DOCUMENT RESUME

ED 380 722 CG 026 102

TITLE Framework for an Integrated Approach to Student

Services Prevention and Wellness Programs.

INSTITUTION Wisconsin State Dept. of Public Instruction, Madison.

Div. for Learning Support.

PUB DATE Aug 94 NOTE 18p.

PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC01 Plus Postage.

DESCRIPTORS Adolescents; *Ancillary School Services; Children;

Curriculum Development; Educational Environment; Elementary Secondary Education; *Prevention; *Pupil Personnel Services; *School Community Programs; *School Health Services; *Student Development; Well

Being

IDENTIFIERS *Student Support Services; Wisconsin

ABSTRACT

In many school districts, student services and instructional programs designed to address youth risk behaviors have tended to operate in isolation due to their being organized around categorical funding and professional disciplines. The framework outlined here is a multistrategy approach which seeks to organize schools' efforts to address the entire range of youth risk behaviors. This organization is fostered by linking youth risk behavior service delivery, associated models and orientations, and professional disciplines. The central concept of this framework is its ability to encompass existing models and orientations. The framework's goal is to help students become resilient and successful lifelong learners. Each explanation of the framework's various components covers three areas: (1) definition and examples; (2) contributions to the framework; and (3) connections to other parts of the framework. The various frameworks discussed here include school environment, curriculum and instruction, pupil services, student programs, school-community connections, adult programs, and the school-community advisory council. Some common questions concerning the community's role in this framework, and whether or not school districts are expected to adopt this framework are answered and a list of related readings appears in the back. A list of team member names and phone numbers is also provided. Contains a list of related readings. (RJM)

રે છે. કે છે. ક



Reproductions supplied by EDRS are the best that can be made

from the original document.

FRAMEWORK

for

An Integrated Approach to

STUDENT SERVICES PREVENTION AND WELLNESS

PROGRAMS

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

G. DOYLE

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."



U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

- ① This document has been reproduced as received from the person or organization originating it.
- Minor changes have been made to improve raproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Wisconsin Department of Public Instruction John T. Benson, State Superintendent Madison, Wisconsin



Division for Learning Support: Equity and Advocacy

Division Administrator:

Juanita S. Pawlisch, Ph.D.

Division Directors:

William Erpenbach, Divisionwide Planning and Process Paul Halverson, Divisionwide Budget and Data Management Nancy Holloway, Divisionwide Policy and Human Resources

Team Leader:

Michael Thompson, Team Leader Student Services/Prevention and Wellness (608) 266-3584

The Wisconsin Department of Public Instruction does not discriminate on the basis of sex, race, religion, age, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation or physical, mental, emotional or learning disability.



Framework for Student Services, Prevention and Wellness

August 1994

BACKGROUND

Historically in many school districts, student services and instruction designed to address youth risk behaviors have been organized around categorical funding and professional disciplines and may have operated in isolation of each other. Specific youth risk behaviors and/or school professions are sometimes associated with a particular model (e.g., Developmental Guidance, Wisconsin Model for a Comprehensive AODA Program, Comprehensive School Health) or orientation (e.g., prevention, health and wellness, youth development, or resiliency). In some cases, individuals and programs within school systems may have a great deal invested in a particular model or orientation. The result has often been parallel programs with great potential for duplication of and gaps in services and instruction as well as barriers to integrated programming.

On January 13, 1994, 134 district administrators and other educators from 98 school districts and 10 CESAs gathered in Stevens Point to discuss this issue and begin to address ways to strengthen efforts to reduce youth risk behaviors through collaboration and integration. They generally depicted school systems and communities attempting to serve high risk children as disconnected, overworked and frustrated. Other themes addressed the need for change and "to put the pieces together." Three major challenges emerged during discussions that centered around effectively dealing with youth risk behaviors:

- Inflexibility of categorical funding that is targeted to reduce the risk for specific behaviors;
- Collaboration and coordination issues within the school setting and between the school and the broader community; and
- Lack of time and adequate resources to effectively deal with the rising number of young people facing youth risk behaviors.

