CHAPTER 15

Creating a Continuum of Care

Learning Objectives

- Understand the different levels for providing services (universal, selected, targeted)
- Learn strategies for maximizing the services you deliver in the schools
- Develop a needs assessment for your school
- Understand how to create seamless services through linkages between comprehensive school-based services and community resources

It seems we are not able to open a newspaper or turn on a news program today without hearing about the shortcomings of our students and our schools as related to academic achievement. Yet many of our approaches to increasing academic achievement have overlooked one of the basic prerequisites—attending to the social and emotional needs of children. In fact, at times, counselors and teachers have found themselves at odds over such issues as children missing instructional time and allocation of funds for "extra" services versus academics. Despite these perceived differences, research supports that the two goals, academic achievement and social-emotional health, are inextricably intertwined (Adelman & Taylor, 2010; Merrell & Gueldner, 2010).

The challenge to education is to find a model of service that incorporates strategies for supporting healthy social-emotional development for all children, providing targeted, evidence-based services for children who need higher levels of support, and incorporating and aligning these services to be congruent with the context of schools and the goal of increased academic achievement.

A broad continuum of mental health care is a critical component of today's educational environments. Every day, children come to school unable to focus on their academics due to family and peer conflict, environmental stressors, and increasing rates of mental health problems (Christner, Mennuti, & Whitaker, 2009). Unfortunately, the resources available to meet these growing needs are limited, partially due to the lack of school-based professional helpers within the school (ASCA, 2010b; Curtis et al., 2004). Given the daunting statistics related to student needs (cited in Chapter 1), we simply have to recognize that school-based professionals do not have the "person power" to counsel each student individually.

Approaching student well-being from a systems perspective holds promise. How can we create programs that promote students' strengths and resiliency? What sorts of programs are needed to reduce or prevent negative outcomes (e.g., bullying, truancy, school dropout)? How can you help your school leadership team decide which programs will be best for your school? Clearly, we can't answer all of these questions in a single chapter. Our goal is to provide a framework that encourages you to think about providing your services across varying levels of intensity, with a focus on prevention.

LEVELS OF PREVENTION

Over the last 20 years, the fields of education, counseling, and psychology have grown increasingly more interested in the area of prevention science. Quite simply, prevention works. Research tells us that there are many programs available that can promote children's positive development and prevent emotional and behavioral problems (Kellam & Langevin, 2003; Weisz et al., 2005). Furthermore, the positive outcomes associated with these programs appear to last for many years after the programming has ended (Weisz et al., 2005). One of the most widely accepted models of prevention outlines three levels: universal, selected, and indicated (Barrett & Turner, 2004). To better understand these different levels of intervention, we review and provide examples of each.

Universal Prevention

At a primary prevention level, no students are identified as having special needs or problems; instead a positive foundation is created that supports the greatest number of children. The goal of primary or universal prevention is to enhance the environment so that it promotes the learning and well-being of all students. As noted by Rutter and Maughan (2002, p. 470), "[p]upil achievement and behavior can be influenced (for better or worse) by the overall characteristics of the school environment."

One of the most common school-based programs is that of schoolwide positive behavioral supports (SWPBS; Sailor et al., 2009). Sugai and Horner (2008) estimated that when a school has a supportive, safe environment in which social and behavioral expectations are clearly communicated and consistently followed, 80 percent of students respond favorably and need no additional supports. When schools engage in the development and implementation of SWPBS, they are able to reduce behavioral referrals, increase academic achievement, and increase the degree to which school personnel work together (Bradshaw, Koth, Bevans, Ialongo, & Leaf, 2008; Horner et al., 2005; Lassen, Steele, & Sailor, 2006).

This method requires a collaborative team approach in which a group of individuals (e.g., parents, teachers, administrators) come together to (a) review the data; (b) analyze, describe, and prioritize the problems; and (c) create specific measurable desired outcomes for the schools. Then, the team selects various evidence-based approaches to meet these goals. These approaches will be preventive, will address the needs of the broadest range of children, and will be considered evidence-based. The school-based professional helper is an ideal individual to act as a "coach" for these efforts by coordinating the team, acting as a consultant, supporting accurate and sustained adoption and practice, as well as assisting with the monitoring of the implementation and outcomes.

