Positive Behavioral Supports for Students with Significant Mental Health Needs

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As noted earlier in this chapter, the school-wide PBS model has provided a basic framework for carefully planning school-wide expectations, strategies for addressing unacceptable behavior, school leadership issues, and the use of school-wide data for the ongoing evaluation of positive behavioral interventions and supports (Horner & Sugai, 2000). However, a major challenge still faces schools that are implementing PBS, namely, how best to support those students with significant mental health needs, within the context of school-wide supports.

Students benefit from behavior support across all three tiers of the PBS continuum. While a portion of students with mental health needs will require more intensive services, it is also reasonable to expect that many will have their behavioral needs met through universal and targeted interventions (Bazelon Center for Mental Health Law, 2006). However, although the basic elements of behavioral supports are necessary to address the needs of this student population, they are not sufficient. That is, educators must look beyond the strategies that have been successful for the majority of youth and consider intensive levels of intervention that must

be built into school-wide strategies for students with significant mental health conditions. Much of the current training and explanatory materials related to PBS seems to focus on a more stringent application of such features as implementing functional behavioral assessments and behavioral intervention plans (Gresham, Watson & Skinner, 2001). Providing tertiary level prevention services for these students will require increased attention to he role of interagency relationships in designing collaborative service delivery models for meeting their needs, consideration of clinical diagnoses in planning programs and supports, and understanding the outcomes used to assess the success of the programs provided for these youth and their families.

Kutash, Duchnowski and Lynn (2006) describe three major models or perspectives of school-based mental health services. One model, a "mental health spectrum approach," includes traditional strategies aimed at prevention, psychotherapy, and recovery. A second model, the "interconnected systems approach," is described as prevention, intervention and systems of care. The third model is PBS. Research investigating the use of tertiary level interventions within a model of school-wide PBS is just beginning (citations). Although PBS encompasses" a broad range of systemic and individualized strategies for achieving important social & learning outcomes while preventing problem behavior" (Sugai et al., 2000), the majority of research has investigated specific behavioral interventions at the primary and secondary levels. It is important that the needs of students with significant mental health issues be addressed through a range of strategies that include comprehensive and coordinated services.

Characteristics and Needs of These Children and Youth

One of the major challenges faced in making eligibility and intervention decisions for students who exhibit challenging behavior is determining when a youngster's behavior is, in fact, an indicator of a mental illness versus behavior on a continuum typical of all young people at a

given age. As noted in the Surgeon's General's Report (U.S. Department of Health and Human Services, 1999), it is now recognized that many of those conditions that previously were regarded as distinct signs of a mental illness are better conceptualized as existing on a continuum of behaviors from "normal" to extreme. There is no "bright line" demarcation between behavior that is normal and that which indicates a state of mental illness. Thus, the distinction between students who are within the normal range with regard to mental health and those diagnosed (or diagnosable) as having significant mental health concerns is in a constant state of flux. As explained by Mash and Dozois (2003):

> We have argued that all forms of child psychopathology are best conceptualized in terms of developmental trajectories, rather than as static entities, and that the expression and outcome for any problem will depend on the configuration and timing of a host of surrounding circumstances that include events both within and outside a child (p. 53).

From the perspective of PBS, this conceptualization stresses the importance of efforts to implement effective behavior support to benefit *all* students, including those with mental health needs. This also puts emphasis on the critical nature of a nurturing and effective host environment (Biglan, 1995).

Mental Health Diagnoses

There are numerous references to the extent of mental health diagnoses among students in school settings, For example, according to the 1999 Surgeon General's report (U.S. Department of Health and Human Services, 1999), 3-5 % of school-aged children are diagnosed with attention-deficit/hyperactivity disorder in a 6-month period; 5 % of children aged 9-17 are diagnosed with major depression; and the combined prevalence of various anxiety disorders for

children ages 9-17 is 13 %. According to the same report, about one fifth of the children and adolescents in the country experience the signs and symptoms of a mental health problem in the course of a year. In a recent survey of representative 83,000 elementary, middle and high schools across the U.S., Foster, Rollefson, Doksum, Noonan, Robinson, and Teich (2005) found that:

- 73 percent of the schools reported that "social, interpersonal, or family problems" were most frequent mental health problems for males and females.
- For males, aggression or disruptive behavior and behavior problems associated with neurological disorders were the second and third most frequent problems.
- For females, anxiety and adjust issues were the second and third most frequent problems.

