

Intensive Kids – Intensive Interventions

**Designing School Programs for
Behaviorally Disordered
Children & Youth**

Kevin I. Coats, Ph.D., NCSP

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*Intensive Kids – Intensive Interventions:
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Children & Youth*

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This book is dedicated to the children at the
Broad Street Teaching and Learning Center who have
allowed me to be a part of their lives.

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PREFACE

Schools want to improve their programs and services for all students, including those who arrive at the school door with serious behavioral and mental health problems. Indeed, recent federal mandates described in the Amendments to the Individuals with Disabilities Act (IDEA) specify that when the need directly affects learning, the school must meet the challenge. Unfortunately, most school administrators, teachers, school psychologists and other educators recognize that serving children with serious emotional and behavioral disorders (SED) is a daunting task and they have few resources to help guide them. All too often schools fall short in their efforts to establish comprehensive, multifaceted and cohesive approaches to serving this population. In response, *Intensive Kids – Intensive Interventions* is written as a practical guide to help school officials plan and implement alternative programs that can ensure that even the most troubled students have an equal opportunity to succeed at school.

What should happen to an 11 year old boy who brings a weapon to school? How can a school best respond to a middle school student who has a chronic record of school violence toward teachers and peers? Children with serious emotional disturbance (SED) present significant challenges for schools from at least two perspectives.

First, is the understanding that behavioral and mental health problems can dramatically interfere with learning and other areas of functioning. There is little doubt that this can lead to negative life outcomes for the individual and result in serious costs to society. Second, and in light of recent school shooting tragedies across the country, the public is also demanding that schools provide a safe and responsive learning environment for all students.

Consequently, effective alternative programs are needed to balance the right of all children to a safe school with the right of children with intensive behavioral disorders to an appropriate education. To address both of these critical needs, schools are under intense pressure to develop effective programs for troubled children and youth.

Unfortunately, alternative programs for troubled students have often been nothing more than dumping grounds for kids who could not fit into regular education. Historically, alternative program policies and procedures have in many instances relied on highly punitive, coercive approaches to student discipline and have only created further alienation and despair for students. Clearly, this need not nor should it be the case.

Over the past 20 years the literature on behavior management and empirically validated interventions for troubled children has grown tremendously. Unfortunately, the busy school administrator or practitioner has little time to access this information or sift through an ever-growing body of journals and books on this subject in order to create productive learning environments for troubled kids. Given the practical realities of life in schools, I have attempted to write a book for school leaders and school-based mental health providers that can serve as a resource guide that combines much of this information in one text. Specifically, the book addresses a number of key questions. What do effective programs look like? What specific strategies can schools use? What current resources exist that provide direct support for program development efforts? How will you know that your program is effective?

It is my sincere hope that this text will offer useful information that can assist the reader in finding answers to these and other questions in a very straightforward and practical format. With this in mind, the book serves as a no nonsense guide for developing and implementing high-quality school-based programs for students with intensive behavioral and mental health needs.

Most of the material for this book comes from my 28 years of experience as a psychologist in the schools and, in particular, from my work at the Broad Street Teaching and Learning Center - a therapeutic day school for seriously emotionally and behaviorally disordered children located in upstate New York. While at the Broad Street Center, I have had the good fortune of developing, using and testing many of the policies and procedures that are included within the book. In 1998, our program was identified as an exemplary model for serving SED children in a publication entitled, *Exemplary Mental Health Programs: School Psychologists as Mental Health Service*

Providers (Nastasi, Vargas and Bernstein, 1998). In addition, other schools in New York have successfully adopted at least portions of the ideas contained in this book as they have gone forward to develop new programs for SED children in their own districts. By way of disclaimer, I should state that a bulk of the information contained in this text comes from other authors who have written extensively on topics pertaining to schools and the needs of SED students. With this in mind, I would encourage the reader to explore many of the ideas and concepts that are presented in the book in further depth.

