

Behavior needs schoolwide effort

By **Carla Thomas McClure**

The “get tough, then tougher” approach to increasing discipline and control in schools has its limits, according to George Sugai, an expert in behavior disorders. In an article published in *TEACHING Exceptional Children*, he and colleagues Brandi Simonsen and



Madeline Negrón promote, instead, a continuum of positive behavior supports for all students, including children who require highly individualized interventions. Research cited by these and other experts suggest that schools can support classroom teachers by focusing on prevention; using multiple data sources to develop strategies for screening, identification,

and treatment; and taking a comprehensive, coordinated, schoolwide approach to reducing problem behaviors among students.

Schoolwide positive behavior supports

When Sugai and colleagues reviewed research supporting schoolwide implementation of positive behavior supports, they found several individual studies that associated such supports with decreases in office discipline referrals and increases in consistency and positive interactions among staff. Randomized control trials indicated improved academic and behavior outcomes. And a cost-benefit analysis found that schools implementing schoolwide positive behavior supports (SWPBS) saved administrators an average of 15.75 days a year on office discipline referrals, while students saved an

average of 79.5 days of instructional time.

Elements of SWPBS include gaining staff involvement and buy-in, using data to make decisions, teaching expectations and rules, providing effective consequences, and developing reward systems. Detailed information and technical assistance related to SWPBS is available from the federally funded Center on Positive Behavioral Interventions & Supports (see box on the next page).

The center describes SWPBS as a three-tiered framework that a team customizes. The school team selects outcomes, data, practices, and systems that are meaningful and appropriate within the school's context. The primary intervention tier supports all students across all school settings by establishing schoolwide rules, a program of social skills instruction, a schoolwide reinforcement system, and so forth. Most students (89% of elementary school students and 71% to 74% of secondary students) respond to such interventions when they are implemented effectively. The secondary intervention tier provides additional behavior supports for students who do not respond to the primary tier. The tertiary intervention tier supports the 1% to 5% of students who require highly individualized interventions, either because other interventions are not effective or appropriate or because the students' behaviors pose a risk to themselves or others.

School-based mental health programs

The National Institute of Mental Health (NIMH, 2005) reports that “half of all lifetime cases of mental illness begin by age 14.” At school, children with untreated mental disorders may find it difficult to focus on tasks and to manage their emotions and behaviors. Families do not always have the knowledge or resources to secure quality mental health screening, referral, and treatment services for their children. As a result, schools often function as the de facto mental health system.

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School-based mental health programs support not only the children who need help but their teachers as well. Research compiled by the Center for Health and Health Care in Schools suggests that school-based mental health programs are most likely to be effective when they:

- Provide a comprehensive system of supports;
- Take a proactive, preventive, and multifaceted approach;
- Offer a continuum of interventions and services;
- Are responsive to students' individual, developmental, and cultural differences;
- Are coordinated and fully integrated with other education programs, school improvement plans, and services;
- Include accountability and evaluation components based on student outcomes;
- Build strong connections to families, communities, and appropriate agencies;
- Employ credentialed, professional school counselors; and
- Afford school counselors the time and resources to reach all students.

Also, mainstream educators need opportunities to learn about common mental health conditions such as attention-deficit hyperactivity disorder (ADHD). For example, teachers may find it helpful to know some basic facts about ADHD:

- (1) According to NIMH, its causes seem to be grounded in neurobiology and genetics; the disorder does not arise purely from social fac-

tors or child-rearing methods.

- (2) Not all children with ADHD exhibit the same types of attention and learning problems, and it's not uncommon for a child with ADHD to exhibit problems that vary from day to day.
- (3) Medication alone is no guarantee that ADHD symptoms will subside. Armed with such knowledge, teachers may be less likely to blame themselves or students for problem behaviors — and more likely to tap into school and community resources to find solutions.

References

Center for Health and Health Care in Schools. (2002). Children's mental health needs, disparities, and school-based services: A fact sheet. Available at: www.healthinschools.org/News%20Room/Fact%20Sheets/MentalHealth.aspx

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Simonsen, B., Sugai, G., & Negrón, M. (2008, July/August). Schoolwide positive behavior supports: Primary systems and practices. *TEACHING Exceptional Children*, 32-40. ♦

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RECOMMENDED RESOURCES

• **Center on Positive Behavioral Interventions & Supports**

www.pbis.org

Funded by the U.S. Department of Education's Office of Special Education Programs, the center offers information and technical assistance to help schools identify, adapt, and sustain effective schoolwide disciplinary practices. Includes a video overview of PBIS:

www.pbis.org/swpbs_videos/pbs_video-discovering_swpbs.aspx

• **U.S. Department of Education, Institute of Education Sciences**

Reducing Behavior Problems in the Elementary School Classroom: A Practice Guide

http://ies.ed.gov/ncee/wvc/pdf/practice_guides/behavior_pg_092308.pdf

(See summary, "5 strategies target bad behavior," in the March 2009 edition of T3)

• **School Mental Health Connection**

Fact sheets provide information on how to enhance the classroom behavior and academic performance of children with

anxiety disorders, Tourette's Syndrome, and other mental health challenges.

www.schoolmentalhealth.org/Resources/Educ/MACMH/MACMH.html

• **Teaching Exceptional Children Plus**

Articles and multimedia content for those working with children with special needs; includes abstracts from *TEACHING Exceptional Children*.

<http://escholarship.bc.edu/education/tecplus>