THE HARVARD RALLY PROGRAM AND THE PREVENTION PRACTITIONER: COMPREHENSIVE, SCHOOL-BASED INTERVENTION TO SUPPORT RESILIENCY IN AT-RISK ADOLESCENTS

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ABSTRACT: This paper introduces RALLY (Responsive Advocacy for Learning and Life in Youth), a new program developed to serve both the academic and psychosocial needs of at-risk adolescents in the classroom setting. RALLY is a collaboration between the Boston Public Schools and the Harvard Graduate School of Education's Risk and Prevention Program, as well as the Consolidated Psychiatry Department of Harvard Medical School and McLean and Massachusetts General Hospitals. It utilizes university practicum students in a new professional role as "prevention practitioners" who promote resilience in at-risk children by forming relationships with them, performing interventions in classrooms to foster academic skills, interacting collaboratively with teachers, and helping at-risk children to integrate the multiple parts of their lives. This article describes the theoretical model and the implementation and evaluation of the program.

INTRODUCTION

Latanya and Gerald

Latanya is a twelve-year-old girl who has been living in a residential center for teen girls as a result of criminal behavior. Her mother is a former substance abuser who lost guardianship of Latanya several years ago. Latanya is a ward of the state and has spent so much time involved with social services that she is vocally resistant to "programs." She has been suspended repeatedly for screaming at teachers and losing control of herself in the classroom. In fact, her teachers have emphatically given up on her.

Gerald is a twelve-year-old boy who has been living with his grandmother since she took legal custody from his mother due to her substance abuse. Currently, the school is filing a CHINS (child in need of services) order against the grandmother for educational neglect. Gerald states that he feels caught between the world of school where he knows he should not fight, and the world of the streets, where his failure to protect himself may result in a subsequently more serious or fatal attack. His school performance, like Latanya's, has deteriorated.

These brief vignettes of two of the children we have worked with in the RALLY program described in the following paper illustrate the tension and disparity between the lives of children inside and outside of school. The experiences of Latanya and Gerald exemplify how the mental health issues of many children impede their ability to focus on academic tasks, thereby posing a dilemma for schools.

Meeting Psychosocial Needs in a School Setting: The Dilemma

Part of the current debate over the role of schools in the lives of children and families has placed the educational mission of schools in opposition to the provision of health and mental health services in school settings. Some argue that school is above all a learning environment that should be dedicated to academic excellence. Proponents of this perspective argue that teachers and schools should not be in the business of providing health or mental health services to children, but instead should focus primarily on their academic mission (Berger & Berger, 1983; Joffe, 1977; Lasch, 1979; Woodson, 1981). Teachers are not therapists or health providers. In fact, teachers may create additional problems if they open their classrooms too much to the personal and risk experiences of children (e.g., Freud, 1952).

A second perspective sees schools as systems which are already accessible to children and their families and which should be utilized to provide additional mental health and health services (American Academy of Pediatrics, 1994; Wynn, 1994). Supporters of this perspective point to the higher rate at which students at schools with "wrap-around" services utilize health and mental health services. The ease with which students and families can access such services may result in prevention efforts, various early interventions, and the mitigation of costly long-term health or mental health difficulties. Only when the diverse needs of children and families are met, so the argument goes, can the best learning take place.

These two positions present us with a false dichotomy. The primary mission of schools is to introduce children to the vast world of knowledge and to create opportunities to actively explore and invent, experience and relate. However, it is also true that many children and youth are overwhelmed by what they witness in their families and communities (e.g., from violence to death, from divorce to abandonment). Many of these children cannot leave the effects of these experiences outside the school gates. They struggle during their school days with concentration problems, depression,

anxiety, illness and even suicidality. Weapons and drugs do not remain outside the schools. Within the school walls some of these issues need to be addressed. Even simple problems, such as needing eye glasses, may go undetected and adversely affect the ability of children to follow classroom instruction (e.g., Weissbourd, 1996). Thus, even if one solely wants to support the academic learning in schools, the physical and psychosocial health of children cannot be ignored. Yet it is also correct that teachers should not become so invested in the experiential world of the child and the family that they become more social worker than guide into the vast symbol worlds a child must master to become a successful participant in society.