While these data suggest that a substantial percentage of students have mental health service needs, and the most common types of mental health concerns they manifest, it should be pointed out that many students with these needs are not identified. The failure to adequately address the dynamic nature of behavior may be related to a lack of identification; that is, much of our knowledge base is based on "points in time" for a child and /or context for behavior, rather than taking into account the changes that occur in children's mental health status through time (Mash & Dozois, 2003). Mental health conditions that directly interfere with students' ability to meet the academic expectations of schools certainly contribute to an increased risk of academic and social failure. As Mash and Dozois (2003) note, many, if not the majority, of youth with mental health needs, go unidentified and un-served and may be particularly at risk of ending up in our juvenile justice and mental health systems as young adults. They also cite a number of risk factors associated with lack of success in schools.

Identified Educational Disabilities

The determination of whether students with mental health needs also are eligible for special education services is complicated by traditional identification tools and procedures that under identify students with internalizing behavior patterns for special education services under the EBD label (citations), as well as an emphasis on significant impairment of academic performance as the primary criterion for determining whether a student qualifies for special education programs and services . It is now well established that a student's educational performance goes beyond academic concerns and encompasses social, emotional and behavioral characteristics as well (citations). (*Roland M and Mariam M. v. The Concord School Committee, 1990; CJN v. Minneapolis Public Schools, 2003)*. Recognizing this intent emphasizes our need to consider the identification of youth with significant mental health needs as eligible for special education and related services under IDEA, regardless of their academic performance. However, the tendency remains to identify only students with externalizing, or acting out behavior problems to the exclusion of those with internalizing disorders (Kauffman, 2001).

For a variety of reasons, many students with mental health needs in our schools do qualify for special education programs and services, while others do not. The impact of various mental health conditions on educational performance (especially academic progress) is difficult to predict. However, the basic concepts of PBS, such as uniformly understood behavioral expectations, teaching strategies addressing expected behaviors, and administrative support and leadership, would seem to benefit all students with mental health needs, regardless of disability status, Furthermore, as suggested by Forness and Kavale (2001), contextual interventions, in this case PBS, may be further enhanced through coordination with psychopharmacological treatments that are medically prescribed for individual students.

Ethnic/Cultural Factors

Significant issues related to the mental health issues of youth from diverse ethnic and cultural backgrounds must be addressed. The implementation of behavioral interventions in a cultural context presents particular challenges. As noted by Reinke, Herman and Tucker (2006):

> . . . perhaps the greatest impediment facing efforts toward impacting social problems is the overfocus in prevention trials on individual contributions to risk and protection (e.g., social cognitive skill training) to the neglect of social contexts and cultural variations. Prevention research to date has taken the easier route, for the most part, changing individual coping patterns while largely ignoring the social, environmental, economic, public health, epidemiological, and biomedical factors and ideologies that maintain risk for the broader society . . . (pp. 315-316).

The relationship of mental health services and ethnic/cultural factors were affirmed in a supplement to the original Surgeon General's report (U.S. Department of Health and Human Services, 2001):

> The mental health service system is a fragmented patchwork, often referred to as the "*de facto* mental health system" because of its lack of a single set of organizing principles . . . While this hybrid system serves a range of functions for many people, it has not successfully addressed the problem that people with the most complex needs and the fewest financial resources often find it difficult to use. This problem is magnified for minority groups (p. 33).

Serious questions have been raised regarding the extent to which primary models serving students with mental health needs match the needs of the families of these students. According to

The National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention and Deployment (2001), the traditional social institutions that provide mental health services (e.g., mental health centers) remain focused on delivering specialized services in offices rather than homes, schools, or other more family-friendly settings. In addition, the Workgroup report also noted that many youngsters are being referred to out-of-home placements rather than receiving treatment in their natural environments.

Program Configurations and Operational Features

A number of well-documented program options have been used in providing services for students with significant mental health needs (U.S. Department of Health and Human Services, 1999). The efficacy of these various models has yet to be firmly established; in fact, significant questions have been raised concerning some of the most frequently used models, and the efficacy of these models is not uniformly supported, particularly for those involving out-of-home placements (U.S. Department of Health and Human Services, 1999).

