation of the framework from Chapter 10.

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.

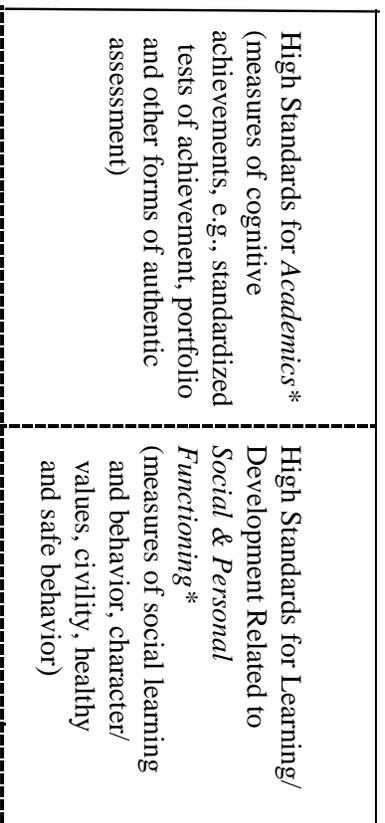
At the same time, it is time to acknowledge that schools also are expected to pursue high standards in promoting positive social and personal functioning, including enhancing civility, teaching safe and healthy behavior, and some form of “character education.” Every school we visit has specific goals 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.

As noted in Chapter 10, 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 progress of school staff related to such matters should be measured and treated as a significant aspect of school accountability.

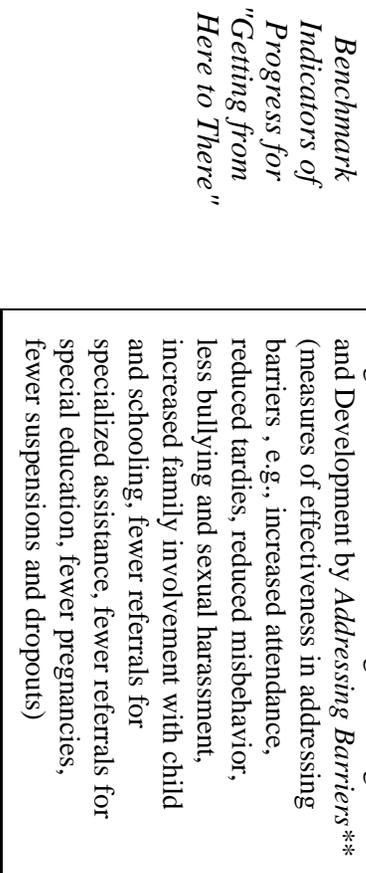
And because school outcomes are influenced by the well-being of the families and the neighborhoods in which they operate, school performance should be judged within the context of the current indicators of community well-being, such as economic, social, and health measures. Contextual indicators should not be ignored in judging school performance.

Expanding the Framework for School Accountability

Indicators of Positive Learning and Development



"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.

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 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 59 presents a range of indicators on which an expanded accountability framework can focus.

Indicators for a Broad Accountability Framework

<i>Students</i>	<i>Families & Communities</i>	<i>Programs & Systems</i>
<p>Increased knowledge, skills, & attitudes to enhance</p> <ul style="list-style-type: none"> • acceptance of responsibility (including attending, following directions & agreed upon rules/laws) • self-esteem & integrity • social & working relationships • self-evaluation & self-direction/regulation • physical functioning • health maintenance • safe behavior 	<p>Increased social and emotional support for families</p> <p>Increased family access to special assistance</p> <p>Increased family ability to reduce child risk factors that can be barriers to learning</p> <p>Increased bilingual ability and literacy of parents</p> <p>Increased family ability to support schooling</p>	<p>Enhanced processes by which staff and families learn about available programs and services and how to access those they need</p> <p>Increased coordination among services and programs</p> <p>Increases in the degree to which staff work collaboratively and programmatically</p>
<p>Reduced barriers to school attendance and functioning by addressing problems related to</p> <ul style="list-style-type: none"> • health • lack of adequate clothing • dysfunctional families • lack of home support for student improvement • physical/sexual abuse • substance abuse • gang involvement • pregnant/parenting minors • dropouts • need for compensatory learning strategies 	<p>Increased positive attitudes about schooling</p> <p>Increased home (family/parent) participation at school Enhance positive attitudes toward school and community</p> <p>Increased community participation in school activities</p> <p>Increased perception of the school as a hub of community activities</p> <p>Increased partnerships designed to enhance education & service availability in community</p> <p>Enhanced coordination & collaboration between community agencies and school programs & services</p> <p>Enhanced focus on agency outreach to meet family needs</p> <p>Increased psychological sense of community</p>	<p>Increased services/ programs at school site</p> <p>Increased amounts of school, family, and community collaboration</p> <p>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)</p> <p>Establishment of a long-term financial base</p>