A Model to Overcome the Dilemma

This paper introduces a new program developed in an effort to overcome the dilemma outlined above, to simultaneously address the academic and psychosocial needs of children. It comprises an innovative collaboration between a graduate school of education and a public school system, in collaboration with health care facilities, and between teachers and a new professional, called a "prevention practitioner." The program, Responsive Advocacy for Learning and Life in Youth (RALLY), is the result of the combined efforts of the Boston Public School Department, particularly its Special Education Department, the Harvard Graduate School of Education, McLean Hospital, Massachusetts General Hospital, and the Harvard Medical School. A central partner in this institutional collaboration is the Risk and Prevention Program at the Harvard Graduate School of Education.

In this paper, we will:

Outline the nature of the collaboration as it represents an important way in which universities can cooperate with schools and communities to develop meaningful programs and new ways of producing knowledge and scholarship;

Present the theoretical rationale for development of a school-based prevention program that provides educational and interpersonal support to at-risk middle-school students;

Define the RALLY program model and three major aspects of the RALLY in-school intervention: utilization of "prevention practitioners," collaboration with teachers, and collaboration with others involved in the child's life;

Describe the progress of the RALLY program over the past two years of our pilot phase, including our formal evaluation activities.

THE NATURE OF THE COLLABORATION: URBAN SCHOOL SYSTEM, THE UNIVERSITY, AND HEALTH CARE

In 1993, the Boston Public Schools initiated a collaboration between local public schools and local area universities, designed to facilitate

"inclusionary education," that is, the placement of children with emotional, behavioral, or learning problems in regular classrooms rather than in more restrictive clinical or special education settings. To support its public schools as they work toward more inclusionary practices with children at-risk for such restrictive settings, in this creative approach the Boston Public School Department provides small grants for collaboration between local elementary, middle, and high schools and local universities through the "Vanguard Project." Each university is paired with one or more public schools to provide expertise and assistance in meeting the goals of inclusionary education, and to jointly develop a variety of model inclusionary practices.

In its participation in the Vanguard Project, Harvard University was partnered with four schools, two middle schools and two elementary schools. This paper describes the development of one collaboration, the RALLY program, established at the Howard Taft Middle School which serves 510 students in grades six through eight. Taft students come from a diverse range of racial and ethnic backgrounds, 41% are African-American, 26% are Asian, 19% are Hispanic, and 14% are White. In addition, twelve-percent of the students at Taft are identified as bilingual, though many others speak a language other than English at home.

Approximately 25% of the students at Taft participate in special education programs. For the past two years we have been working with students who have been identified as needing support. These students are fully mainstreamed into clusters taught by teachers certified in regular education, where they receive pullout or classroom instruction from a special education teacher on a weekly or daily basis. This special education teacher is also assigned to provide support by team-teaching with regular classroom teachers for part of the day. We have worked with one "cluster" of six teachers assigned to us by the principal. These six teachers work with the same five rotating home rooms, groups of 16 to 22 students who stay together as they move from one 45 minute period to another.

In February 1995, we began piloting a school-based prevention strategy based on developing a role for classroom-based mentors in the school that has come to be known as the RALLY program. Harvard masters' and doctoral students worked as "prevention practitioners" in classrooms to support seventh and eighth grade students who were identified as at-risk for placement in special education programs. The unique element of this program is to provide in classroom support for the academic needs of the children and at the same time focus on their psychosocial needs and risks.

Two hospitals, McLean and Massachusetts General Hospital, are partners in this intervention. Both institutions are part of Harvard Medical School and provide evaluative and counseling services through their combined child psychiatric residency programs. The young doctors learn about innovative collaborations with schools; the prevention practitioners serve as "early detectors" of more serious health and mental health problems. They can then rely on the residents to further evaluate the children and to

determine the need for additional clinical services. The residents, who function in the school under supervision are especially important in determining types and levels of depression and severity of suicidality. It is essential that these services are offered in the school and in a way that is integrated with the prevention practitioners. We have found that sending the children to hospitals and clinics is often greeted by parents with suspicion or passivity. Working with the children in the school makes it possible, based on established trust, to refer for specialized evaluation or treatment in these settings.