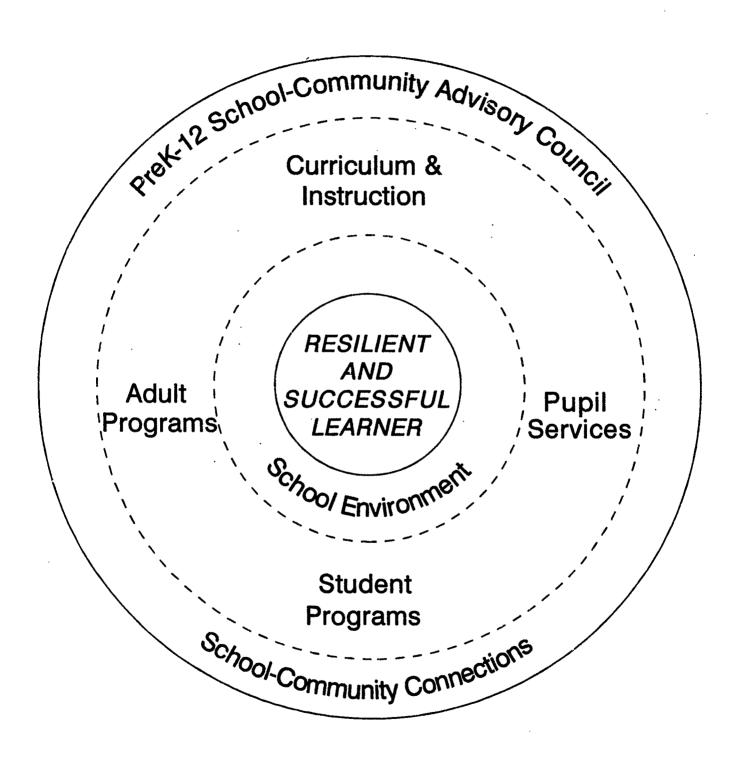
In response to these concerns and challenges, the framework developed by the Student Services/Prevention and Wellness Team (formerly the Bureau for Pupil Services) integrates the common prevention, health and wellness, youth development and resiliency strategies linking youth risk behavior areas and their associated service models. The long term goal is to help school districts begin to integrate all youth service delivery with a common framework that is connected to the total school environment. Conceptually, the framework is being developed to:

- Build on and enhance efforts that currently exist and are effective;
- Maximize the use of categorical funds into a more integrated approach to efforts that reduce youth risk behaviors;
- Assist schools to articulate and define their role and capacity in reducing youth risk behaviors in collaboration with families and communities;
- Maximize resources and utilize a coordinated, cross-disciplinary team approach to plan and implement services that reduce youth risk behaviors; and
- Recognize the interconnectedness among youth risk behaviors when defining effective strategies in a school setting.

Youth risk behaviors include but are not limited to the following: violence and aggression; sexual behaviors that result in pregnancy, STDs/HIV/AIDS; alcohol, tobacco and other drug abuse; suicide; intentional and unintentional injuries; unhealthy dietar, patterns; and sedentary lifestyles.



FRAMEWORK FOR STUDENT SERVICES, PREVENTION AND WELLNESS



LEARNING ENVIRONMENT CONCERNED WITH THE WHOLE CHILD



FRAMEWORK FOR STUDENT SERVICES, PREVENTION AND WELLNESS

The Framework for Student Services, Prevention and Wellness is a multistrategy approach which seeks to organize a school's efforts to address the entire range of youth risk behaviors into a comprehensive and integrated framework which is an integral part of the school's overall mission. Central to the concept of this framework is its ability to encompass existing models and orientations discussed earlier in the first paragraph of the Background section. The framework does not dictate any of them as being primary and can serve as a vehicle through which people with different models and orientations can come together at a common table.

The ultimate goal of this framework is to help students become resilient and successful lifelong learners. Resilient youth are able to succeed, thrive and remain healthy even in the midst of major problems and challenges. These learners are nurtured in a learning environment that is concerned with the whole child. Schools strive to achieve a positive learning environment which may be characterized by some or all of, but not limited to, the following elements: a local vision and leadership, school teams utilizing shared decision-making, student information and input, village partnerships, outreach to parents and community, integrative learning approaches, support for extracurricular opportunities, equity across all programming, and smooth school to work transitions. While these features are not traditionally viewed as prevention programs, they do contain elements which promote protective factors in the school environment. Protective factors are those conditions within the environment which help prevent youth risk behavior involvement. These include caring relationships, high expectations, and opportunities for meaningful participation.

