Addressing Barriers to Learning

New ways to think . . .

Better ways to link

UCLA
Mental Health in Schools
Center
Training and Technical Assistance

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

Oliver W. Holmes

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School-Linked Services and Beyond

Initiatives to restructure community health and human services have fostered a *school-linked services* movement and contributed to the burgeoning of school-based and linked health clinics. This activity plays a major role in stimulating school-community collaboration and is a potential catalyst for system change related to school-owned programs and services designed to address barriers to learning.

This article highlights contributions of school-linked services and suggests it is time to think about more comprehensive models for promoting healthy development and to enhance barriers. Before proceeding, however, we need to clarify a bit of terminology. Prevailing use of the terms school-*based* and school-*linked* tends to encompass two separate dimensions: (1) where programs/services are *located* and (2) who *owns* them. As the term denotes, school-*based* indicates activity carried out on a campus; school-*linked* refers to off-

Contents

campus activity with formal connections to a school site.

In either case, programs/services may be owned by schools or a community based organization or in some cases are co-owned. In addition, the term school-linked tends to be associated with the notion of coordinated services and school-community collaborations.

School-Community Collaborations

For several converging reasons (including a desire to enhance resources),various forms of school-community collaboration are being tested around the country. This represents a renewal of the 1960s human service integration movement. For instance, increasing numbers of projects are illustrating "one-stop shopping" -- *a Family Service or Resource Center* established at or near a school with an array of medical, mental health, and social services (Center for the Future of Children Staff, 1992; Dryfoos, 1994, 1995; Holtzman, 1992; Kagan, Rivera, & Parker, 1990; Kirst, 1991; Melaville & Blank, 1991). Such pioneering demonstrations show the possibility of developing strong relationships between schools and public and private community agencies.

By outstationing staff at schools, community agencies allow easier access for students and families -- especially in areas with underserved and hard to reach populations. Such efforts not only provide services, they seem to encourage schools to open their doors in ways that enhance family involvement. Families using school-based centers are described as becoming interested in contributing to school and community by

providing social support networks for new students and families, teaching each other coping skills, participating in school governance, helping create a psychological sense of community, and so forth.

State of the Art

Michael Knapp (1995) notes that contemporary literature on school-linked services is heavy on advocacy and prescription and light on findings. As a descriptive aid, the accompanying table outlines some key dimensions of school-community collaborative arrangements.

Joy Dryfoos (1995) encompasses the trend to develop school-based primary health clinics, youth service programs, community schools, and other similar activity under the rubric of *full service schools* (adopting the term from Florida legislation). Her review stresses:

> Much of the rhetoric in support of the full service schools concept has been presented in the language of *systems change*, calling for radical reform of the way educational, health, and welfare agencies provide services. Consensus has formed around the goals of one-stop, seamless service provision, whether in a school- or community-based agency, along with empowerment of the target population. ... most of the programs have moved services from one place to another; for example, a medical unit from a hospital or health department relocates into a school through a contractual agreement, or staff of a community mental health center is reassigned to a school ... But few of the school systems or the agencies have changed their governance. The outside agency is not involved in school restructuring or school policy, nor is the school system involved in the governance of the provider agency. The result is not yet a new organizational entity, but the school is an improved institution and on the path to becoming a different kind of institution that is significantly responsive to the needs of the community.

A primary interest of the school-linked services movement is to establish ways to enhance access to services, reduce redundancy, improve case management, coordinate resources, and increase efficacy. Obviously, these are desirable goals. In pursuing these ends, however, the tendency is

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Nature and Scope of School-Community Collaborative Arrangements

Focus
1. Improvement of program and service provision
   C for enhancing case management
   C for enhancing use of resources
2. Major systemic reform
   C to enhance coordination
   C for organizational restructuring
   C for transforming system structure and function

Scope of collaboration
1. Number of programs and services involved
2. Horizontal collaboration
   • within a school/agency
   • among schools/agencies
3. Vertical collaboration
   C within a catchment area (e.g., school and community agency, complex of schools, two or more agencies)
   C among different levels of jurisdiction (e.g., community, city, county, state, federal)

Ownership of programs and services
1. Owned by school
2. Owned by community
3. Shared ownership

Location of programs and services
1. School-linked
2. School-based

Degree of cohesiveness among multiple interventions serving the same student/family
1. Unconnected
2. Communicating
3. Cooperating
4. Coordinated
5. Integrated

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to think in terms of integrating community services and putting some on school sites. This emphasis downplays the need to (1) restructure programs and services owned and operated by schools and (2) weave and redeploy school and community resources.