Some tend to measure whatever can be easily measured.

That's okay but quite limited.

Some disregard that which can't be measured or give it an arbitrary quantitative value.

That's artificial and misleading.

Some presume that what can't be measured easily isn't very important.

That's blindness

Some say what can't be measured really doesn't exist.

That's suicide.

adapted from Yankelovich

Concluding Comments

The expanded school accountability framework reflects an authentic commitment to a three component school improvement framework. It maintains an emphasis on high academic standards, while also affirming that achieving such standards requires effectively promoting healthy development and addressing barriers to learning and teaching.

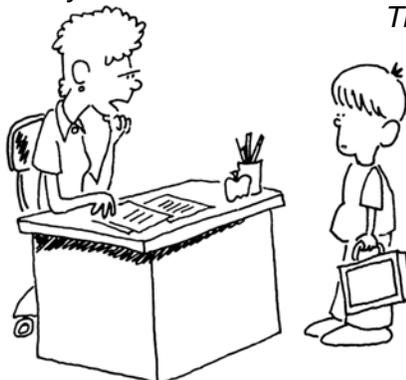
As Dennie Wolf cogently notes:

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.

Here's a concern that is not widely discussed: There is an accountability disincentive to keeping and bringing back students who have not been doing well at school. Such students generally do not perform well on achievement tests.

This is the third time I've had to tell you off this week, what have you got to say about that?



Thank heavens it's Friday!

Chapter 21. The Role of 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



"My question is: Are we making an impact?"

Whatever the accountability focus, the prevailing cry is for specific outcome evidence. This is 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 and pressing call for results can be counterproductive. This reality is well underscored in the wake of the COVID-19 pandemic and especially when evaluators ignore the state of the art related to complex interventions.

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 an 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. This is evident with respect to the distance learning and tele-mental health. Moreover, many well-institutionalized approaches remain relatively underfunded and underdeveloped. As to evaluation processes, 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.

Accountability relies on evaluation processes. However, good school evaluations provide more than accountability data. All efforts to improve schooling benefit from continuous evaluation. 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.

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 of interventions and related intervention research. *Premature* efforts to carry out comprehensive summative evaluations clearly are not cost-effective. Consequently, 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. 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:

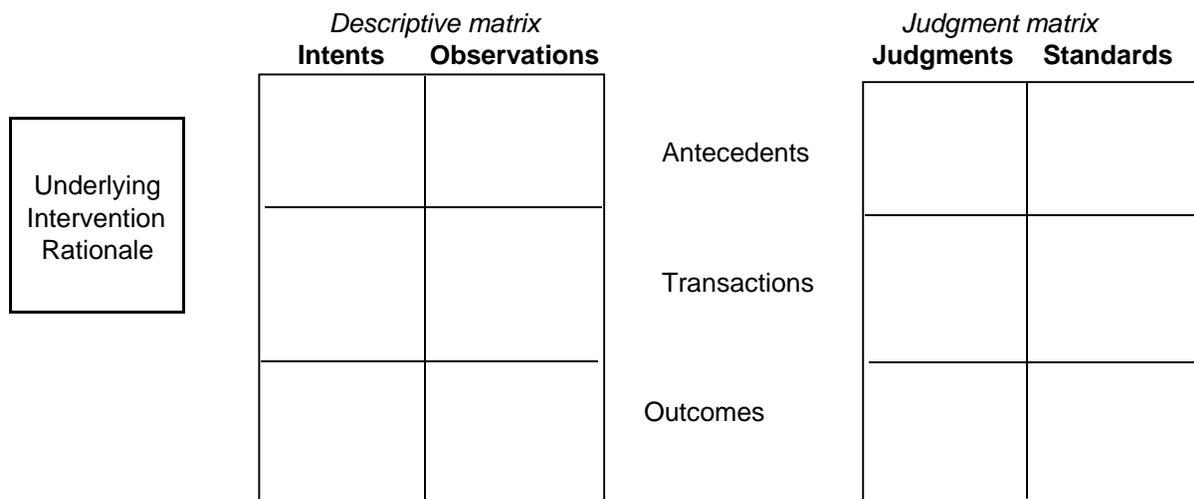
1. *describe* and *judge* an intervention's (a) rationale, including assumptions and intentions, and (b) standards for making judgments
2. *describe* and *judge* an intervention's (a) actual activity, including intended and unintended procedures and outcomes, and (b) costs (financial, negative effects)
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 59).

Exhibit 59

A Framework for Evaluation



Source: R. Stake (1967). The countenance of educational evaluation. *Teachers College Record*, 68, 523–40. Reprinted with permission.

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 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 60).

Exhibit 60

Using Data for Social Marketing

As Rossi and Freeman 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 out 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."

*Rossi, P.H., & Freeman, H.E. (1989). *Evaluation: A systematic approach* (4th ed.). Newbury Park, CA: Sage.

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 naive accountability demands.

We must become more respectful of and transparent about values. Schools are political creations, so values are embedded in their DNA. We goad people into using science and data as a weapon to defend their position when we disrespect them for speaking about values. Values cannot be a trump card and must be weighed against scientific evidence—but we do ourselves a disservice when we wish values away rather than clarifying them. We hope that [staff]-preparation programs will do more to ensure that educators develop a clear understanding of the distinction between scientific evidence and values, and how each informs decisions about education.

Willingham, D.T., & Rotherham, A.J. (2020). Education's research problem, *Education Leadership*, 77, 70-75,

Concluding Comments

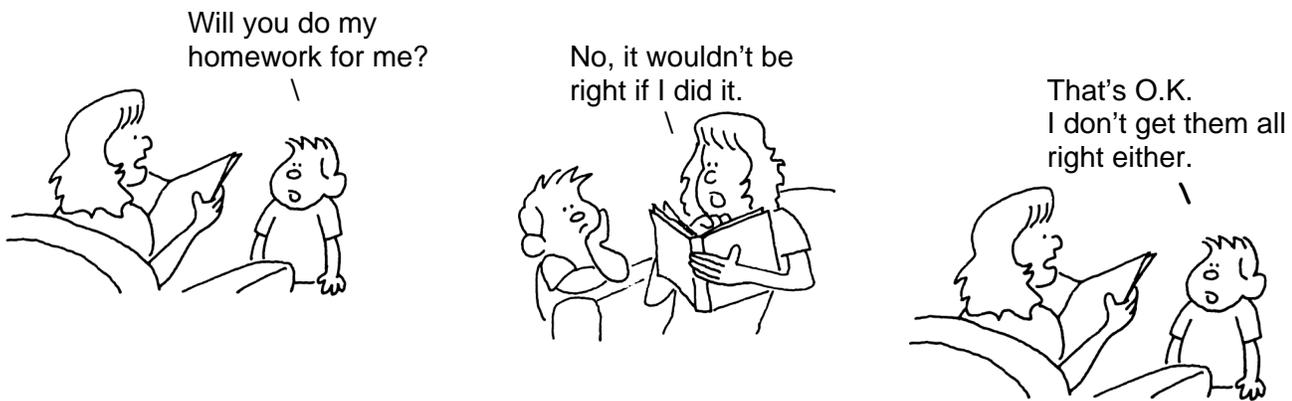
Gathering good evaluative data is a key to designing a promising future. It is a process that can improve programs, protect consumers, and advance knowledge. Doing so, however, is a difficult process, which many would prefer to avoid. Nevertheless, the need for professionals to improve their practices 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 8). 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 continue to build a better evidence-base, 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 how schools address barriers to learning and teaching.