Selected Prevention

Despite our best efforts at creating environments that support the needs of all students, some children will require greater levels of support due to both internal and external factors that place them at higher risk. For example, there may be some students in your school who are engaging in bullying and other aggressive behavior. Perhaps there is another group of students who is struggling to cope with the aftermath of a friend's suicide. When this is the case, we adopt a secondary level of prevention in which a problem is identified and

additional supports are provided. These services might include individual and group counseling for those students who are at risk for increased difficulties.

Secondary prevention actions are sometimes referred to as selected interventions. These types of intervention are not delivered to the entire school but are provided to a student or group of students based on exposure to risk factors. Sometimes, students may be showing early signs of a problem (e.g., aggressive behavior). Selected interventions can be provided through individual or group approaches.

Sometimes the students who are selected to receive secondary prevention programming are identified through screening measures. Efforts to identify groups that might be "at risk" can be quite minimal. Teacher referral is one of the most common ways that school-based professionals become aware of a student who is struggling. Unfortunately, this strategy tends to overidentify those students who are acting out. We also want to have methods in place to identify those students who are experiencing less visible emotional challenges. Sudden changes in attendance, grade point average, and health office visits are important screening tools that can help you know when a student is experiencing a difficult time.

Several effective targeted prevention programs have been identified for use in school and community settings. One of the most common types of programs at this level is skill-building groups. These types of programs usually consist of a series of structured lessons that incorporate role plays, adult and peer modeling, and applied practice in real-life contexts (e.g., Greenberg & Kusché, 2006; Shure, 2001). Another common program, a part of SWPBS, is Check In-Check Out (CICO; Todd, Campbell, Meyer, & Horner, 2008).

This targeted intervention includes a daily report card established around the school's PBS program and the student's own goals. Each morning the student checks in and sets a daily goal. At the end of each day, the student checks out with a mentor to discuss how the student performed on his or her goals and the number of points earned. Results suggest that it is effective at reducing problem behavior (Todd et al., 2008).

Indicated Prevention

Further along the continuum of care, focus is directed toward those individuals who are demonstrating early signs of challenging behaviors, having difficulty managing their emotions, and isolating from others. These behaviors may be seen as early indicators of more serious problems. Therefore, programs designed for the indicated level of prevention tend to be more

comprehensive and to target many different aspects of the individual's environment. In some instances, intensive, focused services through school/community networks are necessary for the small percentage of children and their families who are experiencing significant mental health and/or behavioral challenges (Horner et al., 2005).

Students at this level of intervention have not responded to previous prevention programming and have greater severity in their behavioral or emotional symptoms. Therefore, a great level of time, effort, and resources is required. Although some elements of the programming may be delivered in a small group, there is typically an individual component as well. Despite this cost in terms of time, energy, and programming, these types of programs are considered to be cost effective in the long term (NRC & IOM, 2009).

Aggression, in particular, appears to be a long-standing problem and if not addressed by Grade 3 is likely to persist into adulthood and result in negative outcomes (Crick et al., 2006). In fact, Petras et al. (2008) concluded that if you want to reduce adolescent risk behaviors, the single best generic risk factor to target in elementary school is aggression. Thus, if we intervene earlier, we reduce the likelihood that patterns of aggression, substance abuse, and social isolation will become a chronic challenge for this relatively small number of students who do not respond to universal prevention programming.

Prevention for those behaviors that pose significant risk to individuals can be implemented at any age. However, the majority of evidence-based programs focus on preschool and elementary age populations (e.g., Fast Track, Conduct Problems Prevention Research Group, 1999; Incredible Years, Webster-Stratton & Herman, 2010). The Olweus Bullying Prevention Program (n.d.) is also evidence-based and is highly recommended.