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CHAPTER 1

THE NEED FOR PROGRAMS AND SERVICES

INTRODUCTION

Children with severe emotional and behavioral disorders have, for many years, provided a daunting challenge for educators within traditional school settings. Teachers and administrators have always struggled in knowing what to do with students who exhibit chronic behavior problems, particularly those who display more serious misconduct (Crews & Counts, 1997). This is especially troubling when one considers the sobering fact that challenging behaviors can consume up to 80% of a teacher's instructional time (Sugai & Horner, 1994). Behavior problems disrupt not only the teaching and learning process but may also result in school exclusion for the child that engages in severe forms of disruptive or dangerous behavior.

As our society changes, it is quite probable that schools will be seeing more children who are regularly disruptive over extended periods of time resulting in negative consequences for themselves, teachers, peers and the community. Many of these children who walk through our school doors come from families who are in significant turmoil themselves. In addition to intraindividual factors (psychological, prematurity and other health-related, social-cognitive), the research is quite clear in terms of what familial factors relate to childhood aggression, mental health problems and disruptive behavior in the classroom. Many of these children come from homes that have a higher than average divorce rate, alcohol and drug use, physical and sexual abuse, poverty, poor supervision and monitoring of behavior, inconsistent discipline, low parental expectations, caregiver mental health problems and an unhealthy diet of exposure to violent behavior in the media and video games (Halpern, 1990; Minke & Bear, 2000). Unfortunately, a host of other factors including negative peer affiliation and classroom/school factors (e.g., unfair rules and disciplinary practices, class size, school climate, teacher

skills and expectations, availability of resources) also contribute to student aggression.

Awareness and understanding of these factors is important particularly when trying to determine whether to “fix” the child or “fix” the system. Professionals in the mental health field have commonly looked at children manifesting behavioral, emotional and learning problems as having some type of internal pathology. While this can often be helpful in facilitating treatment decisions, it can also result in blaming the victim which places the focus on the individual rather than system weaknesses that are causing the problem. Most practitioners, however, who use diagnostic labels would also recognize that problems in human behavior result from the reciprocal interplay between person and his or her environment (Bandura, 1978).

Adelman and Taylor (1993) provide a transactional view of the primary locus of cause related to behavioral, emotional and learning problems. Problems are placed along a continuum that ranges from those caused by environmental factors (Type I problems) at one extreme to those caused by internal factors (Type III problems) at the other extreme. Type II factors involve problems caused equally by environment and person. For example, a child with early onset Bi-Polar Disorder or severe Attention Deficit Hyperactivity Disorder would fit the Type III category since the behavioral problems are a result of pathology within the individual. The behavior problems of a child who grows up in a hostile home environment would be viewed as a result of factors outside the person (i.e., Type I problems). While this continuum may oversimplify the enormous complexities in understanding the relationship between psychopathology and environmental-social problems, it does provide a useful model for understanding cause and correction. Specifically, it reduces the tendency to “blame the victim” (Ryan, 1971) and highlights the notion that problems may be reduced or alleviated by improving the way the environment accommodates individual differences in students.

THE SCOPE OF THE PROBLEM

What do we actually know about the extent to which children are in need of social-emotional, behavioral or other mental health support? According to recent studies (Sprague,

Sugai & Walker, 1998; Todd, Horner, Sugai & Colvin, 1999), in the typical school, almost one quarter of students exhibit problematic behaviors in some degree and an estimated three to seven percent engage in behaviors serious enough to require specialized intervention. There is also evidence to suggest that the problem is not only increasing but more widespread than most people might imagine. In a recent study by the Metropolitan Life Insurance Company (1999), incidents of seriously disruptive and violent behavior were found equally likely to happen in both urban and rural settings as well as across elementary, middle and high school campuses.