THE THEORETICAL RATIONALE

The RALLY program is theoretically grounded in the concept that supportive relationships can provide the opportunity to develop resilience in at-risk children and youth.

Relationships and Resiliency

Evidence is accumulating that many adolescents face multiple risks in such diverse settings as the family, (e.g., abuse, neglect, parental discord and divorce), community (encounters with violence, drug use, and poor health conditions), peer world (e.g., delinquency, truancy, and excessive risk-taking activity), and school environment (e.g., lack of resources, lack of adult support, and disorganization) (e.g., Werner, 1990; Noam, Chandler, & Lalonde, 1995). One dimension of adolescent risk which has received too little attention is the fragmentation of the social spheres which the adolescent has to navigate daily. Some sociologists and psychologists have begun to address this issue (Noam & Borst, 1994; Dobert & Nunner-Winckler, 1994) relating the increase of behavioral problems and risk behaviors among adolescents to a break-down in their ability to develop an interpretive framework about a coherent social world.

The fragmentation of social institutions, especially in the interplay between family, community, school, and health/mental health providers, renders the pre-adolescent especially vulnerable. Traditional sources of help in navigating these worlds are decreasing dramatically. Our own studies suggest (e.g., Noam, Powers, Kilkenny & Beedy, 1990; Noam, 1993) that adolescents are especially vulnerable to the fragmentation of interpersonal relationships, social institutions, and interpretative models of understanding reality, at a time when the psychosocial task is to create a cohesive and overarching identity (e.g., Erikson, 1968). However, forming productive and protective identities requires supportive "holding environments," settings and relationships that help bridge diverse social and relational experiences. As social institutions often do not have sufficient strength and resources to provide these holding environments, it is essential to provide at-risk youth with those relationships that can help to bridge diverse social spheres. Such relationships make possible development without continu-

ous personal fragmentation or overly dependent relations with peers who pursue dangerous "coping" strategies.

Supportive relationships between adults and children that provide individual attention to high-risk youth have been shown to be central for prevention programs (e.g., Dryfoos, 1990). A relationship with a committed and encouraging adult who "believes in me and my future" has proven an essential ingredient in most resilient children and youth who succeed despite great adversity (e.g., Garmezy, 1981; Werner, 1990). Our perspective emerges from a multitude of resiliency and prevention research studies that suggest a "relationship focus" is an under-utilized resource for prevention programs. Our model additionally assumes that a prevention practitioner who actively provides the structure to bridge children's experiences in their communities, schools, and homes will greatly reduce the onset and/or continuation of problems in youth (see for example Hawkins, Catalono, & Miller, 1992). The time when children begin the developmental task of identity formation is a possible turning point in early adolescence where success in the form of personal relationships and academic and task accomplishment may change the life course into a more adaptive trajectory (e.g., Noam & Fischer, 1996). Strong and trusting relationships with adults and increased belief in the self's agency and mastery are important counterforces to hopelessness and the pursuit of destructive pathways (e.g., Rutter, 1988; Cicchetti, 1991; Kilkenny & Noam, 1991; Noam & Fischer, 1996; Noam, Powers, Kilkenny & Beedy, 1990).