The Framework for Student Services, Prevention and Wellness recognizes that youth risk behaviors are complex and interrelated. There are no easy or simple solutions. Given that each local community has its own unique configuration of problems and resources, it would be impossible to prescribe the "best" approach for every school system, as there are many means to any end.

This framework links youth risk behavior service delivery, the associated models and orientations, and professional disciplines. The Department of Public Instruction will work with school and community members to define and shape the framework and how the department administers related programs in order to be responsive to schools and communities as they seek to integrate youth risk behavior service delivery.

Explanations of the framework components follow with each section addressing three areas: definition and examples, contributions to the framework, and connections to other parts of the framework. The use of dotted lines and lack of divisions is designed to communicate the fluidity of the framework and connections between the components and to the larger overall learning environment. Using a team approach, a continuum of services involving multiple strategies is developed which builds connections among youth programs; across pupil services and academics; between school, family and community; and with special education. Every component is mutually interdependent, interactive, and equally as important.



6

SCHOOL ENVIRONMENT

What is it?

A healthy school environment includes the culture and climate that exists within a school that supports the physical, mental, emotional and social well-being of all its members. The school environment gives importance to healthy staff and students and makes connections between healthy children and learning. A clear vision and mission of what embodies the school's values and purpose regarding the health of children gives shape to the healthy school environment. Examples include:

- A school vision and mission statement that recognizes and articulates a role for schools in supporting the health of children;
- Policies and practices which clearly are designed to carry out the vision and mission of the school and which support healthy children; and
- Provision of opportunities which include students in shaping the decisions that affect their school lives.

Contributions

The healthy school environment is not a program but a result of all the experiences that impact on the school. The environment is built through the everyday business of school life. A healthy school environment goes beyond the classroom and includes the playground, hallways, school bus, and any school interaction or activity. It is shaped and created by all those who interact in this environment including students, teachers, administrators, coaches, pupil services staff, parents, custodians, etc. The healthy school environment is uniquely interrelated and connected to an effective learning environment. Schools that have a strong vision and mission for healthy students can utilize norms for effective schooling (i.e., collegiality, high expectations, open communications, recognition) or school improvement to enhance the health of children.

Connections

A positive, caring, and supportive school environment can have a large impact on the effectiveness of any component piece within the framework. The school environment provides fertile ground with which programs, strategies and activities can grow and truly be interconnected around a common purpose. A healthy school environment provides the substantive meaning to what is being taught in Curriculum and Instruction and provided in Pupil Services and Student Programs, as well as Adult Programs and School-Community Connections. It is the context within which all the component pieces interact. Without a positive, healthy school environment, Curriculum and Instruction and other strategies and programs will have little impact.



CURRICULUM AND INSTRUCTION

What is it?

Curriculum and instruction involves planning and implementing a sequential and developmentally appropriate PreK-12 curriculum that deals specifically with all important health and safety issues. The curriculum transcends any one single discipline to be delivered in an integrated, multidisciplinary approach. The specific content of a curriculum dealing with the health and safety issues children and families face is determined by the school's mission and vision. In other words, if the school believes it shares responsibility for preventing AIDS/HIV infection, that acceptance demands that AIDS/HIV becomes a part of the curriculum. As a result, health issues become part of the day to day learning experience for students. Curriculum development coordinates and integrates classroom instruction specific to the well being of students and families.

A second feature of this component is instructional and assessment methods which help students develop a love of learning and commitment to life-long health and safety. Curriculm goals and classroom methods should develop social skills, critical thinking, and self-reflective capacities that go beyond acquisition of knowledge. Such methods help students understand deeply the challenge of adopting health promoting behaviors and assess their ability and willingness to do so. For example, rather than merely role playing refusal skills in the classroom, students would be expected to practice and assess their ability to use that skill in daily life in a variety of situations. In other words, the instructional and assessment methods are performance-based and connect classroom content to students' lives outside the classroom.

Contributions

Teaching is the most basic function schools provide. Inclusion of health and safety issues in the curriculum is fundamental evidence the school believes that addressing health issues is as important as reading, writing and arithmetic. In addition, when included in the curriculum delivered by all teachers, rather than only by specialists, it increases students' opportunities for developing health-promoting behaviors. More indirectly, the manner in which the curriculum is provided and learning assessed contributes to a school environment that communicates high expectations for all students and a belief that all children can learn and are of value.