According to a recent Surgeon General's Report on Mental Health (1999) and a companion follow-up report entitled, *Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda (2001)*, our nation is facing a crisis in mental healthcare for infants, children and adolescents. Estimates identify approximately 20% of children and youth under age 18 who have mental health disorders. In any given year, however, only one in five children receive specialty mental health services and unmet needs for services remain about as high now as they were 20 years ago (Burns, et al., 1995). Prevalence estimates of mental health disorders in youth reported by Costello et al. (1996) ranged from 17.6 to 22% and 16% in another study (Roberts, 1998). When considering that one out of five children experience problems that may directly affect their chances of success in life, there is clearly a pressing need to focus efforts on prevention, early intervention and treatment for complex cases. Certainly, the societal cost is enormous in terms of both human and fiscal waste.

A number of expert contributors to the Surgeon General's Report (2001) highlighted the need to train school professionals to recognize early symptoms of emotional and behavioral disorders and to improve services in schools utilizing effective, research-based programs and interventions for school-wide, targeted (at-risk) and intensive need populations. Without greater attention devoted to these objectives, it is likely that we will continue to see many children and youth fall through the cracks. As many professionals in the juvenile justice system are well aware, too often youth who are not identified as having mental health problems and fail to receive services or at least adequate services,

end up in jail. As a practitioner in the schools over the past 28 years, I know too well that children with mental health problems are also at much greater risk of dropping out of school, joining the ranks of the juvenile justice and child welfare systems and not being fully functional members of society in adulthood.

Studies looking at youth violence are also raising concern among school professionals and the public with results showing dramatic increases in violence rates during the past fifteen years. In a report published by the Centers for Disease Control National Center for Injury Control and Prevention (1996), homicide was found to become the second leading cause of death for youth ages 15 to 24 and the leading cause of death for black Americans in this same age group. Annual arrest rates for weapons carrying charges for youth under 18 years of age increased at an alarming rate of 104%.

Interestingly and despite the media attention given to the deadly shooting tragedies that have occurred in recent years, a very small proportion of the violence reported for children actually takes place in school. According to various national reports (Chandler, Chapman, Rand & Taylor, 1998; Heaviside, Rowand, Williams & Farris, 1998), less than one percent of homicides and suicides among children between 1992 and 1994 occurred in school. However, a more disturbing statistic cited in a recent National Center for Educational Statistics Report, *Violence and Discipline Problems in U. S. School: 1996-1997* (Heaviside et. al., 1998), was a strong relationship found between low level school disruption and more serious school violence. In those schools that reported at least one serious discipline issue, 28% also reported at least one serious crime; this compared with only 3% of schools with minor discipline problems that reported the existence of crime. A study of three rural school districts (Peterson, Beekley, Speaker & Pietrzak, 1996) found that over half of the teachers and administrators believed school violence was increasing at the middle and high school levels. Rather than the more extreme types of violence – weapons carrying, gang involvement, drug use – problems that were seen as increasing involved such behaviors as verbal threats and intimidation, rude behavior, sexual harassment, and pushing and shoving. What these findings would clearly suggest is that schools do need to pay close attention to

school climate factors and disciplinary practices in order to reduce the risk that there may be more serious or violent acts.

KEY ISSUES IN THE DEBATE OVER WHAT TO DO WITH DISRUPTIVE STUDENTS

Zero Tolerance

Unfortunately, and in large part due to the school shooting tragedies across our nation in recent years, many school authorities have instituted “zero tolerance” policies that have been designed to keep schools safe yet have also resulted in the denial of educational opportunities for troubled students. Zero tolerance refers to policies that “punish all offenses severely, no matter how minor” (Skiba & Peterson, 1999, p. 373). Punishment typically involves some form of punishment such as in-school suspension, placement in an alternative program, exclusion or automatic school expulsion, with the latter causing perhaps the most controversy (Bear, Quinn & Burkholder, 2001). School suspension practices have not only been on the rise since the late 1970’s but are also the number one choice used by schools to deal with severe behavior problems (Heaviside et al., 1998; McDonnell & Barren, 1994).