Mentorship Programs

A brief overview of existing mentorship programs shows that they have been based on a variety of models, including academic support (Cahalan & Farris, 1990; Jacobi, 1991; Slicker & Palmer, 1993), peer-based partners (Knapczyck, 1989; Wright & Borland, 1992), and cultural/ethnic bonds (Blechman, 1992). In mentorship programs, the combination of personal and emotional commitment to the well-being of a child coupled with a belief in the child's learning potential and concrete support in skill acquisition have proven key protective factors against personal and academic failure (Freedman, 1993; Hanesly & Parsons, 1993; McPartland & Nettles, 1991; Rhodes, 1994; Cahalan & Farris, 1990; Jacobi, 1991). There is a strong indication that, in general, mentorship programs lead to academic improvement (Atkinson, Casas & Neville, 1994; Cahalan & Farris, 1990; Jacobi, 1991) as well as improvement in self-confidence and attitude toward school (Flaxman & Ascher, 1992). Our model of classroom-based intervention builds on successful mentoring programs that have been based in schools (Flaxman & Ascher, 1992; McPartland & Nettles, 1991; Nettles, 1991; Wilde & Schau, 1991), using the school environment as a place where children can experience mastery and build their self esteem. In addition to stimulating school achievement and positive school attitudes, mentoring programs have successfully created relationships between adolescents and their communities (Watson, 1991).

Of particular interest to our project are the preliminary findings of a mentorship program focused on inclusion. While inclusion in general has not been addressed by mentorship programs in the past, a mid-year informal review of the "Mentor Supported School Success Program" in Dorchester County, Maryland, a program designed to include students displaying problem behaviors in regular classroom settings, has shown positive results (Whitaker & Votel, 1995).

However, while such programs have had success targeting specific issues (i.e., lowering dropout rates, improving grades, or providing role models) as yet there has not been a comprehensive mentorship program that has successfully addressed the multiple complex facets of the child's daily experience. No program has had the scope to encompass issues of school, home, community, and peers as they pertain to problems in youth. RALLY is just such a comprehensive model. Most mentoring programs occur outside the classroom, often with volunteers engaged in after-school activities. Such approaches have the disadvantage of not allowing the mentor to observe the child in the classroom or to establish plans that involve teachers and bridge emotional well-being, resilience, and skill-learning. An additional disadvantage is that the child prevention practioners are not part of the team of school professionals.

THE RALLY PROGRAM MODEL: THE NATURE OF THE MODEL, IMPLEMENTATION, AND EVALUATION

The RALLY program has two important elements that go beyond the mentoring programs described above. First, the prevention practitioners are not volunteers; they are staff members who receive regular supervision and training in issues related to working with children, families, and teachers. Second, the RALLY program is based not just in schools but in classrooms, where both the processes of learning and the interaction and with peers and teachers are integral to developing plans for academic and psychosocial support. In building on the strength of already successful mentoring models, the addition of both professional training on psychosocial issues and a focus on the multiple parts of the child's life heightens the chances of success.

The model of resiliency which this project is based on challenges the widespread notion of stress-resilient youth who do not show symptoms despite a great deal of adversity. In contrast, this model takes as the norm that children and adolescents who encounter stressful environments will typically react with problems but that their inherent developmental capacities, if supported, will help them in overcoming this adversity (e.g., Noam, 1995). Our approach targets adolescents in the context of school for several reasons. First, school practitioners find themselves working with adolescents who have a broader range of mental health problems than ever before. This trend can be explained by the movement away from a clear distinction

between clinical and 'normal' populations, as well as the larger political and economic forces that have created fewer opportunities for intensive institutional treatment of adolescents with mental health problems. Secondly, in the school context, it is possible to reach more children and to focus on prevention and early intervention. Thirdly, our child-centered approach responds to the problem that services offered to children are often fragmented. In the present Boston school system, children often do not attend school in their own neighborhood. Schools may have local services, such as mental health support, that are available to some children, but it can be difficult for schools to coordinate services with community based suppliers in the children's neighborhoods. In our program, prevention practitioners help to bridge the multiple worlds of school, home and community.

Risk and Prevention Training: Prevention Practitioners

The core prevention strategy employed in this model, utilizing the prevention practitioners, is based on the documented significance of adult supportive relationships as protective factors in high risk environments. We provide three essential services in order to provide these supportive adult relationships: 1) training and placing prevention practitioners in classrooms to work directly with students establishing relationships and supporting learning, 2) meeting weekly with teachers to facilitate both teaching strategies and professional approaches to students which emphasize relationship building, and 3) coordinating with families and any out-of-school services children may be receiving.