Connections

As previously stated, School Environment is shaped, in part, by the instructional methods and degree of youth involvement in learning. Student Programs support classroom learning, enrich it and can give students a way to contribute to school programming by applying the skills they are learning. School-Community Connections are essential to form as the curriculum is developed and delivered. Community members ought to help develop the goals of instruction and support and model these goals. Pupil Services support student learning. These staff members are resources to classroom teachers in the development, delivery and evaluation of the curriculum. Much like school-community connections, Adult Programs help adults to role model the desired outcomes of curriculum. Adult role models are a strong influence on student learning, often more so than direct instruction itself.

8



PUPIL SERVICES

What is it?

This component is defined as the four core disciplines of school psychology, school social work, school counseling, and school nursing which are organized as a collaborative team with a systematic procedure for regularly scheduled team planning opportunities in order to provide leadership and coordination of the various student services programs and other system-wide activities which impact student learning. This component:

- Consists of multilevel strategies including services to individual students and various programs, and for assisting schools in improving systems which affect children's learning and development;
- Is accessible and responsive to all students across age and grade, and serves the physical, emotional, social, and mental health needs of children; and
- Interfaces with families, community agencies, and other school staff to collaboratively address student needs.

Examples of this component include multi-disciplinary, building consultation and crisis intervention teams; liaison activities between schools, families, and the community; implementation of the Wisconsin Developmental Guidance model; individual counseling and support groups; and program development.

Contributions

Contributions of the pupil services team are based upon advanced training and preparation specific to the physical, emotional, social, and mental health developmental needs of children within the context of the educational system. Strategies provided are broad-based (families, schools, and communities) and designed to help strengthen the connections between the other framework components. Pupil services staff function as a liaison between classroom teachers, families, and community resources to meet the needs of children. They possess the training, preparation, and program development skills to anticipate and plan for the future system needs of children (e.g., alternative education).

Connections

6

The Pupil Services team component connects to all other components in the framework by providing leadership, coordination, collaboration, and technical assistance as these components impact on the physical, emotional, social, and mental health needs of children.



STUDENT PROGRAMS

What is it?

Student programs are selected by or provided to students based upon specific student needs or preferences related to their health and wellness. The are a number of elements to this component of the framework.

- Participation is voluntary and open to all students with specific preferences or needs. Students apply and develop knowledge and skills which transcend personal gain or benefit through leadership, contribution to the school-community environment, and support of fellow students.
- A strong focus is on developing life skills, mutual support and assistance, and alternatives to risk behavior.
- Activities and services stress relationships with other students and adult role models, in pairs, small groups and large groups. Adults help facilitate these interactions. Examples of student programs include student assistance programs (SAPs), peer programs, mentor programs, and clubs and activities which focus on prevention, health, and wellness.

Contributions

Student programs can help address students' physical, emotional, social and cognitive needs which are foundations for life-long health, learning and success. They help students connect to the school and community. Students experience the value of working to achieve goals beyond personal, self-centered needs and being perceived as a resource and role model to other students. Adults are able to interact with students in a less structured, less directive manner. Early intervention with students in such group settings can be done much more efficiently than individual services.

Connections

Student programs complement the Curriculum and Instruction component. The connections between what is taught in the classroom and what is practiced or applied in student programs should be clear to both students and staff. These programs can be used to help identify important School Environment problems, providing important channels of student input and feedback, and then help correct these problems by facilitating students to focus peer group efforts on problem-solving through special projects, activities, mini-grants, etc.

The primary focus of many student programs is related to the School-Community Connections component in the form of community service projects. Community contributions are often essential to the operation of student programs through volunteers, money, facilities, food and other incentives. Student programs can serve as an avenue to assess needs and change conditions in the community. These channels of student input and feedback can be used to improve community services for both students and families (e.g., summer recreational opportunities).

Staff involved in **Pupil Services** are often experts in the type of facilitation skills needed to guide student program efforts, particularly small groups. Pupil services staff can provide an important resource both in training students and in training other school staff and community volunteers to facilitate student groups and activities.



SCHOOL-COMMUNITY CONNECTIONS

What is it?

School-community connections consist of the various formal and informal working relationships between schools, the community, and the people that live and work within them which involve coordination, cooperation and collaboration on health and prevention issues. One of the key ingredients to successful school-community connections is an understanding that working together is a two-way street. All parties should have a common understanding of shared responsibilities and goals consistent with the task at hand. School personnel can participate on county adolescent health councils and in youth detention program planning. Likewise, nurses and physicians from the closest hospital or clinic can be part of the school planning process for any school health services considered. This type of two-way planning helps to ensure that school and community programs for youth are complementary. The goal is to connect different systems and possibly create new ones.