By focusing mainly on bringing community services to schools, the school-linked services

Need Some Help?

When you need information or assistance, you can use our evolving clearinghouse and cadre of consultants, as well as the center's staff. Phone, write, or e-mail your requests. If you have access to the Internet, access our web site (and soon other facets of electronic networking).

Don't hesitate to fax appropriate information and material to clarify what you are looking for. The better we understand your needs, the better we can do in providing assistance.

New from the Clearinghouse!

We are developing a series of **Introductory Packets** on key topics relevant to specific psychosocial problems, programs and processes, and system concerns. These aids are designed to provide you with basic references, brief descriptions of 1-2 model programs, the names of some consultation cadre members with expertise in the area, a guide to major resource agencies and to related Internet sites.

Three packets are now available. These focus on (1) the psychosocial problem of *Teen Pregnancy Prevention and Support;* (2) the programmatic need to enhance *Parent and Home Involvement in Schooling*, (3) system concerns for *Evaluation and Accountability*. In the works are packets on collaborative teams and cross-disciplinary training, learning problems/learning disabilities, inclusion of students with special needs in regular classes, and helping new students overcome barriers.

Update on the Consultation Cadre

Thanks to those who have volunteered as resources, we have a growing cadre of professionals willing to provide some free consultation and technical assistance. Currently, there are over 188 cadre members with expertise related to almost every type of psychosocial problem, a variety of programs and processes, and most of the major system concerns. For example, one member indicates:

> *We have been moving to cross-disciplinary teams and integrated programmatic approaches for two years and could certainly consult regarding our successes and the immense barriers to this type of change.*

Sharing

In addition to what you can get from us, think of the Center's Clearinghouse as another way of sharing and networking. Send us descriptions of programs and practices, protocols and other materials, lessons learned, and whatever else you want others to know about mental health in schools and addressing barriers to learning.

We are beginning to get a steady stream of materials from across the country and are building a catalogue that will be available in print and by accessing our web site. For now, if you have a special request, just contact us, and we will share what we have.

The mail not only has brought materials that can improve the lot of students,. it also has brought accounts of the many difficulties encountered by those in the field. One poignant letter indicated:

> *We are working on more early intervention activities, more coordination between services, more integration of programs. Obstacles include funding, lack of commitment by policy makers, infighting between service providers, competition for resources, and not focusing on the entire problem.*

These are familiar problems to all of us. We need to develop as many ways as we can to help each other.

Others are ready to share their expertise on everything from policy and financing through crisis response and violence prevention to school-community collaborations.

If you have a specific need and want to use the cadre, contact us for a list of those with relevant expertise. In the near future, those with the capability to do so will also be able to access the cadre list through our web site.

If you need help,
             call us at (310) 825-3634
             fax us at (310) 206-8716
    e-mail address us at smhp@ucla.edu or write.

If you are willing to be listed as a consultation cadre member or know of others who may be interested, please let us know.
(See the newsletter insert.)

What's New at Our Web site

Our web site is updated weekly. Changes include: information on upcoming events; new links to other sites; information and material from our clearinghouse and consultation cadre.

We want to add your comments, suggestions, and additions to the web site. We've included links in the web pages for you to send comments directly to us. If your web browser doesn't support e-mail, just e-mail us directly (smhp@ucla.edu) or drop us a line the old fashioned way.

Use the following to access our web site:

http://www.lifesci.ucla.edu/ psych/mh/smhptoc.htm

If you do not have electronic access and want information about surfing the information superhighway, call or mail us for tips about getting started.

Electronic Networking

Our web site is being designed to encourage a variety of linkages across the country. For example, there are already quite a few web sites that deal with mental health issues and that can link you with useful resources. Rather than duplicate the effort of others, we're grouping them into categories and listing some key sites under the groupings. Each month we'll update and expand the list. Let us know about any sites you think we should include. Also, if there is enough interest, we will create a computer bulletin board and facilitate other forms of electronic networking.

Teacher:

Do you Understand the question?