Indicated programming is not only for aggression and externalizing behavior. There is a growing body of research that supports intensive programming to reduce internalizing behaviors as well (e.g., Cuijpers, van Straten, Smit, Mihalopoulos, & Beekman, 2008; Horowitz & Garber, 2006). In fact, intensive programming may be more effective for internalizing behavior than universal interventions. Horowitz and Garber (2006) found that prevention efforts directed toward reducing depressive symptoms did result in positive outcomes (i.e., lower levels of depressive symptoms). However, in this meta-analytic study, selected and indicated programs were found to be more effective than universal in decreasing these symptoms. More recently, Cuijpers et al. (2008) found that preventive interventions for adolescents reduced the incidence of depressive disorders by 23 percent. These two studies included a variety of approaches that were mostly based on cognitive-behavioral interventions.

At the greatest level of need, some students and their families may require expanded services through community agencies. Two promising models are a *system of care* philosophy (Stroul & Friedman, 1996) and, as a part of this model, the development of a wraparound team process (Eber, Sugai, Smith, & Scott, 2002). A system-of-care model emphasizes the development of a range of services to comprehensively address the needs of a student client and his or her family. To accomplish this goal, partnerships with parents and a variety of community service agencies (e.g., social services, community mental health, juvenile justice) must be established. Through this model, children and families receive individualized, comprehensive, and culturally competent care that is designed at the local level using the best available research evidence (Stroul & Friedman, 1996). A wraparound team assists families in building natural community supports to meet their needs. Both a system of care and wraparound model allow for more effective communication between all stakeholders around the needs of the child and family and ensure that duplication of services is avoided and gaps are addressed. School-based professional helpers can be active participants in the wraparound team and system of care.

ELEMENTS OF A SCHOOL-BASED CONTINUUM OF CARE

In addition to the depth provided through tiered levels of services, school-based professional helpers want to create a model that reflects best practices and meets the needs of the broadest range of children. From this perspective, this type of model would (a) help school personnel build positive, schoolwide behavioral supports that provide a sound foundation of high expectations, positive peer relationships, and a reinforcing school climate; (b) provide an increased number of evidence-based services to children through individual and group counseling, consultation, and other modalities; (c) build capacity through collaboration and interdisciplinary professional development opportunities; and (d) strengthen relationships with families and community agencies to address the needs of children, including those with the most severe mental health needs.

Positive Schoolwide Social, Emotional, and Behavioral Programs

One avenue that holds promise for meeting this difficult goal incorporates a systemic, preventive approach while providing resources to address a broad range of mental health needs. Nastasi (2004) has advocated for a public health model to provide school mental health services to children and adolescents.

The public health model endorses a continuum of services available to meet the broadest needs, with an emphasis on prevention. Doll and Cummings (2008) promoted a similar model that focuses on school environments and broad population-based services rather than on individuals. These ideals are consistent with the *ASCA National Model* (2005) and the *NASP Model for Comprehensive Services* (2010b) in that the majority of your services are directed toward the greatest number of students through guidance and systems interventions.

In our conceptualization of a continuum of care, one end of the continuum would feature schoolwide prevention programs that create a positive educational climate focused on learning. As Greenberg et al. (2003) noted, "well-designed, well-implemented school-based prevention programs can have a positive influence on a diverse array of social, health and academic outcomes" (p. 472). We conceptualize this seamless set of services that is able to promote student wellness and address student needs as a "continuum of care." Ideally, this continuum is woven into the fabric of the school to promote positive school environments, expand partnerships, implement prevention programs, and improve school-based mental health care for all children. Systemic approaches to change are effective but represent a long-term approach that is sometimes difficult to carry out in a school.

As we discussed in the previous section, many school districts have already incorporated prevention programming through the implementation of schoolwide positive behavioral supports (SWPBS; Sailor et al., 2009) and response to intervention (RTI; Brown-Chidsey & Steege, 2005). These approaches provide frameworks that emphasize prevention and universal programming to address the needs of the greatest number of students. These models are also considered to be tiered because they provide for a greater intensity of services based on student needs. We encourage new school-based professionals to plan their services to emphasize prevention programs delivered at the universal level to meet the greatest number of student needs.