Another aspect of school-community connections is linking with other community institutions. For example, state law requires children attending school to be immunized. Connecting with the local health department to offer immunizations at the school keeps children in school, helps parents comply with the law and reinforces the message from the school and community that the health of children is important. This type of shared service delivery epitomizes two-way connections and cooperation. Use of police-school liaison officers can enhance the safety of the school environment and help children to see police officers as supportive and approachable.

Contributions

In the majority of Wisconsin's school districts, the school is the focal point of the community. Oftentimes, the school district is the community's largest employer. So, without community support for school programs and activities, success is difficult, if not impossible to achieve. Messages youth receive from the community can inhibit or enhance the school's efforts in prevention, wellness and youth development. For example, if healthy, physically active students is a school goal and the community has no related programs, achieving the goal is difficult. Students may also receive the message that the school's goal is unimportant if there is no community support. If the school has an AODA curriculum and student AODA programs, then the message from the community about alcohol and drug use must be consistent with that of the school.

Connections

School-Community Advisory Council. Comprised of different voices from the community, this group may advise the school on a variety of programs to ensure they are consistent with community values, needs and norms. Adult Programs can range from a class for parents on dealing with adolescence to opening the gym and pool or allowing walking in the corridors in the winter for community members during non-school hours. Community organizations, parents and other caregivers, and police-school liaison officers can provide direct and indirect support to Curriculum and Instruction and Student Programs. To maximize their potential, schools must be connected to the community. Working with the community and in the community will help to ensure the necessary partnerships for well-rounded, positive youth development.



8

ADULT PROGRAMS

What is it?

Adult programs provide information and support to adults directly involved in the care and education of students. Elements of adult programs include:

- Continuing education opportunities for staff, parents and caregivers, and interested community members.
- Programs and strategies which specifically target and involve parents and caregivers in a variety of ways. Examples include parent education and training as discussed above, support groups, parent networks, participation in advisory groups, parent-teacher organizations, and instructional and program support that assist parents in understanding and dealing with various health issues facing children.
- Employee assistance and wellness programs.

The true challenge for schools when developing their adult programs lies in identifying the needs and means to motivate all adults to get involved in meaningful health promotion and increased parent involvement.

Contributions

Staff development, parent education and training, and community education provide the necessary knowledge and skills for people to fulfill their roles as prevention agents for children. A range of parent programs and strategies can offer parents and caregivers opportunities to be service providers and advocates as well as consumers. Parent involvement with the school models congruent behavior for the child in his/her two most important environments and is the single best predictor of school success. Employee assistance and wellness programs support adults so they can support children. Healthy adults who manage the stress in their lives well are able to model the behaviors we hope youth will adopt as their own.

Connections

All of the elements of adult programs should be coordinated through the School-Community Advisory Council. Parents and caregivers should be represented on this group and can be part of strong School-Community Connections. Properly trained, parents and caregivers are able to serve as classroom instructors and student group leaders, linking with the Curriculum and Instruction and Student Programs components, as long as they receive the necessary support of professional educators.

Employee assistance and wellness programs are important to developing and maintaining a positive and nurturing School Environment. The school district is then modeling the same care and support for its staff that it wants its staff to provide for students. Adults who act in unhealthy ways give students mixed messages which contradict what is taught through Curriculum and Instruction. EAPs typically establish linkages with community-based agencies for purposes of referral; these linkages may be part of broader overall joint school-community efforts.

1



SCHOOL-COMMUNITY ADVISORY COUNCIL

What is it?

The School-Community Advisory Council is the body of individuals that coordinates the services, programs, and strategies developed to address youth risk behaviors. The elements of this component are as follows:

- Clear sense of mission and role Members need to understand and accept their role as
 advisory to the school board and administration on issues related to prevention, health and
 wellness, and youth development. Possible issues that could be addressed by the council are
 policy, budget, service delivery and evaluation.
- Multi-culturally sensitive The membership of the advisory council should reflect the diversity of the community. This representativeness should take into consideration ethnic, gender, religious, age, socio-economic, handicap, and other differences that exist within the community that the school serves.
- Multi-disciplinary inclusive Drawing from the skills and interests of the community is essential in selecting members of the advisory council that can best serve its identified needs. Education, health care, human service, law enforcement, clergy, business & industry, parent and student representatives should all be included.