Student:

Sure. The questions are easy. Its the answers that are hard to figure out.

Ideas into Practice

Helping New Students Overcome Barriers

As families move more frequently, schools are finding more students coming and going all year long. Mobility and transiency can be as high as 50-60% over a year in schools serving large numbers of low income families.

Not surprisingly, reports from the field indicate that many students have a difficult time fitting in at a new school. Some come with a sense of alienation and sometimes with a chip on their shoulder.

Newcomer problems are among the litany of things schools cite as major barriers to student progress. And, of course, any mental health professional will agree that difficult transitions can produce emotional, behavioral, and learning problems.

Some mental health professionals are beginning to design programs to address this source of problems. Drawing on knowledge of social support, they are designing programs to help students and their families make the transition into a new school and community.

Major features of the programs include:

C Welcoming strategies (e.g., recruiting volunteers to greet newcomers at the school house door; training and equipping front office staff so they can provide a sense of welcome; training teachers to establish classroom welcoming strategies -- especially peer buddies who have been prepared to carry out the functions of host and guide during the newcomers first weeks; establishing a "parents welcoming parents" committee)

C Social support strategies (e.g., training teachers and the parent welcoming committee to connect newcomers with ongoing groups and activities; providing support groups for those having trouble connecting with others)

Initial reports indicate the programs not only facilitate student and family transition into a school, they may also reduce transiency. Families who feel connected to a school may make an extra effort not to move or at least to stay in the neighborhood.

Contact our Clearinghouse for more on this.

A Day to

STAND FOR CHILDREN

This event, coordinated by the Children's Defense Fund, will be held on June 1st in Washington, D.C. Its purpose is to renew the nation's commitment to the well-being of its children and make it clear to all elected leaders that meeting the needs of children should be America's first priority. The event is endorsed by over 750 groups, including such diverse organizations as the U.S. Conference of Mayors, the National PTA, the NAACP, AFL-CIO, and the American Federation of Teachers.

Call 1-800-233-1200 for information on how to get involved.

(**continued from page 2**)

movement tends to ignore the tremendous resources already in schools. Moreover, it produces tension between school-based staff and their counterparts in community-based organizations. (When "outside" professionals are brought in, school district *pupil services personnel* often view it as discounting their skills and threatening their jobs.) The trend also leads policy makers to the mistaken impression that linking community resources to schools can effectively meet the needs of schools in addressing barriers to learning. This colludes with the misguided tendency of some legislators to think school-linked services will free-up the dollars underwriting school-owned services.

Analyses of resources available in economically impoverished locales show how scant services are-- even when one adds together community and school assets (Koyanagi & Gaines, 1993). The picture is bleaker when one recognizes the many impediments to linking community services to schools (inflexible policies maintaining an overemphasis on narrow categorical funding, scarcity of designated local leaders, the dearth of interprofessional development programs).

Each day brings additional reports from projects such as New Jersey's School-Based Youth Services Program, the Healthy Start Initiative in California, the Beacons Schools in New York, Cities-in-Schools, and the New Futures Initiative. Not surprisingly, findings primarily reflect how hard it is to institutionalize such collaborations.

The New Futures Initiative represents one of the most ambitious efforts. Thus, reports from the on-site evaluators are particularly instructive. White and Wehlage (1995) detail the project's limited success and caution that its deficiencies arose from defining collaboration mainly in institutional terms and failing to involve community members in problem solving. This produced "a top-down strategy that was too disabled to see the day-by-day effects of policy." They conclude:

> Collaboration should not be seen primarily as a problem of getting professionals and human service agencies to work together more efficiently and effectively. This goal, though laudable, does not respond to the core problems .... Instead, the major issue is how to get whole communities, the *haves* and the *have-nots*, to engage in the difficult task of community development" (pp. 36-37).

Keeping the difficulties in mind, a reasonable inference from available data is that school-community collaborations can be successful and cost effective over the long-run. Analyses suggest better outcomes are associated with empowering children and families and having the capability to address diverse constituencies and contexts. However. addressing a full range of barriers requires going beyond a focus on *services*.

Beyond School-Linked Services and Full Service Schools

School-community collaboratives, school-linked services, school-based clinics, family service centers -- all hold great promise; they also are fraught with problems. They can enhance availability and access; they can also lead to policies jeopardizing the fragile resource base for essential services and programs. Unfortunately, too many policy makers are preoccupied simply with linking community health and social services to schools. In the process, they ignore the need to restructure the invaluable programs, services, and infrastructure school's already own and operate.

