Saving our Future: James Comer and the School Development Program

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Since the founding of the School Development Program (SDP†) by Dr. James Comer in 1968, the manner in which child development is addressed in many schools has changed drastically. By working together using the SDP model, schools, parents, and child development experts are able to foster healthy social, emotional, and academic development in children, resulting in improvement in all areas. This review briefly describes the creation and implementation of the SDP model by Dr. James Comer.

INTRODUCTION

In 1934, James Comer was born, the second of five children in East Chicago, Indiana. His parents, though not college graduates themselves, instilled upon their children the importance of higher education. Comer excelled in high school and went on to study at Indiana University. Going to a large, racially integrated university away from the support and guidance of his family was a shock, and Comer had to deal with feelings of fear and alienation. Comer describes feeling like the “black, poor kid” [1]. This experience prompted Comer to seek out a university where he was wanted, and not just tolerated, for the next step in his education [2]. Comer attended medical school at Howard University, a predominately black school in Washington, D.C. According to Comer, his experiences in D.C. opened his eyes to the plight that poor people of color faced, and because Comer “didn’t want to simply give pills to people who were depressed because of social conditions,” he strove to do something more [1].

Comer got his Master’s in Public Health at the University of Michigan, then came to Yale for a two-year residency pro-
gram in psychiatry in 1964. After completing his residency, he stayed at Yale to do a fellowship in child psychiatry and train at the Yale Child Study Center [3]. The Yale Child Study Center was founded in 1911 and since then has been recognized internationally for its commitment to child development and neuropsychiatric disorders. As a leader in science, training, and clinical services, the Child Study Center focuses not only on prevention of mental illness, but also promotes healthy child development [4]. Through working at the Child Study Center, Comer hoped to help people like the ones he observed in D.C. Comer felt that school, which is a common pathway for most children, had the potential to reverse poor development and promote positive conditions at home [5].

THE IMPLEMENTATION OF THE SCHOOL DEVELOPMENT PROGRAM

In 1968, the Yale Child Study Center had the opportunity to get involved with two of the poorest performing schools in New Haven, Connecticut. Comer’s advisor asked him to help develop and direct the Yale Child Study Center project to improve those two schools. Comer and his colleagues began by immersing themselves in the schools and slowly implementing improvements [6].

One of the most important questions that Comer tried to answer was why schools, like the two in New Haven, were failing. Comer proposed that schools fail because they do not focus on the child’s development; they are simply trying to teach the academic material and not life lessons that are necessary for success in both school and life [7]. He stated that schools work on a business/manufacturing model: their job is to get students through academics and have them graduate. Schools are not helping students develop fully for a life outside of the classroom [5].

In order to address these issues, Comer and his colleagues created a governance and management team within each school that was made up of elected teacher and parent representatives, the principal, and a mental health worker from the Yale Child Study Center. These teams made decisions not only for the school’s academic program, but social and extracurricular programs as well. By 1980, when Comer and the Yale Child Study Center left the New Haven schools, many of the issues originally identified in the schools, such as poor grades, bad attendance, and poor student attitudes, were a thing of the past [6].

The program created through the collaboration between Comer, the Yale Child Study Center, and the New Haven schools became known as the School Development Program (SDP).

Although the SDP initially was implemented in only elementary schools, it quickly grew to meet the needs of middle school and high school students, especially those in high-risk, urban settings [9]. Unlike most education improvement programs that focus on academic concerns such as improving teachers’ credentials or students’ test scores, SDP focuses more on the whole student. The program not only encourages higher achievement in school, but also emphasizes psychosocial development. The SDP requires that teachers do not make excuses, such as poverty or child neglect, for children’s poor performance or bad behavior. Despite adverse environmental situations, the program believes that all children can thrive in the proper educational setting [10]. To create this wholesome environment in the school, SDP enlists the assistance of not only administration and teachers, but also of the parents and experts in child development, all of whom help create school policy and manage school programs [8,11].

Teachers and the SDP

Key precepts of the SDP require that teachers and other school personnel show caring and sensitivity toward children; give each child fair and equal treatment and equal access to resources; have high expectations for student achievement; be part of collaborative decision-making processes; do not place blame on others; maintain an aca-
These guidelines allow teachers to feel involved, respected, and appreciated. In order to meet these goals, teachers partake in team-building programs, which help increase trust in one another. These programs focus on how administrators and teachers can actively listen to and respect one another. This allows for decisions to be made and executed efficiently. Additionally, it assists in upholding the practice of not pointing fingers. If teachers feel comfortable in communicating what aspects of school policy are and are not working, they will be more capable of assisting in and shaping school policy and programs.

The SDP also requests that health professionals, such as psychologists, social workers and counselors, become more involved in schools. Through the Student and Staff Support Team, these health professionals help teachers identify and prevent behavioral problems early and address students’ needs with greater sensitivity. With the support of administrators and health professionals, teachers are more comfortable in their schools and are able to not only motivate students, but also handle difficult situations in the classroom.