Contribution

The unique contribution that this component makes to the overall framework is in the ability of the advisory council to connect and coordinate the efforts of everyone working towards the positive development of youth, their health and wellness and the prevention of youth risk behaviors. The advisory council can provide long range program planning, enhance communication between service providers from a variety of disciplines, represent diverse points of view, and increase the potential resources and impacts on problems.

Connections

The school-community advisory council connects or relates to all of the other components of the framework in that it can advise on and provide oversight to the other components. Additionally, the council may have responsibility for the evaluation of all components under the framework. The philosophy adopted by the body will drive the work of the key people involved in service delivery and contribute to greater coordination between the various individuals and groups. It is critical that all roles and functions of the council are determined and sanctioned by the school board and the administration.



10

COMMON QUESTIONS AND ANSWERS

1. The youth risk-focused and the resiliency models have been presented by some as being essentially incompatible, forcing schools to select one or the other as a primary orientation. How is it that the Framework for Student Services, Prevention and Wellness attempts to encompass both?

Effective prevention and early intervention strategies can use **both** risk and resilience. By aiming to both reduce risk factors and enhance protective factors, schools can better aid students than if only one of these approaches was used. The two complement each other. Used together they lead to more comprehensive prevention and early intervention systems. (Gibbs, J. and Bennett, S. "Together We Can Reduce the Risks of Alcohol and Drug Abuse Among Youth." Seattle, WA: Comprehensive Health Education Foundation, 1990.)

The risk model holds that the greater the number of risk factors in a young person's life, the higher the chances that he or she will be involved in risk behavior. Risk factors include low commitment to school, economic and social deprivation, poor social skills, and anti-social behavior.

The resilience model holds that the greater the number of protective factors in a young person's life, the higher the chances that he or she will succeed and remain healthy. Protective factors consist of both individual and environmental assets. Individual assets include social competence, problem-solving skills, autonomy and a sense of purpose and positive future. Environmental protective factors include caring relationships, high expectations, and opportunities for meaningful participation.

2. What is the role of the community in this framework?

Children live in families; families live in communities. To help children, input from the community is essential. To maximize limited resources, it is important that schools and the community collaborate. An example of a way for the community to provide input to the school district is through the PreK-12 School-Community Advisory Team. The elected school board members, in concert with the administration, can lay out the general direction the district intends to go. Community members help to fine tune and spell out the details of the plan. They may also work with specific programs and activities.

Schools invariably reflect the community in which they are located. A collaborative approach to completing a community's needs assessment ensures broad input about the health, education, and social services needs of children. It also enhances the likelihood of solid community support for change.

3. Will school districts be expected to adopt this framework in lieu of any existing models they may have their current programs and services organized around?

This framework is not intended to replace any existing, successful programs or models currently operating in school districts. Rather, the intent is to help schools build on and enhance what they are currently doing well by providing an example which may be used to help assess their current status relative to an integrated services approach. Because of the integrated nature of the framework, it may be used as a communication tool between people operating within different models, orientations and programs.



4. How can school districts maintain the integrity of categorical funding requirements but still provide an integrated approach to youth risk behaviors?

Categorical funding structures how school districts may spend these dollars. However, in certain circumstances these funds may be pooled for common activities. In addition, one source of categorical funds may put in place a program or infrastructure for its particular, targeted youth risk behavior (e.g., alcohol and other drug abuse) which may also be appropriate to address other youth risk behaviors. It is best to speak directly with the agency responsible for administering the categorical funds (e.g., Department of Public Instruction) when seeking to integrate use of categorical funds to ensure all requirements are met.

5. What is the role of CESAs in this framework?

Several CESAs have already begun work on integrating youth risk behavior prevention programs. The Student Services/Prevention and Wellness Team's goal is to form partnerships with the CESAs in a joint effort to move toward a more integrated approach to youth risk behavior service delivery. As with any area of program development, the CESAs are a valuable resource to both local school districts and communities, as well as the Department of Public Instruction.