By themselves, use of health and human services are an insufficient strategy for dealing with the biggest problems confronting schools. They are not, for example, designed to address a full range of factors that cause poor academic performance, dropouts, gang violence, teenage pregnancy, substance abuse, racial conflict, and so forth. Moreover, the efficacy of any service may be undermined if it is not well-integrated with other services and with key *programs* at the school. As noted, in linking services to schools, the tendency is

to link them to sites without attending to integrating them with a school's education support programs and the work of classroom teachers. These are not criticisms of the services per se. The point is that the services are only one facet of any effort to develop a comprehensive approach.

The need is for school-community collaborations that can complement and enhance each other and evolve into comprehensive, integrated approaches. Such approaches do more than improve access to health and human services. They address a wide array of the most prevalent barriers to learning -- the ones that parents and teachers know are the major culprits interfering with the progress of the majority of students.

> *It is ironic that, despite their skills as problem solvers, so many professionals work on the margins, rather than dealing with the biggest pieces of the problem.*

Clearly, moving toward a comprehensive, integrated approach for addressing barriers to learning and enhancing healthy development involves *fundamental* systemic reform.. Central to such reform are policies and strategies that counter fragmentation of programs and services by integrating the efforts of school, home, and community. Required are

- policy shifts that establish a truly comprehensive, integrated approach as primary and essential to reform efforts

- systemic changes designed to create an appropriate infrastructure upon which to build such an approach

- designing and implementing change processes that can get us from here to there.

All this, of course, has immediate implications for altering priorities related to the daily work life of professionals who provide health and human services and other programs designed to address barriers to learning in schools and communities.

Policy Shifts

Despite the argument that schools should not be expected to operate nonacademic programs, it is commonplace to find educators citing the need for health and social services as ways to enable students to learn and perform. Also, increasing numbers of schools are reaching out to expand services that can support and enrich the educational process. Thus, there is little doubt that educators are aware of the value of health (mental and physical) and psychosocial interventions. In spite of this, efforts to create a comprehensive approach still are not assigned a high priority.

The problem is that the primary and essential nature of relevant programs and services has not been effectively thrust before policy makers and education reformers. Some demonstrations are attracting attention. However, they do not convey the message that interventions addressing barriers to teaching and learning are *essential* to successful school reform. The next step in moving toward a comprehensive approach is to bring the following point home to policy makers at all levels.

> *For school reform to produce desired student outcomes, school and community reformers must expand their vision beyond restructuring instructional and management functions and recognize that there is a third primary and essential set of functions involved in enabling teaching and learning.*

The essential third facet of school and community restructuring has been designated the Enabling Component (Adelman, in press, 1995b; Adelman & Taylor, 1994). Such a component stresses integration of enabling programs and services with instructional and management components (see the figure on page 8). Emergence of a cohesive enabling component requires (1) weaving together what is available at a school, (2) expanding what exists by integrating school and community resources, and (3) enhancing access to community programs and services by linking as many as feasible to programs at the school.

Operationalizing an enabling component requires formulating a framework of basic program areas and creating a cohesive infrastructure for enabling activity. Based on analyses of what schools and communities already are doing, enabling activity can be clustered into six program areas. These encompass interventions to (1) enhance classroom-based efforts to enable learning, (2) provide

prescribed student and family assistance, (3) respond to and prevent crises, (4) support transitions, (5) increase home involvement in schooling, and (6) outreach to develop greater community involvement and support (including recruitment of volunteers).

An essential infrastructure includes mechanisms for restructuring resources in ways that enhance each program area's efficacy. It also includes mechanisms for coordinating among enabling activity, for enhancing resources by developing direct linkages between school and community programs, for moving toward increased integration of school and community resources, and for integrating the instructional, enabling, and management components.

> ### *The concept of an Enabling Component provides a unifying focus around which to formulate new policy.*

Adoption of an inclusive unifying concept is seen as pivotal in convincing policy makers to move to a position that recognizes enabling activity as essential if schools are to attain their goals. Evidence of the value of rallying around a broad unifying concept is seen in the fact that the state legislature in California was recently moved to consider the type of policy shift outlined here as part of a major urban education bill (AB 784).