Increased Access to Evidence-Based Services

School-based professional helpers must not only provide services to the greatest number of students, we must also ensure that those services are likely to have the desired outcome. All aspects of our services should reflect processes (e.g., consultation, intervention) that are supported by research. The term *evidence-based practice* refers to programs or interventions that are based on sound scientific knowledge and that have been demonstrated to

be effective through rigorous research (Hoagwood, Burns, & Weisz, 2002). By indicating that an approach is an evidence-based practice, we are saying that it has robust, empirical evidence to support its use with a particular issue or population. Unfortunately, there are many gaps in our knowledge about what works with which population and in what setting.

Because of the clinical nature of research, it is often difficult to adapt some of these approaches to "real world" settings. Further, the dynamic nature of schools and the limited availability of resources (e.g., time, expertise) make precise delivery of these interventions challenging. School personnel do not tend to select programs that have been appropriately evaluated or that have been shown to produce the desired outcomes (Ennett et al., 2003). The end result has been that it is difficult to integrate evidence-based practices (EBPs) into schools (Hoagwood & Johnson, 2003). In fact, Zins, Weissberg, Wang, and Walberg (2004) reported that although a typical school-based professional will deliver an average of 14 separate programs that address social-emotional issues, most will not be evidence-based.

As training programs, professional organizations, and professional literature continue to focus on evidence-based practices, it is likely that we will continue to see a shift toward more of this type of programming integrated into educational settings. No doubt your generation of school counselors and school psychologists will become leaders in the integration of evidence-based prevention and intervention programming in school settings.

BUILDING CAPACITY THROUGH COLLABORATION

Capacity building refers to efforts that are "designed to enhance and coordinate human, technical, financial, and other organizational resources directed toward quality implementation of evidence-based, competence-building interventions" (Spoth, Greenberg, Bierman, & Redmond, 2004, p. 32). Long-term prevention and intervention programs rely on systems that are able to support and sustain these efforts. The basic elements of capacity building include collaborating in ways that educate and empower others. In order to meet the second part of this goal (i.e., educating and empowering others), ongoing professional development is an important element to enhancing the skill and knowledge of your team members, including families. Many of these components of capacity building are already part of your role as a school-based professional helper.

Collaborative Teaming for Education and Empowerment

One of the first steps in creating a systemic approach is to join or help build a team with a group of individuals at your school and in the community who are interested in working toward the same goal. As discussed in the previous chapter, working with others helps to increase the level of services that you can provide. Students' needs may be most expediently addressed when school-based professional helpers and representatives of other mental health professions (e.g., school social workers, community mental health practitioners) collaborate to meet the social, emotional, behavioral, and academic needs of all students (Adelman & Taylor, 2006).

School-based professional helpers have effective communication skills that allow them to work with individuals from a variety of backgrounds. Consultation and counseling skills can be put to good use when facilitating working groups in which individuals with differing perspectives must come together to develop a plan. By implementing the steps of a problem-solving process, professional helpers can identify needs, help establish goals, and decide on a potential plan to meet these goals. We recommend a collaborative teaming model that includes teachers, administrators, families, and other school-based professional helpers.

Ongoing, Interdisciplinary Professional Development

To facilitate systemic change, training of caregivers, service providers, and those individuals who can make a difference is a necessary component. Parents, classroom teachers, and community members (e.g., religious leaders, afterschool program leaders, athletic coaches) represent significant influences in a child's life, and mental health professionals can share their expertise with these individuals to help them more effectively communicate with children, create healthy environments, and identify children who are in need of additional mental health services.

Your professional development activities may be designed to match the levels of prevention activities (e.g., primary, secondary, tertiary). That is, consider what preparation all stakeholders need in order to create an appropriate context for the implementation of a program. If you are working to implement whole school reform, what information or skills are needed in order to increase the chances that your efforts will be successful? For example, if your school team has decided that a SWPBS approach would decrease the levels of aggression among students, there are certain steps that your group might take in order to prepare the school and community members for implementation of such a program.

