

CHAPTER 1

Introduction to the Resilient Classroom

Resilient children are children who are successful despite the odds. Although they live their early years under harsh circumstances of deprivation, maltreatment, illness, or neglect, resilient children create successful lives for themselves. They earn advanced educational degrees, achieve successful careers, become financially stable, form happy and healthy families, and give back to their communities. Legends of resilient children are part of the fabric of American folklore. In fairy tales, Cinderella became a princess and lived happily ever after despite enduring years of her stepmother's abuse. The Horatio Alger novels inspired late 19th-century immigrants with rags-to-riches tales of impoverished youth who became wealthy entrepreneurs through diligence and hard work. A belief in personal resilience is captured in the common speech of our grandmothers who spoke of "pulling yourself up by your own bootstraps."

Developmental research on risk and resilience shows that such "bootstrap" legends are largely fictional. It is true that substantial numbers of chronically deprived children are successful despite the odds, but not because they single-handedly overcome risk. Instead, truly resilient children are vulnerable children who benefited from the caring, sustenance, and guidance of a community. In Emmy E. Werner's classic study of developmental disabilities, the children who overcame high-risk childhoods were those who had a close bond with at least one caretaker or had access to nurturing from other adults (Werner, 2013). Michael Rutter's study of the Isle of Wight showed that high-risk children were less likely to develop mental illness when they had effective parenting and positive adult models (Rutter, 2010). These resilient children had a committed and caring community pulling them upward into well-adjusted adulthood. In effect, it was the "child-in-community" who was resilient and not the child alone.

The premise of this book is that school classrooms can become resilient communities that provide essential support and guidance so that vulnerable children can learn and be successful. By drawing upon exemplary research in education, child development, and psy-

chology, we describe the characteristics of classrooms that comprise resilience. We explain why every school's mission of academic excellence makes it essential to embed these supports into resilient classrooms. Finally, we describe practical, data-based strategies that can infuse resilience into the fabric of classrooms' everyday routines and practices. Our ultimate goal is to reshape current understanding of the interface between schooling and children's mental health and to rethink existing strategies for supporting the success and psychological wellness of vulnerable children in schools.

WHY CHANGE CLASSROOMS INSTEAD OF KIDS?

North American schools are reeling under the pressures of meeting rising standards for academic excellence while educating large numbers of high-risk children. Of the 49 million children being educated in today's schools, 18% are living under conditions of abject poverty with the very real possibility that their family will not be able to pay the next month's rent or heating bills (Annie E. Casey Foundation, 2010). In 2008, 772,000 children were identified as physically or emotionally abused or neglected, and for 161,000 children the abuse was so harmful that the children were removed from their families and placed into foster care (Children's Defense Fund, 2010). One out of every five children meets the diagnostic criteria for at least one mental illness listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR; American Psychiatric Association, 2000; Hoagwood & Johnson, 2003; U.S. Department of Health and Human Services, 1999). Given these prevalence rates, the typical school classroom with 25 students is likely to have at least five children with significant mental health needs, four students living in poverty, and one child struggling with severe abuse. Schools located in communities of concentrated poverty, unemployment, crime, and violence will inevitably show even higher prevalence rates.

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Traditional models would address these needs with "change-the-kid" strategies: referring needy children into individual and group mental health services where the children learn to overcome their hardships through new understandings, improved social and coping skills, and strengthened self-management strategies. Developmental risk research raises questions about whether these traditional strategies can be effective in changing the developmental trajectories of high-risk children (Doll & Cummings, 2008; Hoagwood & Johnson, 2003; Knitzer, 2005). Even more important, national statistics show that most high-risk children are not served by community mental health or social service agencies (Hoagwood & Johnson, 2003; U.S. Department of Health and Human Services, 1999). Nationwide, there is a documented gap of 12–15% of school-age children who have urgent needs for mental health services but are not receiving them through community providers. Schools cannot hire enough school mental health professionals to meet the needs of these children in change-the-kid ways. Instead, this gap requires that schools find other ways to support

the social and emotional needs of vulnerable children so that they can learn and be successful despite their risk. A premise of this book is that alternative strategies will be more enduring and most successful when they are integrated into naturally occurring systems of support that are part of children's everyday lives.