As a vehicle for responding to the increasing tide of school violence in the early 1990’s, most states had begun instituting the policy of mandated expulsion for drugs, fighting and weapons possession. The signing into law of the Gun-Free Schools Act of 1994 helped make this a national policy by mandating a one-year expulsion for possession of a firearm. Subsequent amendments have broadened the language of the bill to include any object that might be considered a weapon. Although there is currently no federal mandate of automatic suspension for drug-related offenses, or other disruptive behaviors, the policy of zero tolerance has been increasingly applied to such behaviors as minor fighting, unauthorized use of pagers, possession of a fingernail file, sexual harassment (Skiba & Peterson, 1999), attendance problems (Morgan-D’Atrio, Northrup, LaFleur & Spera, 1996), and general classroom disruption (Imich, 1994; Morgan-D’Atrio et al., 1996). As a result, controversy over the practice of issuing severe punishments for relatively minor infractions has also grown, creating divided communities. Proponents of zero tolerance argue that we must send a clear

message and “get serious” about discipline in order to stem the tide of school violence. Opponents caution that such policies serve only to teach students that schools are unjust systems and how to avoid or subvert rules and policies (Skiba, 2000).

No one would argue against the fact that such policies were initially crafted to help keep our schools safe and are appropriate as a means of responding to the most serious acts of violence (e.g., weapons, illicit drugs, vandalism, teacher assault). At the same time, they create outcomes that are probably reinforcing to administrators and teachers. However, others have clearly articulated the problems that surround overuse of out-of-school suspensions and expulsion. In fact, the research over the past 10 years has produced very limited evidence to support such widespread use (Mayer, 1995).

In their search for answers, investigators have raised two central questions. To what extent do such strategies work in changing student behavior and guaranteeing school safety? Do the positive benefits outweigh the potential negative side effects of school expulsion or suspension? Comprehensive reviews by Sciba (2000) and Heaviside et al. (1998) of the efficacy of school security measures (e.g., metal detectors, locker search, school uniforms, security personnel, surveillance cameras) as a component of zero tolerance practices were conducted. In these reviews, few empirical studies were found and there was little evidence other than school leader testimonials that zero tolerance improved school behavior or safety. In a National Center on Education Statistics study of school violence (Heaviside et al., 1998) and an extensive analysis of national data-bases conducted by Mayer & Leone (1999), school security measures – whether person or technology-based –were associated with increased reports of school violence and higher student fear of violence. In contrast, student awareness and enforcement of school rules were associated with decreased reports of school violence. The research on school uniforms is somewhat more positive in terms of the potential effect on school climate and teacher perceptions of school safety (Behling, 1994; Murray, 1997) although other studies have found that students do not perceive that uniforms have any positive influence on school safety (Sher, 1996; Stanley, 1996).

Although no known studies have been conducted that have examined the direct effects of school suspension on student behavior or school safety, other data would suggest that suspension is ineffective for those who are most likely to be targeted for disciplinary action. For example, researchers have reported that up to 40% of school suspensions are issued to repeat offenders (Bowditch, 1993; Costenbader & Markson, 1994) and that suspension is often a predictor of further suspension (Tobin, Sugai & Colvin, 1996). As one might imagine, repeated suspension is also linked to higher school dropout rates (Bowditch, 1993). It has been argued that repeated suspension for disruptive or at-risk students may actually contribute to an increase rather than decrease in problematic behaviors (Evans, 2002). At the very least, studies would suggest that, for some of our most troubled youth, their behavior does not improve as a result of suspension. Because these students are out of school they are, in fact, more likely to be at risk for a variety of negative outcomes including delinquency, substance abuse, unemployment and social maladjustment (Jenkins, 1997; Rossi, 1994).