Call to Action: Let's Move Forward

A reporter asked us recently:
Are you hopeful that the COVID-19 crisis and the campaign against police brutality will prove to be game changers that force innovations such as embedding mental health in school improvement?

Our answer: There will certainly be significant changes! We are cautiously optimistic that the increasing number of learning, behavior, and emotional problems will open policy makers up to transforming how schools address student and staff well-being as schools re-open and some students continue online.

However, there are many old ideas to overcome.

In most places, mental health in schools still gets defined mainly as mental illness and the tendency is to think in terms of case-oriented and clinical interventions. This provides services for only a relatively few of the many students experiencing behavior, learning, and emotional problems.

It's been fortunate, *for some students*, wherever school personnel and/or co-located and linked community service providers have increased access and availability to individual and small group counseling/therapy. It is clear, however, that the number of students in need far outstrips the possibility of school's providing more than a small percentage with clinical services – even if this were the best way to address the wide range of mental health and psychosocial concerns. And, because resources are always so sparse, (and more so after COVID-19) using the resources mainly to serve a few students tends to work against schools developing programs to prevent problems and promote social and emotional health.

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 broader perspective 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, there is general support for the concept of mental health in schools. 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. From, this perspective they mainly strive to expand specialized clinical services in schools and compete for sparse school resources at the expense of other mental health agenda items (e.g., promotion of mental health, primary prevention).

A poignant irony in all this is that advocacy for specialized clinical services has contributed to misdiagnosing many students. Over the last 30 years the number of youngsters diagnosed as ADHD, LD, and clinically depressed escalated exponentially. How many are misdiagnosed is anyone's guess. However, it is highly probable that many are students with commonplace behavior, learning, and emotional problems. Such problems can and should be addressed through other than clinical services. Instead, they are referred for expensive special education services that end up consuming resources needed to help prevent and respond immediately after the onset of common problems.

Continuing along this path is untenable.

Needed: A New Advocacy Coalition for the Few *AND* the Many

Anyone who has done an in-depth 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 significant changes are needed.

Those who view mental health in schools through the lens of mental illness point to the number who are not served and advocate for more clinical services. A different agenda surfaces when the situation is viewed by those concerned mainly with classroom management and school discipline. 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.

Over many years, the different perspectives have led to advocacy for a variety of initiatives, such as Positive Behavior Support, integrated services, Coordinated School Health, Safe Schools/Healthy Students, Response to Intervention, Early Intervening, Restorative Justice, social and emotional learning, character education, projects to ameliorate stress, 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 seeks 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 student, school, and societal problems.

It is inevitable that some advocates will fight mainly for specific groups of children and adolescents and discrete problems. However, the continuing tendency to advocate for competing agenda 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.

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 their families. And, given that these needs and interests depend largely on the way school staff function, advocacy for mental health in schools also must focus on staff roles, functions, and well-being.

About 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 system building required for transformative changes.

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's too late, student support leaders must arouse their constituencies to ensure that they are more proactive in planning school re-openings and school improvement. This means coming to planning and decision making tables with

- sophisticated and detailed analyses of how schools have and have not addressed barriers to learning and teaching and re-engaged disconnected students
- less emphasis on intervention ownership and more on accomplishing desired outcomes through flexible and expanded roles and functions that account for the underlying commonalities among many school concerns and interventions
- well-articulated ways for schools to develop a unified, comprehensive, and equitable system (that fully embeds mental health concerns) to address student and school problems and well-being.