Blueprints for designing natural supports can be found in existing research on risk, resilience, and effective schools. Longitudinal studies have shown that when children develop competence in the midst of adversity, it is because systems have operated to protect the child and counteract threats to development (Doll & Lyon, 1998; Werner, 2013). Characteristics of these systems are close and nurturing relationships between children and caretaking adults, access to successful adult models, support for children's self-efficacy, opportunities for children to practice self-regulation and set and work toward ambitious goals, support for warm and effective peer relationships, and "connectedness" within and among families and with formal and informal community groups that serve families. Similarly, James P. Comer's experience with impoverished inner-city schools taught him that the children need caring adults to support them and school environments that support the total development of the child (Comer, Haynes, Joyner, & Ben-Avie, 1996). Emory L. Cowen, initiator of the Primary Mental Health Project, described specific features of mentally healthy school environments: supporting secure attachments to adults, providing the child with age-appropriate competencies, exposing the child to contexts that enhance wellness, empowering the child, and preparing the child to cope effectively with stress (Cowen, 1994; Cowen et al., 1996). The tradition of Cowen's work is well represented in the activities and publications of the Collaborative for Academic, Social, and Emotional Learning (CASEL, 2003; Zins, Weissberg, Wang, & Walberg, 2004). Comer et al. (1996), Cowen et al. (1996), and CASEL have demonstrated success in raising the achievement of high-risk children by changing the social context of schooling. Subsequently, the National Research Council and Institute of Medicine's (NRC/IOM, 2004) comprehensive research review concluded that highly successful schools actively engaged their students in learning and personal growth by (1) fostering caring and supportive social communities of students and teachers, (2) maximizing students' expectations for their own success, and (3) promoting students' autonomy and self-regulation. Thus, multiple lines of inquiry across multiple research teams converge to demonstrate that high-quality relationships and autonomy-promoting practices protect children from some of the deleterious effects of social adversity.

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Still, prior work has emphasized buildingwide infrastructures that support effective practices. This book shifts that emphasis to the immediate classroom contexts where children spend much of their school day. Complex interactions between children and their classroom environments can maximize or diminish each child's success (Barth, Dunlap, Dane, Lochman, & Wells, 2004; Pianta, 2001). Thus, learning problems do not "reside" within the children but instead reflect a mismatch between the children and one or more of the features within their classrooms (Pianta & Walsh, 1996).

HOW CAN CLASSROOMS BE CHANGED?

A framework for fostering classroom change can be found in the ecological systems perspective on human development. This perspective describes each child as part of an integrated ecological system—the “child-in-classroom” (Bronfenbrenner, 1979). Obvious features of the ecosystem of any classroom include the teacher, students, and physical setting. In this book, we also include less apparent features of the ecosystem such as the families that students come from each morning and return to at the end of each school day; the surrounding school with its policies, routines, and practices; and the community within which the school resides.

Systems perspectives explain that classroom systems change through coordinated efforts of the teacher, students, parents, and others who are part of the classroom or visit it regularly. Neither the child nor the classroom can change without changing the other. When the changes made by the teachers, parents, and students complement and support each other, the changes can persist and have an enduring impact on the routines and practices of the classroom (NRC/IOM, 2004; Pianta & Walsh, 1996). Uncoordinated changes, such as those unilaterally imposed by teachers or other members of the system working in isolation, are likely to have unanticipated and unintended consequences for other aspects of the system. When this occurs, tension within the system draws it back into its former state and the change effort will have failed.

Consider the example of Lewis, a fourth grader with life-threatening asthma whose class was located in an open classroom “suite” alongside three other classrooms. Lewis’s potent asthma medication left him distractible, inattentive, and disorganized. His daily seatwork was rarely completed and, despite his high intelligence, he was assigned to the slower-paced groups for work in reading and mathematics. Lewis’s teacher sat him near her desk, apart from his classmates, so that he wouldn’t interrupt their work. In response, Lewis spent more time daydreaming and forgot even more of his work. The school nurse decided that his inattention was asthma related and established a reinforcement program so he would remember to come to the office twice a day for his medication and treatments. The program worked for 3 weeks, and then Lewis slipped back into forgetting. By the end of the year, Lewis had a reputation for being an intractable student who wouldn’t cooperate with staff efforts to help him.

Then, in his fifth-grade year, Lewis was assigned to a very different classroom. The class was organized around precise management routines. At predictable times each day, students would write assignments into their notebooks and take note of those that they had not yet completed. Seatwork instructions were always written in a standard location on one of the class chalkboards. Students were taught standard routines for frequent class activities such as taking a quiz, writing an essay, or checking a math paper. Class problem-solving meetings were used to develop planned activities during class recess periods, and problems were debriefed afterward. Desks were arranged in groups of four with ample space between every group. Students described their classroom teachers as “tough but cool.” By October, it was clear that Lewis was no longer a problem student. His work was usually complete and on time, he remembered to go to the office for his medicine, and class visitors

noted that he was usually engaged and on task. School lounge talk suggested that Lewis had finally matured—the extra growth over the summer months had “fixed” his distractibility and inattention. We pose another alternative: that the new class routines and relationships created a context that allowed Lewis to express his competence.