After policy makers recognize the essential nature of a component for addressing barriers to learning, it should be easier to weave all such activity together (including special and compensatory education) and elevate the status of programs to enhance healthy development. It also should be less difficult to gain acceptance of the need for fundamental policy shifts to reshape programs of pre- and in-service education.

Building an Infrastructure

A policy shift is necessary but insufficient. For significant systemic change to occur, policy commitments must be demonstrated through allocation/redeployment of resources (e.g., finances, personnel, time, space, equipment) that can adequately operationalize the policy. In particular, there must be sufficient resources to

develop an effective structural foundation for system change. Existing infrastructure mechanisms must be modified in ways that guarantee new policy directions are translated into appropriate daily practices. Well-designed infrastructure mechanisms ensure there is local ownership, a critical mass of committed stakeholders, processes that can overcome barriers to stakeholders working together effectively, and strategies that can mobilize and maintain proactive effort so that changes are implemented and renewed over time.

To institutionalize a comprehensive, integrated approach, mechanism redesign will be necessary with respect to at least five fundamental infrastructure concerns, namely, (1) governance, (2) planning and implementation associated with specific organizational and program objectives, (3) coordination/integration for cohesion, (4) daily leadership, and (5) communication and information management. In reforming mechanisms, new collaborative arrangements must be established, and authority (power) must be redistributed -- all of which is easy to say and extremely hard to accomplish. Reform obviously requires providing adequate support (time, space, materials, equipment) -- not just initially but over time -- to those who operate the mechanisms. And, there must be appropriate incentives and safeguards for those undertaking the tasks.
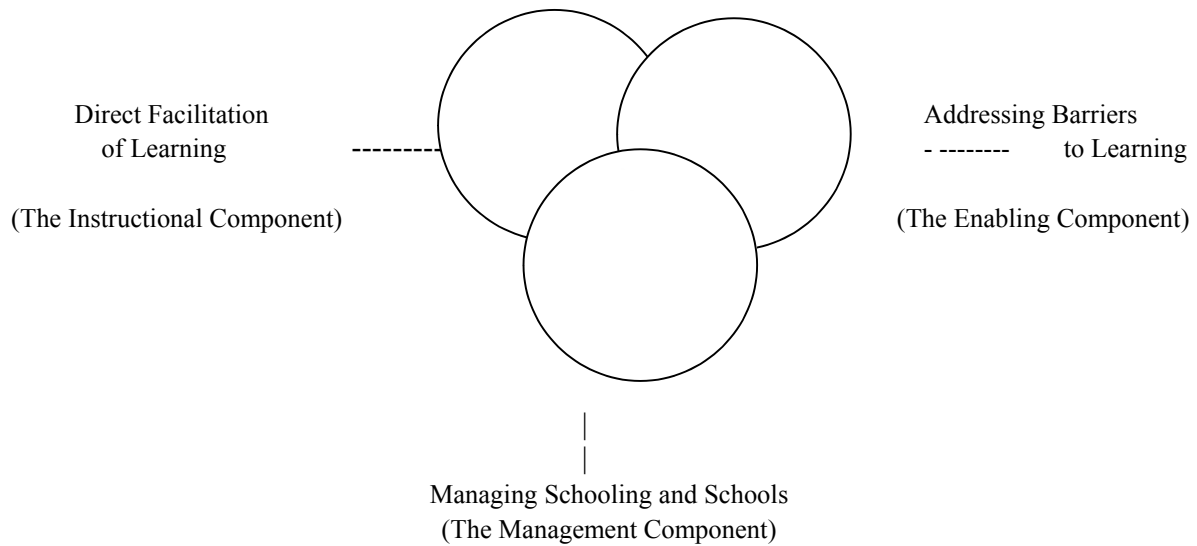
In terms of task focus, infrastructure changes must attend to (a) interweaving resources related to the enabling, instructional, and management facets of school and community, (b) reframing inservice programs -- including an emphasis on cross-training, and (c) establishing appropriate forms of quality improvement, accountability, and self-renewal. Clearly, all this requires greater involvement of professionals providing health and human service and other programs addressing barriers to learning . And this means involvement in every facet and especially the governance structure at the district level and at each school.