Implied in all this is the importance of going beyond delineating unique areas of expertise. It is essential to clarify overlapping functions of support staff and define expanded roles and functions for these invaluable personnel. And, in preparing to re-open schools, cross-disciplinary professional development must prepare them for making transformative system changes. (All this has major implications for *eventually* changing professional preparation and credentialing.)

Toward these ends, the associations and guilds representing student support staff must make transformative change a high priority. And from a policy and practice perspective, we advocate that they expand the current multi-tiered intervention framework by developing a unified, comprehensive, and equitable system of learning supports.

Competing Agenda for Mental Health in Schools = a 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 for mental health in schools 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 that works against overall system improvement.

The Aim is to Embed Mental Health into a Transformed System of Student/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 that interfere with learning and teaching, and therefore undermine a school accomplishing its mission, underscores the need to coalesce efforts to improve how schools address such problems. 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* – broaden 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, online, and schoolwide – unify 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 for every school,
- (3) *Reconceive infrastructure* – rework 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* – frame 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 and equitable systemic approach.

Take Action to Expand School Improvement Policy as a Means to Better Practice

For schools to significantly enhance equity of opportunity, policymakers must move well beyond prevailing thinking. They must revise policy that perpetuates narrowly-focused, categorical approaches; 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 system that can effectively address barriers to learning and teaching and re-engage disconnected students. A broad range of mental health concerns can readily be embedded in such a system, and the schools role in addressing mental health can be better defined.

Needed at this time is a fundamental, systemic transformation in the ways schools, families, and communities work together to address major barriers to learning and teaching and promote well-being. Such a transformation is essential to enhancing achievement for all, closing the achievement and opportunity gaps, reducing dropouts, and increasing the likelihood of schools being prized as treasures in their neighborhood. To do less is to make values and legislation committed to every student succeeding simply rhetorical statements.

Given the current depleted state of school resources, the transformation must be accomplished by rethinking and redeploying how existing resources are used. And schools must take greater advantage of the natural opportunities that occur each day 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 form of schooling needs to commit to fostering staff and student strengths and creating an atmosphere that encourages mutual support, caring, and sense of community. For example, as schools re-open, a welcoming induction and ongoing social and academic supports 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.

We know that the systemic changes called for are not easy to accomplish and require committed planning and implementation. And we know how overwhelmed schools are as they struggle to re-open. But not attending to these matters now, and with a sense of urgency, will further undermine the future of public education.

We are at a societal turning point. It must be a turning point for how schools work with families and communities to address the problems and well-being of children and youth. In particular, schools must transform how they 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 enhance equity of opportunity by meeting the needs of *all* students.

References and Resources

- (1) For a sample of references from our work leading up to this book, go to <http://smhnp.psych.ucla.edu/pdfdocs/refa-t.pdf>
- (2) For references we have drawn over the years related to this book, go to <http://smhnp.psych.ucla.edu/pdfdocs/refgen.pdf>
- (3) See the following page for resources you may want to access from the Center at UCLA.

*All the changes that
are happening at school
because of COVID-19 –
WHAT A CRISIS!*



*All the changes that
are happening at school –
WHAT AN OPPORTUNITY!*

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- > **e-journal *Addressing Barriers to Learning*** - <http://smhp.psych.ucla.edu/news.htm> – a free quarterly electronic topical journal.
- > **What's new** - <http://smhp.psych.ucla.edu/review.htm> – Center updates
- > **Gateway to a World of Resources** - http://smhp.psych.ucla.edu/gateway/gateway_sites.htm – provides quick internet access to other Centers and resources.
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- > **Practitioner Toolbox** - <http://smhp.psych.ucla.edu/summit2002/toolbox.htm> – compilation of various brief aids developed by the Center
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- > **National Initiative for Transforming Student and Learning Supports & Call to Action!** - <http://smhp.psych.ucla.edu/newinitiative.html>
- > **Use our Search Engine** to find specific items on the website or from the Center databases. - <http://smhp.psych.ucla.edu/websrch.htm> –