**Students and the SDP**

The SDP also has guiding principles for students to follow. The program expects students to maintain order and discipline and to treat one another with respect, trust, and kindness. Within the SDP, children not only learn academic material, but also social skills. Programs are put in place for children to learn problem-solving strategies; resolve conflicts in appropriate, non-violent ways; and enhance their self-esteem. Believing that they are respected and capable of achieving goals motivates students to become active members of their community. Students are encouraged to participate in community support projects, through which they learn social responsibility.

The SDP allows administrators, teachers, and parents at each school to work together to create the programs that help children develop social skills and feel like valuable members of the school and community. The SDP recognizes that each school has distinct needs and allows for those who are more aware of these needs to create the programs necessary to address them. For example, to promote a better school climate and help each child feel like he or she is a valuable part of the school, a school in Detroit holds an assembly every morning, during which they not only say the Pledge of Allegiance, but also sing their school song, which helps foster school spirit. Additionally, birthdays are acknowledged during the announcements. This allows students to feel as if they are valuable members of the school. The class who had the best behavior during the past day is also announced and given points to collect for rewards. Finally, children get the chance to discuss things that are going on in their lives both inside and outside school, which allows them to receive the support they need. These assemblies send the message that each student is cared about and that they have the support of the adults in their school.

**Parents and the SDP**

The SDP also expects parental involvement. The goal of SDP is to create more continuity in a child’s day by having a similar school and home environment. Having the two components fit in together helps create more stability for the child. In order to promote more support for the parent, the SDP encourages parents to get involved in creating school policy. Classes are provided for parents to learn more about how their children learn, so they can be more involved with their children’s education.

Additionally, parents are involved when problems arise at school. When a student is having difficulties with his or her lessons or showing signs of behavioral problems, teachers, administrators, parents, and the student are brought together to discuss the problem. School personnel attempt to better understand what is going on at home that may be exacerbating the problem, and everyone is asked to work together to solve the problem in both the classroom and at
Moreover, the health professionals in the school are capable of referring parents and children to support systems outside the school for further assistance that the family may need [8]. Encouraging the parents to be more involved not only makes them aware of what is happening in their child’s life, but also helps the child feel more comfortable in going to the parent with academic and social problems.

THE EFFECTS OF SDP

Schools where the SDP has been implemented, such as elementary schools in New Haven, Washington, D.C., and New York City, show drastic differences: Not only have children’s scores on the math, reading, and language sections of standardized tests increased, but they also report higher levels of self-confidence in their academic and social abilities [10,12]. Instruction in non-violent problem solving helps students feel safer at school [8]. Additionally, schools report higher attendance rates, and teachers observe better student behavior [10,12].

The climate created by the execution of the SDP also provides teachers the opportunity to have better relationships with students and other staff members. Students have reported feeling more comfortable going to teachers for both academic and personal guidance. Moreover, because teachers collaborate on the creation of school policy and programs, they feel involved and more invested in the school and also respect and trust each other more [9,10].

Research on the SDP model has shown that schools that incorporate the entire program into the functioning of the school show better results in school attendance, student achievement, and a better school climate overall. Additionally, the longer the SDP has been in place at a school, the more improvement is seen [12].

A Case Study: Norman S. Weir Elementary School

One of the most potent examples of the effect that the SDP can have is seen in the case of Norman S. Weir Elementary School. Weir was one of the lowest achieving schools in Paterson, New Jersey, before the SDP was implemented in 1991. Before the program’s installation, students at Weir were performing poorly, were uninterested in learning, and felt uncomfortable in their own school. The climate available to the teachers did not help the situation. Teachers did not feel appreciated and had difficulty working together. Since beginning the SDP, the school has undergone a great deal of improvement. Test scores have increased dramatically; children are more disciplined and express greater self-esteem; additionally, the teachers are able to collaborate more easily and achieve the goals of the school without fear of blame. Since the effective implementation of the SDP, Weir has become one of the best schools in the district [10].

CONCLUSION

Dr. James Comer’s creation of the School Development Program has had a profound effect on thousands of students from schools in more than 20 different states [13,14]. In 1975, while Comer was working in the New Haven schools to develop SDP, he was named a full professor in psychiatry. Comer was the first African American to become a full professor at Yale School of Medicine, and he was named the Maurice Falk Professor of Child Psychiatry [15]. In Comer’s time at Yale, he has published more than 400 articles and authored nine books. Additionally, he has received 47 honorary degrees for his work in child development and education [2]. Students who come from schools that have implemented the SDP program not only improve academically but also socially. They have improved self-esteem, feel more connected to their school, and are part of the community. By following his goal to give more than pills to those living in poor communities, Dr. James Comer and the SDP have improved countless lives.

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