While suspension definitely removes unwanted students from school, it may not occur without other unintended consequences. Various researchers (Gottfredson, 1989; Shores, Gunter & Jack, 1993) have found that more punitive and confrontational disciplinary strategies played a major role in escalating student misbehavior because students viewed such tactics as a “challenge” to which they must counter-react. Others (Hyman & Perone, 1998) have reported increases in anger and aggression among students who have been subjected to more intrusive security practices (e.g., undercover agents, personal searches). Certainly, the literature on punishment is very clear with respect to unintended consequences. Punishment does not result in learning of new skills. Rather, it is more likely to result in counter-aggression, escape/avoidance, habituation to even greater negative consequences and negative reinforcement of the punishing agent (Algozzine, Schmid & Mercer, 1981; Axelrod & Apsche, 1983; Skinner, 1953).

In summary, zero tolerance practices have raised a number of concerns for educators, parents and the public. There is a definite need for school officials to take strong actions that will deter violence and send a clear message that certain behaviors will

not be tolerated. On the other hand, given the pressure on schools to do something, there is also the risk that many students will receive less than fair, equitable or reasonable treatment. As Skiba pointed out in his report entitled, *Zero Tolerance, Zero Evidence: An Analysis of School Disciplinary Practice* (Skiba, 2000), it is not that the goals of zero tolerance are in question but the methods of its implementation that lead to concern. What the literature on zero tolerance does suggest is that suspension has little to do with improved school behavior and safety and that alternative interventions to address discipline problems need to be promoted in our schools.

Inclusion

The debate over exactly where children with severe emotional and behavioral disabilities should be educated has never been fully resolved. This is probably due in large part to language put forth in IDEA that states that children with disabilities should be educated in the “least restrictive environment” and, to the maximum extent possible, with children who are nondisabled (34 CFR 300.550 (b) 1). However, sections of IDEA also state that schools should have a “continuum of alternative placements” available to meet the individual needs of students with disabilities (34CFR 300.551 (a)).

On one side of the debate are proponents of full inclusion who believe that *all* students with disabilities should be educated with their nondisabled peers in regular settings. Supporting arguments typically cite the influence of teacher expectations and access to the full curriculum, the problem with “labeling” of students, student self-esteem, and association with prosocial peers. Critics argue that children with intensive mental health and behavioral needs require significantly more support than what general school settings can reasonably provide and that placement decisions should be made on an individual basis (MacMillan, Gresham & Forness, 1996). Indeed, it would seem appropriate that one consider not only the needs of the disabled student but also the needs of nondisabled peers whose learning may be adversely affected by disruptive behavior. Teachers who are not adequately prepared nor have the necessary supports available to them to help intensive needs students are also likely to be negatively affected. Quinn and Rutherford (1998) pointed out that many professional organizations involved with the education of

children with disabilities (e.g., Council of Administrators of Special Education, 1994; Council for Exceptional Children, 1993; National Association of State Boards of Education, 1992) have developed position papers on the topic of full inclusion. While these organizations each promoted the notion that children with disabilities should be educated as much as possible in normal settings, they emphasized that placement decisions should also be made on an individual basis, using the full continuum of program options (Quinn & Rutherford, 1998).

What Must Be Fixed?

As discussed earlier, educators often get into arguments over whether the student needs to change or whether the system must do so. Because there are so many complicating influences in our society that impact both individuals and schools, it is unlikely that this debate will be resolved anytime soon. What we do know is that our youth with some of the most challenging behaviors often share many common characteristics. Fuller and Sabatino (1996) for example, found that students who are placed in alternative educational settings are often viewed as having antisocial attitudes and behaviors, having problematic behaviors with peers and family, and lacking academic and vocational goals. One might conclude then, that these students are “broken” because they don’t fit the norm and must therefore be fixed. Clear understanding of what caused these students to be broken is not known.

However, there is also a growing understanding of what it is that makes certain alternative school models work better for disruptive youth than traditional systems. Raywid (1994) pointed out that, often, alternative educational programs rather than traditional schools, are more likely to value and promote a student’s sense of belonging or connection, provide instruction that is relevant and of high interest to students and do so on a consistent basis. Fortunately, researchers who have studied school improvement processes have been able to identify key components of effective special and alternative programs for students with social, emotional and behavioral problems (Bear, Quinn & Burkholder, 2001; Osher, Dwyer & Jackson, 2004; Quinn & Rutherford, 1998).