The initial goal for your professional development will be to help make others aware of the issue and the importance of taking action. Next, you will want to help all school staff and families understand the program and the types of changes that are required. Once the program is officially implemented in the school, the trainings may become more focused. For example, you might collaborate with teachers at different grade levels to adapt aspects of the programming to meet the developmental needs of students. Another aspect of your work might be training other school staff (e.g., bus driver, custodian, office administration, lunch room staff) to help them understand how to implement aspects of the program within their own contexts. At the narrowest level, you may "troubleshoot" to address the needs of individuals who are reluctant or struggling to implement the program or doing so in a manner that is contrary to your efforts.

At the secondary level of prevention, it is important for school staff to learn more about how to meet the needs of students who are struggling. As a part of the professional development in this area, the school-based helper could provide information on identifying children who are at risk or who are experiencing mental health problems. Another potential training would be directed toward developing positive behavioral support plans for individual children who need additional supports in order to function in the school environment.

At the tertiary prevention level, professional development opportunities should extend to community mental health providers to help establish interagency teams and extend our collaborative relationships with community resources. Through these partnerships, you can help teachers and administrators develop a greater level of awareness of resources for families.

Strengthen Relationships With Families and Community Agencies

Communities play an important role in the development of youth. They can be vital, supportive environments or unsafe targets for violence and aggression. It is important for school-based professionals to help build safe and healthy school environments and develop close, collaborative relationships with resources in the community in order to best meet the needs of students and their families. (See Chapter 14 for more information on school-community collaboration.)

We can no longer afford to have separate programs within schools and communities that are structurally and philosophically independent. Instead, we should direct our efforts toward developing seamless supports that identify and support the academic, social, and emotional needs of children.

Professionals and representatives from community agencies can work together to achieve the goals of the project and to develop a better understanding of how to align their efforts.

CONDUCTING A NEEDS ASSESSMENT

The tasks described in this chapter may seem daunting. One of the most common concerns is, "Where do I begin?" If you are in a school that has a number of concerns such as low academic achievement, poor attendance rates, identified behavioral challenges, and low teacher morale, it may be difficult to identify any one area to target. Everything may seem equally important to address. In other schools, there may be one clear area of concern (e.g., bullying), but you need more information to understand why it is occurring and what types of strategies might be most effective in addressing the identified concern.

A useful framework to guide your efforts to identify the needs of your school is one that focuses on existing risks and protective factors. What risk and protective factors are associated with this specific area of concern? Which ones can be modified? As you identify a specific area of focus (e.g., school dropout), you will also be able to determine those factors that might be contributing to this issue (e.g., low school engagement, below-average academic performance). Further, consider the factors that help make students resilient to negative outcomes. In the case of school dropout, having peers who are engaged in school and a close relationship with a teacher or other adult in the school helps students to stay academically engaged.

Your interventions are designed to target the related risk and protective factors. That is, your program would be designed to strengthen the protective factors and reduce the risks. Issues such as bullying and victimization, academic underachievement and failure, poor peer relationships, violence, and substance use are all risk factors that are associated with disorganized and unsafe neighborhoods and schools (NRC & IOM, 2009). If you are working in a school or community where these problems are prevalent, there is much that you can do in your school setting, working together with community supports, to ameliorate the occurrence and the negative effects of these risk factors.

In addition to the formal measures mentioned shortly, self-created questionnaires can also be helpful for gathering important information regarding your school's specific needs.

Fortunately, many organizations have already carried out the work of identifying risk and protective factors associated with some of the most common negative outcomes in youth (e.g., school dropout, teen pregnancy, violence). For example, the Substance Abuse and Mental Health Services Administration (SAMHSA) has developed a survey, a prevention manual, and a community leaders' guide that can help communities identify a broad range of risk and protective factors in their youth and implement effective programs to address concerns. The *Communities that Care Youth Survey* can be administered in 50 minutes to sixth- through twelfth-grade students and used to help identify youth who might benefit from more targeted interventions. Additionally, there is an accompanying prevention guidebook that provides information on over 50 programs that have evidence to support their use with students from different developmental levels, to address specific risk and protective factors, in different domains (e.g., individual, family, school, community) and at different levels (e.g., universal, selective, indicated). All resources associated with the *Communities that Care* program (e.g., survey, prevention guide, leader's manual) are available for free at the website provided in Table 15.1.