What's a Professional to Do?

In the last newsletter, we outlined three sets of functions health and human service personnel can perform for a school district: (1) direct service and instruction, (2) coordination, development, and leadership related to programs, services, resources, and systems, and (3) enhancing connections with

Three Components to be Addressed in Reforming Education

Direct Facilitation
of Learning   - - - - - - - -   Addressing Barriers
                                                    - - - - - - - -   to Learning

(The Instructional Component)   (The Enabling Component)

Managing Schooling and Schools
(The Management Component)

community resources. Unfortunately, the need for direct services is so great and the number of available professionals so limited that most of the time goes to individual cases, and even then, only a small proportion of the many students, families, and school staff who could benefit from the services can be provided help. This lamentable state of affairs raises the topic of restructuring how such professionals spend their time.

There is adequate evidence to make the case that increased dividends might accrue if personnel devoted a greater proportion of their talents and time to creating a comprehensive, integrated approach for addressing barriers to learning and enhancing healthy development. (Such an approach should not be confused with participating on a multi-disciplinary team that discusses cases or coordinates resources.)

Developing such an approach, however, requires shifting priorities and redeploying time for program coordination, development, and leadership.

Clearly, staff providing health and human services can contribute a great deal to the creation of a comprehensive, integrated approach. Equally evident is the fact that they cannot do so as long as they are completely consumed by their daily caseloads. Their's must be a multifaceted role -- providing services as well as vision and leadership that transforms how schools address barriers to learning and enhance healthy development.

Concluding Comments

As indicated by the Carnegie Council Task Force on Education of Young Adolescents (1989):

> ***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****.*

To meet this challenge, the search for better practices continues as a high priority. Allowing this fact, it also can be stressed that existing work provides more than a sufficient basis for generating a range of essential interventions. In doing so, however, steps must be taken to counter the piecemeal and fragmented approach that characterizes most school and community efforts.

As emphasized throughout this discussion, effectively meeting the challenges of addressing persistent barriers to learning and enhancing healthy development requires melding resources of home, school, and community to create a comprehensive, integrated approach. Getting there from here involves a policy shift that places the development of such an approach on a par with current reforms related to instruction and school management.

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"Our vision is about unlocking the potential in all children."

These are the words used by Donna Shalala, secretary of the U.S. Department of Health and Human Services, in kicking off the nationwide awareness campaign "Caring for Every Child."

Sponsored by the Center for Mental Health Services and the National Mental Health Association, the campaign will highlight new mental health information and resources available to families and communities.

The initiatives five goals are to:

C increase public awareness about the importance of children's mental health

C help families, educators, service providers and others recognize mental problems and seek help as soon as possible

C diminish the stigma associated with mental health problems

C support the education efforts of the Comprehensive Community Mental Health Services for Children Program grantees providing services in 22 communities

C nationally disseminate information about model programs and research.

For more information, contact the Center for Mental Health Services Knowledge Exchange Network (800) 789-2647, P.O. Box 42490, Washington, DC 20015, FAX (301) 656-4012

Demonstrating the Ideas

Beyond School-Linked Services and Full Service Schools

As part of the New American School Development Corporation's "break-the-mold" initiative, an approach called the Learning Center Model is being evolved. The model's design calls for transforming schools into high performance learning and family-serving *communities*. To do so, the resources of school, home, and community are used to evolve three complementary components: (1) instruction/ learning, (2) enabling, and (3) management and governance.

The design weaves programs and services for addressing barriers to student learning into a school's fabric. In doing so, it clarifies why a school must, and demonstrates how it can, go beyond the constraints of the school-linked, integrated services model through developing an enabling component.

Commitment to *all* children succeeding is viewed as requiring that a school *evolve a comprehensive, integrated continuum of enabling activity* aimed at helping as many students as feasible. *This includes the type of integrated health and social services described in the full service school model -- and much more.* That is, the activity not only addresses personal problems experienced by students and their families, but a full range of factors seen as causing poor academic performance, dropping out, gang violence, teen pregnancy, substance abuse, racial conflict, and so forth. This translates into the need to evolve a *continuum of programs* (from primary prevention to treatment of chronic problems) and a *continuum of interveners, advocates*, and *sources of support* (e.g., peers, parents, volunteers, staff, professionals-in-training, and professionals).