As prevention practitioners, master's students from the Risk and Prevention Program develop supportive relationships with at-risk children, ensuring that the availability of such relationships is not left to fortune, an essential step in creating buffers against problems. Role models are essential in young people's lives to strengthen the self and identity sufficiently to create internal, interpersonal protections against risk behavior. This model also builds on the documented fact that significant relationships do not have to be structured around weekly sessions but are often better organized around ongoing short, problem-solving encounters focused on resilience and prevention rather than on problems and pathology. Each prevention practitioner spends two days a week at the school and works specifically with one homeroom class and one teacher. Within the homeroom class, the prevention practitioners focus on four to five specific children who have been identified by the teachers as having serious learning difficulties or social and behavioral problems.

More specifically, the typical day for a prevention practitioner varies from working individually and in groups with identified children in the classroom, meeting individually with children to develop relationships and assess both academic and psychosocial risks, running support groups around topics such as peer relationships and meeting with teachers to think about alternative curriculum or teaching strategies. Within the context of

seeing the children on a regular basis in their daily interactions and the relationships they develop, prevention practitioners can observe children in the school setting and gather important knowledge about their lives at home and in the community. As such, prevention practitioners have aspects of the combined knowledge of teachers, tutors, social workers, and counselors which then enable them to relate to the children's multiple worlds of school, community, and family.

Teacher Support and Professional Development

To support students effectively, it is important to consider not only their individual strengths and limitations, but also to understand their problems in the context of the educational system. Sustainable change will take place only if the learning environments of these children can adapt to accommodate the full range of needs that all learners bring to the classroom. This means engaging core personnel, i.e. teachers, administrators, etc., both to share their observations, experiences and ideas and to draw on the educational and clinical know-how in theory, research, and practice of the university.

Teacher training and support has included not only the collaborative relationships with the prevention practitioners, but also clinical consultation. Over the past two years, the RALLY program director and site coordinator have met weekly with teachers discussing individual children, general mental health, and classroom concerns. The consultation goals have been to lead school staff in understandings of these children that take into account the complex motivations and contexts of problem behaviors. During this time, the teachers have shared their experiences with and knowledge of the children's behaviors and backgrounds to arrive at a jointly created picture of the child's strengths and difficulties. The teachers have impressed us with their consistent dedication and the amount of knowledge they have been able to glean from sparse sources. The next step in our work together will be to create and implement strategies for working with individual children that all six teachers in this unit will apply when working with that child.

This teacher training component allows prevention practitioners from Harvard to learn from the experiences and perspectives of teachers who work with students every day. In this context of reciprocal training, for example, we can learn about the kinds of instructional strategies that have worked more or less successfully with the at-risk students. At the same time, we can help teachers and administrators to not only better understand the frequency and severity of the problems children bring to school, but also to have more complete information about other services they are receiving from social workers and similar personnel who often do not report their work to the teachers.

The Pilot: Our Experiences over the Past Two Years

In the 1994-95 academic year fifteen children were enrolled in the RALLY program. During the 1995-96 academic year, 23 more children have worked with prevention practitioners in the classroom. The pilot targeted 12-year-olds who were initially recruited into the program via referrals from special and regular education teachers based on the children's behavioral and emotional problems and significant at-risk behavior, and later from the prevention practitioners working in the classrooms.

Through individual interaction, educational support, and outside school activities, we helped these children improve their academic progress and their bonding to school. These activities were guided by a set of procedures summarized in a manual (Noam, Winner, & Pucci with Eckert, Mayi & Theriault, 1996). This process of relationship formation has given us the opportunity to discuss with at-risk children their academic and personal needs. Despite their academic difficulties or lack of interest in school, these children welcomed the opportunity to work with the prevention practitioners and several of the children have formed close bonds with them. We found this to be true even for those youngsters who no longer identified themselves as active school attenders or "learners." In the short amount of time we have worked with these children, we have realized that this population is predominantly children with behavioral difficulties whose problems have reached a crisis level.