RECENT SCHOOL INITIATIVES

As a result of the Individuals with Disabilities Education Act (IDEA, Public Law 105-17, 1997), new initiatives that focus on developing positive behavioral supports (PBS) and functional behavioral assessments (FBA) for students with emotional and behavioral disabilities have grown dramatically. While FBA's have been well known to school psychologists and others in the field of applied behavior analysis for many years, it was the mandate spelled out in IDEA that led to widespread use among other school professionals. Specifically, the amendments to the 1997 IDEA state that an FBA must be conducted for those students with disabilities whose behaviors reflect a consistent pattern of misconduct or result in a change of school placement (P.L. 105-17, (sec)615 (K)I.B.i). In its basic form, an FBA is conducted in order to determine the function of a behavior (why it occurs) and the specific circumstances under which it is most and least likely to occur (Foster-Johnson & Dunlap, 1993; O'Neil, Horner, Albin, Storey, Sprague & Newton, 1997). The purpose of an FBA is to provide information that can lead to the development of an effective PBS plan for either an individual or on a school-wide basis.

Even for those children with the most challenging behavior, the provisions of the 1997 Amendments to the Individuals with Disabilities Act (IDEA) substantially improved the odds that they would receive an appropriate education. IDEA essentially articulated the need for schools to provide alternative means to respond to disruptive or dangerous behaviors while simultaneously addressing students' learning needs. In contrast to the basic concept of behavior management, PBS is viewed as a more proactive approach that not only responds to individual needs but also looks at altering environments that may influence challenging behaviors (Center for Mental Health in Schools, 1999; National Association of School Psychologists fact sheet, 2002; Sugai & Lewis, 1999). The fundamental purpose is to create a safe and supportive school environment while at the same time improve outcomes for all children, including those with disabilities.

The concept of PBS is more of a process than a prescribed set of practices. Ideally, it is understood as a team-based process for facilitating and maintaining student progress across settings

(Mayer, 1995; Sprague et al., 1998; Sugai & Horner, 1999). The design of systems of PBS is based on input and decision-making from every adult involved with the student, including parents. Effective interventions and supports involve four main components: 1. *Systems change* (i.e., the examination and/or improvement of organizational philosophies, policy, practices); 2. *Environmental alterations* that may occur in the classroom, school-wide or both; 3. *Skill instruction* that enhances student competencies and replaces inappropriate behaviors; and 4. *Behavioral consequences* that serve to eliminate negative behaviors (Sugai & Horner, 1999).

A key feature of all PBS plans is an understanding that outcomes are broader in scope than simply reducing behavior problems. In other words, such plans aim not only to reduce or eliminate problem behavior, but also to improve the chances that a student will succeed in various contexts (school, home, work, community). As other researchers have pointed out (Foster-Johnson & Dunlap, 1993; Horner, Dunlap, Koegel, Carr, Sailor, Anderson, Albin & O'Neill, 1990), while reducing problem behavior is certainly a primary goal, it may not be as significant without leading to real changes in the student's social, academic or vocational functioning.

Fortunately, the research on PBS programs has been encouraging in terms of its potential for improving the social-emotional, academic and vocational capabilities of students (Lewis & Sugai, 1999; Nelson, 1996; Nelson, Martella, & Garland, 1998). Numerous studies have documented the positive effects of school support and the promotion of student attachment to schools (Cox, Davidson & Bynum, 1995; Quinn & Rutherford, 1998; Wehlage, 1991). In a review of research conducted by the National Association of School Psychologists (NASP, 2002), over half of the studies that looked at the effectiveness of PBS reported a 90% reduction in disruptive behavior and almost one quarter of the studies reported complete elimination of problem behavior.