6. What will DPI do to support school districts in establishing this framework locally?

A summer institute was conducted for school-community teams to provide specific training toward this end and may be replicated in the future. Consultants on the Student Services/Prevention and Wellness Team are available to provide technical assistance. This team will continue to examine ways for school districts to integrate funding sources. Staff development and other programs sponsored by the team are evolving to support a more integrated approach.

7. How does this framework connect with other restructuring efforts our school district may be undertaking?

Many school districts are already in the midst of restructuring efforts, such as connecting curriculum across academic areas. These processes are more likely to be ultimately successful if common efforts are coordinated.

8. How do other school-based programs (e.g., Chapter I, English-as-a-Second-Language, etc.) relate to this framework?

Whether or not explicitly featured within the Framework for Student Services, Prevention and Wellness, linkages between related programs and activities should be made to the extent it is appropriate. Any programs which help to make up a learning environment which is concerned with the whole child are, in reality, contributing to effective prevention. For instance, while school-to-work apprenticeships and diploma endorsement (where the school and local businesses work together and identify essential items necessary for graduation) may not specifically address health issues, they support youth development. These linkages may best be coordinated through the School-Community Advisory Council.



9. How does the Framework for Student Services, Prevention and Wellness complement the new Wisconsin Learner Outcomes?

Several of the Wisconsin Learner Outcomes can be used to develop educational activities to enhance the goals of youth development and youth risk reduction and avoidance as promoted through the Framework for Student Services, Prevention and Wellness. These are listed below.

- Make informed decisions by examining options and anticipating consequences of actions.
- Transfer learning from one context to another.
- Recognize, define, and solve a problem.
- Defend a position by combining information from multiple sources.
- Recognize when a need for specific information exists and demonstrate the ability to locate, evaluate, and use the relevant information.
- Identify personal interests and goals and pursue them.
- 10. How does the Framework for Student Services, Prevention and Wellness fit with the overall DPI restructuring?

The Framework for Student Services, Prevention and Wellness complements the overall changes being implemented internally at the DPI. One broad goal of the DPI restructuring is to help the agency's employees make connections with each other and then work together. The teaming that is an essential element to the restructuring is, likewise, crucial to the Framework for Student Services, Prevention and Wellness.



16

Division for Learning Support: Equity and Advocacy Management Team

Juanita S. Pawlisch, Assistant Superintendent	608-266-1649
William J. Erpenbach, Director, Divisionwide Planning and Process	608-267-1072
Paul T. Halverson, Director, Divisionwide Budget and Data Management	608-266-7921
Nancy F. Holloway, Director, Divisionwide Policy and Human Resources	608-266-8960
Joan Meier, Program Assistant	608-266-8960
Karen Miller, Program Assistant	608-266-6439
Sharon Stark, Program Assistant	608-266-1781
Diane Sullivan, Program Assistant	608-267-1072

Student Services/Prevention and Wellness Team

Michael Thompson, Team Leader	608-266-3584
Sue Awve, Program Assistant	608-267-3751
William Berkan, Consultant, School Social Work Services	608-266-7921
Shari Blasdel, Program Assistant	608-267-9238
Jackie Brashi, Program Assistant	608-266-4447
Ken Brittingham, Consultant, Counseling and Guidance	608-266-2829
Sharon Brugger, Program Assistant	608-267-9239
Kim Dahlk, Program Assistant	608-267-9354
Nic Dibble, Consultant, Alcohol and Other Drug Programs and School Age	60×-266-0963
Parent Programs	
Linda Diring, Program Assistant	608-266-5197
Cindy Ericksen, Consultant, School Nursing and Health Programs	608-266-8857
Steve Fernan, Consultant, Alcohol and Other Drug Programs	608-266-3889
Susan Fredlund, Consultant, Alcohol and Other Drug Programs	608-267-9242
Luann Gerth, Project Director, Drug Free Schools Personnel Training Grant	608-267-5078
Karen Jensen, Program Assistant	608-267-9240
Teresa Johnson, Program Assistant	608-267-3752
Mary Kleusch, Consultant, Alcohol and Other Drug Programs	608-266-7051
Sean Mulhern, Consultant, School Psychological Services	608-266-7189
Joe Quick, Comprehensive School Health Program Project Director	608-267-9187
Carla Reynolds, Program Assistant, Drug Free Schools Personnel Training Grant	608-267-3726
Vacant, Consultant, Human Growth & Development	608-267-3725
Randy Thiel, Consultant, Alcohol/Traffic Safety Education Programs	608-266-9677
Mary Jo Venne, Program Assistant	608-266-2158
Lori Weiselberg, Consultant, AIDS/HIV/STD Prevention	608-267-3721
Doug White, Consultant, Prevention Education	608-266-5198
2008 William Committee, I Intellite Landation	000-200-2170