Two themes emerged in our work with Taft students: relationships and the significance of the family and community. The development of relationships is quite possible between practitioners and students; in fact, the children tend to become very attached to the practitioners who work with them. Moreover, these cases highlight the importance of understanding the family's perspective and trying to involve them in school life, since the adolescents' experiences at school and at home are often so different. Typical problems we have already encountered include learning difficulties, family disorganization, out-of-home residential placement, gangs, and in-school violence. Very few of the children we worked with had legal guardians who were their biological parents. As we increase the number of children we work with, we anticipate dealing with behavioral problems, delinquency, conduct problems, social isolation, sadness and depression, suicidality, neglect and abuse, and providing support to these children in establishing academic, social and behavioral skills.

Latanya and Gerald, described at the beginning of the paper, are examples of children with whom prevention practitioners developed relationships. Latanya's relationship with our prevention practitioner gives us a great deal of hope. She is an extremely capable student who cannot seem to find in her teachers individuals who she feels are worthy of respect and therefore worthy of working hard for. This type of zero sum game attitude is developmentally typical for children of this age, and her prevention practitioner, building on her knowledge of development, has been able to

command some of Latanya's respect. At the same time Latanya's violent temper often means that her teachers find it difficult to recognize the times she does work hard in class. Her prevention practitioner works to support both Latanya's work in class and the teachers' work in continuing to engage with Latanya. Gerald is also a bright and articulate child who has talked with his prevention practitioner at length about the moral dilemmas he faces in his life. The prevention practitioner who works with Gerald has focused on issues of fairness and his delinquency in and out of school.

The emphasis placed on establishing relationships with children and teachers has been an invaluable contribution to the long-term interests of the program, ensuring careful attention to the culture of the school. However, in the months left in the current academic year, we hope to expand our contact with families as well as our awareness of community services. While some activities have been conducted with the children outside of school and limited contact has been made with families, more of these activities are needed for the prevention practitioners to function as supporters of cohesion in these children's lives.

Evaluation

An important part of the RALLY program at Taft Middle School is evaluating how our program makes a difference for the children and teachers, as well as how the school-university collaboration has worked. Our methods are both qualitative (e.g., interview, observation) and quantitative (e.g., utilization of control groups and standardized psychometric instruments).

At the end of the 1994-95 year, the RALLY director and coordinators, Gil Noam and Kendra Winner, met with the adolescents who had participated in our program. In this group session, the students were able to talk about their experiences and to reflect on what had worked best for them. With reference to the prevention practitioners, we learned that the students liked the one-on-one attention, especially the help they received in the classroom, and that they would also like to receive help with homework and participate in after-school activities, such as going to the movies or watching a sports game together. Clearly, the focus on relationship-building and supporting students in academic and personal ways ranked high in their evaluation of our program.

At the end of last year, the students we worked with filled out forms which included a developmental instrument (Loevinger Sentence Completion Test), a general behavior checklist (Achenbach and Edelbrock), and a depression and suicidality scale (Beck). Evaluation of students was formalized this year. We repeated these measures with the at-risk students we worked with at the end of the year and collected these same measures both on children who were considered at risk but were not in the program and on children who were considered to be functioning well socially and academically. In addition to our tests, prevention practitioners will collect

other information about the students, such as their grades, test scores, discipline record, and other relevant information.

We also carried out a qualitative evaluation with teachers by meeting with them to reflect on the year. While the teachers were very positive about the program, they suggested that it would be helpful to identify the at-risk children as early in the year as possible and to establish regular, frequent communication between teachers and practicum students. For purposes of more formative evaluation, at the beginning of the second year we asked the teachers to define their expectations of the program. At the end of the second year we will ask the teachers to provide us with feedback in terms of how their goals have or have not been achieved.

Summary and Outlook

The RALLY program builds on existing prevention practices such as mentoring and tutoring. However, RALLY creates a distinct addition in establishing a new professional expertise of prevention practitioner, a school-based, systems approach to helping children in the context of their classroom experience, working with teachers and students, fostering changes in school climate and teaching style to support inclusion, and helping the child and the family access and navigate existing community health and mental health service. As this model evolves, it generates new knowledge and scholarship that hopefully will continue to enable us to make a positive contribution to the development of resiliency in at-risk youth.

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