In addition to enhancing positive outcomes for individual students, PBS has also been effective when applied on a school-wide basis (Colvin & Fernandez, 2000; Scott, 2001). For example, Scott (2001) presented a case example of a school-wide PBS system that resulted in a 61% reduction in alternative room referrals for the entire school population, including minority

students. In addition, the investigator reported a 65% reduction in the number of days students were suspended.

Osher, Dwyer and Jackson (2004) developed a comprehensive three-level approach to improve school discipline, safety and academic achievement. The ideas and information they provide stem from two earlier resources that were sent to every school in the United States, largely in response to the multiple shootings that occurred across the country: *Early Warning, Timely Response: A Guide to Safe Schools* (Dwyer, Osher & Warger, 1998) and *Safeguarding our Children: An Action Guide* (Dwyer & Osher, 2000). The emphasis in both of these works highlighted the need for schools to develop both strategic and comprehensive plans to combat youth violence while at the same time, address student mental health needs and school discipline. In their more recent book, entitled *Safe, Supportive and Successful Schools Step by Step* (Osher et al., 2004), the authors present a framework for school improvement efforts that considers three areas: (1) school-wide prevention programs for all students; (2) early interventions for at-risk students; and (3) more intensive interventions for students with complex emotional and behavioral disorders. A recommendation and guidelines for developing both **school-wide teams** (to address overall school performance) and **student support teams** (to address individual student behavior problems) are provided along with summaries of a number of evidence-based programs that have targeted school safety, drug and alcohol prevention, conflict resolution, child aggression, and a host of other risk and protective factors linked to mental health.

Fortunately, school improvement and safety planning efforts have been aided by many organizations at the state and federal levels. For example, Osher et al. (2004) highlighted six national resource centers that offer assistance to schools on such topics as violence prevention and school safety, barriers to learning, drug prevention, school-community partnerships and promotion of positive mental health. Those listed include: (1) the Center for Substance Abuse Prevention; (2) the Center for Mental Health; (3) the Center for Effective Collaboration and Practice; (4) the Learning First Alliance; (5) the National Coordinator Training and Technical Assistance Center for Drug Prevention and School Safety Program Coordinators; and (6) the Northwest Regional Educational Laboratory.

Programs and materials that have focused on the promotion of student's social and emotional learning competencies (SEL) have also been gaining widespread use over the past several years (Connolly, Dowd, Criste, Nelson & Tobias, 1995; Goldstein, 1988; Goldstein & Glick, 1987; Goldstein, Sprafkin & Gershaw, 1980; Mannix, 1983; McGinnis & Goldstein, 1984; Payton, Wardlaw, Graczyk, Bloodworth, Tompsett & Weissberg, 2000; Schmidt, 1997). Efforts behind many of these initiatives have been supported by various national organizations and centers. For example, the U.S. Department of Education's Safe and Drug-Free Schools Program has helped schools as they seek to learn more about what works and what programs are effective (Osher, Dwyer & Jackson, 2004). In an effort to help educators sift through the myriad of programs that are available, the Collaborative to Advance Social and Emotional Learning (CASEL) has developed a framework of key SEL skills and attitudes that students should acquire along with selection criteria for choosing quality programs. Among those competencies identified included an awareness of self and others, caring for others, responsible decision-making and effective social interaction skills (CASEL, 2000). Founded in 1994, CASEL is an international organization created to promote social and emotional learning in grades kindergarten through high school. In addition to the organization's work in identifying essential student skills and attitudes, goals also focus on curriculum design, teacher education, information dissemination and program evaluation (Payton et al., 2000).

A movement to provide more comprehensive mental health services in schools, often referred to as expanded school mental health (ESMH) programs (Weist & Christodulu, 2000), has also been gaining attention on a national level. ESMH programs are designed to augment the services provided by school psychologists and school counselors by connecting schools with community agencies including mental health, social services and other health care providers. The effort to integrate these different systems of care allows for a single point of access. Children in special and regular education may receive any number of mental health services such as prevention, assessment, case management and treatment. The model of school based mental health described by Adelman and Taylor (1993, 1999) examines key policy and