An alternative, offered through the Centers for Disease Control, is the *School Health Index: A Self-Assessment and Planning Guide.* This simple self-assessment tool consists of eight modules that cover topics such as nutrition, school safety, physical activity, health services, health promotion, counseling, psychological and social services, and family involvement. The self-assessment is completed by a group of school stakeholders such as the principal, nurse, school counselor and/or school psychologists, as well as parents and community representatives (e.g., health department, community mental health, American Cancer Society representative). After responding to the series of discussion questions for each module, the group completes an overall scorecard for the school, chooses their top five priorities for action, and then uses the materials provided on the website or from other sources to begin addressing their goal areas.

The Collaborative for Academic, Social, and Emotional Learning (CASEL) also lists a number of needs and outcome assessments. These instruments vary in the range of behaviors that they assess. Most are focused on a broad range of health behaviors (e.g., *California Healthy Kids Survey*, Youth Risk Behavior Surveillance System [YRBSS]). However, if your team was interested in measuring a very specific type of outcome, the Child Trends Youth Development Outcomes website is an excellent source for these focused measures. On this site, a list of possible outcomes that you might be interested in measuring (e.g.,

parent-child relationship, mental health, school engagement) are provided. By familiarizing yourself with these websites, you can quickly access existing assessments that can help you and your team gather important information about potential problem areas as well as the types of risk and protective factors that are unique to your setting and your student population.

School-based professionals may be able to access important information about the youth in their community through the county health department. The Centers for Disease Control (CDC) has developed a youth risk survey (YRBSS) that is used to monitor the degree to which youth are engaging in specific behaviors that are associated with health risks. Questions regarding seat belt and helmet use; exercise; use of sun protection; tobacco, alcohol, and illicit substance use; engaging in sex; and perceived safety and aggression (e.g., fighting, carrying a weapon) are all part of this survey. The information is used for a variety of purposes, but the current focus for the CDC is to monitor the degree to which the United States is meeting its goals for the *Healthy People 2010* initiative. Individual states and counties have used the data for such

Table 15.1   Websites of Needs Assessment Instruments

Program	Resources and URL
Communities That Care	Survey, Prevention Guide, Leader's Manual
	http://ncadi.samhsa.gov/features/ctc/resources .aspx
Centers for Disease Control *School Health Index: A Self-Assessment and Planning Guide*	Self-assessment, Modules covering many health behaviors, Meeting agendas, Ideas for team members
	https://apps.nccd.cdc.gov/SHI/Default.aspx
Collaborative for Academic, Social, and Emotional Learning (CASEL)	Broad-Based Needs and Outcomes Assessments
	http://www.casel.org/
Child Trends Youth Development Outcomes	Focused Needs and Outcomes Assessments
	http://www.childtrends.org/what_works/clarkwww/ compendium_intro.asp
Centers for Disease Control, Youth Risk Behavior Surveillance System	Surveys, Fact Sheets, Data
	http://www.cdc.gov/HealthyYouth/yrbs/index.htm

purposes as developing a health curriculum and programming within educational settings or using the information to support community-based programs to increase physical activity (Centers for Disease Control and Prevention, 2010). If your state or county uses these types of surveys, it may be relatively simple to access the data for your community in order to develop a better understanding of the kinds of risk and protective factors that are present among youth in your community.

APPLYING A CONTINUUM OF CARE

We return to Marley Elementary School introduced earlier (Section IV Introduction) to provide an example of what happens when we address the needs of the system. We realize we have skipped over a number of steps and details in this case. A full step-by-step description is beyond the scope of this text. However, we hope that this illustration demonstrates the importance of continually expanding your efforts by working with others to create positive systemic change.