The Student Services/Prevention and Wellness team employs an integrated services model as its strategic framework. The team provides inservices training and technical assistance in the development and implementation of programs and services that help students in their social, personal, health, educational, and career development. Included are counseling and guidance, nurse, psychological and social work services, alcohol and other drug abuse, and alcohol and traffic safety. A variety of prevention education programs are administered by this team and comprehensive school health program initiatives are promoted.



RELATED READINGS

- Benard, Bonnie. "Fostering Resiliency in Kids: Protective Factors in the Family, School, and Community." Western Center for Drug-Free Schools and Communities, August, 1991.
- Benard, Bonnie. "Neighborhood Organizations as 'Places of Hope.'" Western Center News. June, 1994, Vol. 7, No. 3.
- Brooks, JG and MG Brooks. "In Search of Understanding the Case for Constructivist Classrooms," Association for Supervision and Curriculum Development, 1993.
- Bogenschneider, K., S. Small, and D. Riley. "An Ecological, Risk-Focused Approach For Addressing Youth-At-Risk Issues." Chevy Chase, MD: National 4-H Center, 1991.
- Bruner, Charles. "Thinking Collaboratively: Ten Questions and Answers to Help Policymakers Improve Children's Services." Midwest Regional Center for Drug-Free Schools and Communities. August, 1991.
- Dryfoos, JG. "Adolescents At Risk." New York: Owford University Press, 1990.
- Greenburg, Polly. "Parents as Partners in Young Children's Development and Education: A New American Fad? Why Does It Matter?" Young Children. May, 1989.
- Kolbe, Lloyd J. "An Essential Strategy to Improve the Health and Education of Americans." Preventive Medicine 22. 1993.
- McIntyre, K., D. White, and R. Yoast. "Resilience Among High Risk Youth." Wisconsin Clearinghouse: Madison, WI: 1990.
- Melaville, Atelia I., Martin J. Blank and Gelarch Asayesh. "Together We Can: A Guide for Crafting a Profamily System of Education and Human Services." U. S. Departments of Education and Health & Human Services. April, 1993.
- National Association for School Nurses, Inc. "School Nursing Practice: Roles and Standards." Scarborough, ME: National Association of School Nurses.
- National Association of School Psychologists. "Best Practices In School Psychology II." Washington D.C.: 1990.
- Perry, CL. "Community-Wide Health Promotion and Drug Abuse Prevention." Journal of School Health. 1986, 56(9): 359-363.
- Pittman, Karen J., Raymond O'Brien & Mary Kimball. "Youth Development and Resiliency Research: Making Connections to Substance Abuse Prevention." Midwest Regional Center for Drug-Free Schools and Communities. February, 1993.
- Pittman, Karen J. and Michelle Cahill. "Pushing the Boundaries of Education: The Implications of a Youth Development Approach to Education Policies, Structures and Collaborations." Midwest Regional Center for Drug-Free Schools and Communities. July, 1992.
- Prevention Pipeline. "Resilient Communities: What They Look Like, How to Get There," *Prevention Pipeline*. 6(6), November/December, 1993.
- Tobler, N. "Adolescent Drug Prevention Programs Can Work: Research Findings," Paper presented at Parsons/Sage Fall Institute, Albany, NY: 1987.
- Wisconsin Department of Public Instruction. A Guide to Curriculum Planning in Health Education. Madison, WI: Publication Sales, 1985.
- Wisconsin Department of Public Instruction. A Guide to Curriculum Planning in Alcohol and Other Drug Abuse Programs. Madison, WI: Publication Sales, 1992.
- Wisconsin Department of Public Instruction. Pupil Services: A Resource and Rlanning Guide. Madison, WI: Publications Sales, Fall 1994.
- Wisconsin Department of Public Instruction. School Counseling Programs: A Resource and Planning Guide. Madison, WI: Publications Sales, Bulletin Number 6520, 1987.
- Wisconsin Department of Public Instruction School Social Work: A Resource and Planning Guide. Madison, WI: Publication Sales, Bulletin Number 9265, 1989.