How can classrooms provide effective contexts for learning? Educators need to become a catalyst for coordinated change that advances the learning goals of classrooms. This requires that they (1) understand what makes a classroom a healthy place to learn, (2) recognize when essential supports are missing in a classroom, (3) intervene to strengthen those supports when necessary, and (4) demonstrate that their interventions have enhanced the learning and development of children in the classrooms. Strengthening supports requires knowing how to engage all essential members of the classroom in coordinated efforts to change the classroom ecology.

In this book, we apply a tested model for data-based problem solving to the task of ecological classroom change. Research has shown that effective behavior change occurs when there is a clear description of the problem; an identified goal for change; the collection of data before, during, and after the intervention; and a written plan for intervention (Burns & Symington, 2002; Gutkin & Curtis, 2009). The National Association of School Psychologists (NASP) recognizes the central importance of this framework for data-based decision making in its Standards for Professional Practice (NASP, 2006, 2010). As this model is applied to classroom change, ecological classroom interventions will be more effective when there are:

- Precise descriptions of necessary classroom supports that are specific and measurable.
- Data-based needs assessments that describe classroom environments before intervention and after improvement.
- Ecosystemic planning activities that involve teachers, students, and other classroom participants in hypothesizing why some resilience characteristics are deficient in the classroom, and articulating a step-by-step plan for change describing what will be done, when, and by whom.
- Interventions accompanied by evidence that the changes follow the plan and by data describing the classroom changes that occur in response to the intervention.
- Thoughtful and comprehensive comparisons of pre- and postintervention data that describe the classroom changes that were made and their impact on student success.

In many ways, this cycle of change resembles response-to-intervention (RTI) frameworks that schools use to systematically examine the impact of individual student interventions on students' academic or behavioral deficits (Brown-Chidsey & Steege, 2005; Burns & Gibbons, 2008). Resilient classrooms' data-based decision making targets improvements at the level of classrooms while most RTI decision making targets individual students. Still, the two frameworks are highly compatible. Many students' disturbances in learning, behavior, or academic engagement could be minimized if resilient classrooms strategies were used at universal levels in schools, reducing the total number of students who need RTI programs or raising the likelihood that these programs will succeed. At the same time, the

need for individual programs will never totally disappear. Some students will continue to struggle with learning, behavior, or academic engagement even in highly resilient classroom learning environments, and individualized RTI programs will still be required for those students. Combined, resilient classrooms and RTI strategies respect the systemic character of school classrooms with their multiple participants (adults and children) and interlocking responsibilities for students' academic, behavioral, social, and personal success.

This model for change also borrows heavily from universal prevention programs that have emerged within the past two decades to promote the social, emotional, and psychological wellness of students (Doll, Pfohl, & Yoon, 2010). In schools, these programs are frequently represented by variations on the prevention "triangle" or "pyramid." At the universal level, all classrooms in a school could be screened to describe the supports that they provide for students' school success. At the second level, classrooms with one or more missing or deficient support would participate in the resilient classrooms change activities. If significant impairments in classroom supports continued after two or more cycles of classroom change, teachers could decide to implement a manualized, evidence-based intervention or secure additional resources. At each level, decisions to engage in more ambitious classroom change procedures would be supported by local data describing ongoing classroom needs.

HOW WILL THIS BOOK HELP?

This book prepares school psychologists, teachers, administrators, school counselors, school social workers, and other educators to be catalysts for creating resilient classrooms that support academic success for all students. Toward this goal, Chapters 2, 3, and 4 draw upon existing developmental and educational research to describe resilient classrooms including classroom characteristics that support optimal conditions for learning and the classroom practices and activities that support the features in classrooms. Chapter 5 describes ways to assess these elements of resilient classrooms. We emphasize assessment strategies that are brief, are practical, and can be used repeatedly in order to track changes over time. Chapters 6 and 7 explain how to use the assessment data to engage all of the classroom's participants in understanding its strengths and limitations and contributing to a promising plan for classroom change. Chapter 8 describes intervention strategies for strengthening classroom relationships and supports for autonomy, as well as identifying and evaluating intervention strategies that emerge from other research. Chapter 9 explains how to evaluate the impact of classroom changes on students' school success and how to keep other stakeholders informed about the classroom's resilient classrooms activities. Finally, Chapter 10 describes the integration of these change-the-classroom strategies into existing school mental health services that emphasize change-the-kid strategies. Case studies distributed throughout the book show how these strategies have been used by actual educators in their daily work. Copies of the ClassMaps Survey and resilient classroom worksheets are available in the appendices.