To these ends, besides health and human services, broad-based programmatic efforts are generated to address barriers to learning and teaching -- as well as to promote healthy development and foster positive functioning as the best way to prevent many learning, behavior, emotional, and health problems and as a necessary adjunct to corrective interventions. One example is an evolving focus on prereferral classroom strategies to reduce the numerous mild-to-moderate learning and behavior problems sent for special services. Another is creation of welcoming and social support

interventions to facilitate a positive and rapid transition of new students and their families into school and community life.

To minimize fragmentation and encourage cross disciplinary functioning, intervention activity is clustered into the following six interrelated areas

- classroom-focused enabling
- support for transitions
- student and family assistance
- home involvement in schooling
- crisis assistance and prevention
- community outreach for involvement and support (including a focus on volunteers).

This programmatic framework guides planning, implementation, evaluation, and personnel development. An Enabling Component Coordinating Team works to ensure cohesiveness of school- community-home intervention, enhancement of resources, and integration of the enabling, instructional, and management components.

As developed at one site, a *Family Resource Center* facility (encompassing a medial clinic and mental health counseling) is used as the focal point and hub for enabling component operations. The site also is beginning to explore integrated use of advanced technology (e.g., a computerized system to organize information, aid case management, and link students and families to referrals).

A Fable: The call came in. "A bunch of students are drowning in the river." There were only a few rescue workers available, and they quickly ran to pull students out and administer CPR. Student after student came rushing down the river. There seemed to be no end.

As they grew exhausted, the workers became aware that one of their group had disappeared. They were upset she had left. Soon, however, the stream of drowning students waned, and their colleague reappeared.

"Where did you go?" they demanded.

"Well, I thought somebody should go upstream and fix the bridge; so I did."

Moral: Be sure that at least some of your resources are used for prevention.

Lessons Learned

Responding to a Student in Crisis

A student who is emotionally distraught is unlikely to be able to focus on instruction.

Pynoos and Nader (1988) discuss psychological first aid for use during and in the immediate aftermath of a crisis (providing a detailed outline of steps according to age). We can draw on this work to specify some general points about responding to a student who is emotionally upset.

Pynoos and Nader stress that psychological first aid for students/staff/parents can be as important as medical aid. The immediate objective is to help individuals deal with the troubling psychological reactions.

(1) Managing the situation -- A student who is upset can produce a form of *emotional contagion*. To counter this, staff must

- C present a calm, reassuring demeanor,
- C clarify for classmates and others that the student is upset
- C if possible indicate why (correct rumors and distorted information)
- C state what can and will be done to help the student.

(2) Mobilizing Support -- The student needs *support and guidance*. Ways in which staff can help are to
- C try to engage the student in a problem-solving dialogue
  - >normalize the reaction as much as feasible
  - >facilitate emotional expression (e.g., through use of empathy, warmth, and genuineness)
  - >facilitate cognitive understanding by providing information
  - >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)
- C encourage the student's buddies to provide social support
- C contact the student's home to discuss what's wrong and what to do
- C refer the student to a specific counseling resource.

(3) Following-up -- Over the following days (sometimes longer), it is important to check on how things are progressing.

- C Has the student gotten the necessary support and guidance?
- C Does the student need help in connecting with a referral resource?
- C Is the student feeling better? If not, what additional support is needed and how can you help make certain that the student receives it?

See Pynoos & Nader (1988). Psychological first aid and treatment approach to children exposed to community violence. *Journal of Traumatic Stress, 1*, 445-473.

Good ideas and missionary zeal are sometimes enough to change the thinking and actions of individuals; they are rarely, if ever, effective in changing complicated organizations (like the school) with traditions, dynamics, and goals of their own.

Seymour Sarason

Sarason's classic book on the difficulty of system change in schools has been updated and is worth your time.

S. Sarason, (1996). *Revisiting "The culture of schools and the problem of change."* New York: Teachers College Press.

TEACHER: *Yes, Kim, what is it?*

KIM: *I don't want to scare you, but my Dad says if I don't get better grades someone is due for a spanking.*

Center *Staff:*
Howard Adelman, Co-director
Linda Taylor, Co-Director
Perry Nelson, Coordinator
Mary Partridge, Coordinator
Michael Allen, Associate

. . . and a host of graduate and undergraduate students