Case Illustration

Marley Elementary School is located in a neighborhood with high unemployment and unsafe conditions. The school has been identified as not meeting academic goals, and as a result, there is low morale among the staff. The students as well seem to have given up on themselves and were disengaged in the classroom. As a member of the school leadership team, you have decided to approach this situation from a systemic perspective.

The one overarching goal for the school leadership team is to improve student achievement outcomes. There are several ways to support improved academic outcomes including the use of evidence-based programming and communication of high expectations. However, academic interventions may not address all of the concerns. Clearly, a number of students are engaging in challenging behaviors that are interfering with their own and others' learning. Therefore, your team also has to consider a broad behavioral intervention that will help students demonstrate more appropriate learning and social behaviors. Your team recognizes that you cannot accomplish these goals on your own and decides to invite parents, local business owners, and other community leaders to a planning meeting.

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You develop a working team that selects the goals of improved student behavior and increased academic achievement. As a school-based professional, you decide to work with the team that will focus on improved student behavior because you believe your expertise is best suited to this group. In your role as a group member, you help research potential programs, assist in developing a needs assessment around student behavior and safety, and help facilitate the meetings.

After reviewing various programs and discussing the advantages and disadvantages of each, your team decides to implement a schoolwide behavior support program. Because you have invited diverse members to your team, you are able to obtain broad support for your efforts. The parents on the team help you to design communication that will inform other parents. Community business members agree to help provide incentives to reinforce positive student performance. You know it is going to be a lot of work, but for the first time in a long time, you sense a renewed, positive energy in the halls of Marley Elementary.

CONCLUSION

School-based prevention programs that are directly linked to the central mission of the school and are aligned with goals to which school personnel are accountable are more likely to be successful (Greenberg et al., 2003). Creating sustainable, systemic change is not an easy task and requires a great deal of time and training. When stakeholders share a common vision, feel empowered, and have support, systemic change will occur.

It is not expected that you will accomplish this type of change in your first year, nor that you will do it alone. Instead, we encourage you to use your current skills to build the foundational structures. As you begin your journey, we encourage you to see yourself as a part of this continuum of care. In your efforts, we challenge you to become a leader and a change agent. Through systemic interventions, collaborative approaches, and the use of evidence-based practices, we can have the most positive impact on the greatest number of students.

Activities

1. Working in a group, create a list of local service providers and/or other services in your community that specialize in services to children and adolescents. Costs? Pro bono? Specializations? Languages? What gaps do you see?

2. With a small group, develop a needs assessment for an elementary, middle, or high school (select one). Use some of the needs assessments presented in this chapter as a model.

Journal Reflections

Reflection #1

As a new school-based professional, what might be some initial steps you could take to become involved in systems change?

Reflection #2

Consider the idea of a "continuum of care." At which points are you most comfortable working?

Electronic Resources

Child Trends Youth Development Outcomes: http://www.childtrends.org/what_works/clarkwww/compendium_intro.asp

Collaborative for Academic, Social, and Emotional Learning (CASEL): http://www.casel.org

Communities that Care Program: http://ncadi.samhsa.gov/features/ctc/resources.aspx

School Health Index: A Self-Assessment and Planning Guide: https://apps.nccd.cdc.gov/SHI/Default.aspx

Youth Risk Behavior Surveillance System: http://www.cdc.gov/HealthyYouth/yrbs/index.htm

Print Resources

Algozzine, B., Daunic, A. P., & Smith, S. W. (2010). *Preventing problem behaviors: Schoolwide programs and classroom practices* (2nd ed.). Thousand Oaks, CA: Sage.

Lane, K. L., Kalberg, J. R., & Menzies, H. M. (2009). Developing schoolwide programs to prevent and manage problem behaviors: A step-by-step approach. New York: Guilford Press.

Parsons, R. D. (2007). Counseling strategies that work!: Evidence-based interventions for school counselors. Boston: Allyn & Bacon.