Traditional program configurations for serving students with mental health needs can be categorized from several points of view. From the broadest perspective, treatment location models involve mental health delivery through outpatient treatment, day treatment or partial hospitalization, residential treatment and inpatient care. Reinke et al. (2006) contrasts interventions across psychiatric inpatient and outpatient treatment, individual and group-based psychotherapies, parent trainings, psychoeducational programs and other approaches aimed at changing the behavior of a given child. In surveying schools across the country, Foster et al. (2005) used the following template to classify formats for mental health services in the schools:

- School-financed student support services
- Formal connections with community mental health services

- School-district mental health units or clinics
- Classroom-based curricula, and
- Comprehensive, multifaceted and integrated approaches

Our examination of PBS and students with mental health needs is most closely allied with programs operated in school settings. In their examination of the broader dimension of mental health programs and services, Burns, Hoagwood and Mrazek (1999) asserted that the strongest evidence base showing positive outcomes for children and families exist for the options of home-based services, therapeutic foster care, case management, and pharmacological and psychosocial interventions for specific symptoms. Hoagwood (2001) looked more specifically at the evidence base for mental health interventions, observing that the extent to which there is a strong research base varies across the complexity and situational variables surrounding a given child. She contended that students with discrete disorders served in specialized settings with discrete treatments can turn to a strong research or evidence base. However, the research base for children and youth with severe emotional or behavioral disorders or for those served through multiple, coordinated services is less strong.

Farmer, Zuinn, Hussey, and Holahan (2001) have suggested the importance of differentiated services that need to be available in our schools to meet the needs of students with mild emotional and behavioral disorders from those considered to have more serious disorders. They describe a set of correlated constructs, or web of factors (both positive and negative) surrounding a given child. Regarding the need for mental health services in schools, these authors suggest that specialized expertise to serve the most severely involved students should be interwoven with other support personnel (such as prevention specialists and behavior intervention specialists) in order the meet the needs of a wide range of youth. As part of a larger

study, the Bazelon Center for Mental Health Law (2006) identified critical components in current implementation school-based mental health/PBS, Schools were visited across Illinois, Maryland, Montana, New Hampshire, New York and Texas. In addition to the criterion of implementing school-based mental health services and PBS, the sites were expected to demonstrate strong commitment to the implementation of PBS across all three tiered levels of service needs. In each of the sites that were visited, the primary components identified as critical to mental health/PBS development were family involvement, training and technical assistance, ongoing funding, and gathering meaningful outcome data.

In summary, with regard to serving students with mental health disorders, there is growing consensus across clinical, medical and education perspectives that a distinct need exists for competent services provided at the local level, preferably while youngsters remain in their home settings and using school settings as a primary location for such services. In order to do so however, schools would be required to be much more competent in coordinating services with other providers, such as community mental health agencies. The extent to which this can be accomplished within PBS programs presents a challenge.

Implementation of Positive Behavior Support

Scope

With regard to students with mental health needs in the context of PBS, it is important to understand the basic definition of a "system of care," which seems to be the gold standard in discussing children's mental health. As defined by Stroul and Friedman (1986):

> A system of care is a comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the

> multiple and changing needs of severely emotionally disturbed children and adolescents (p. iv.).

Because youth with mental health needs are found throughout the continuum of primary, secondary, and tertiary levels of prevention, the critical elements in systems of care should be compared to the basic components of PBS. For example, Duchnowski (1994) suggest that children's mental health services should be organized around guiding principles involving organizational and programmatic dimensions. Organizational principles include state and local leadership, interagency collaboration, and appreciation of the important role of families. Programmatic principles include the specific behavioral techniques and curricular approaches used in such programs.

Several of these principles are inherent in PBS; specifically, a focus on organization issues impacting state-level commitment and school-wide implementation contingencies. However, current PBS efforts to address the principles of a family focus and inter-agency collaboration are far from adequate.

Issues

Behavioral intervention strategies offer a powerful technology for encouraging positive behavior at the school- and classroom-wide level. With regard to serving students with mental health issues, the importance of bringing this technology to meet the complex needs of these students must be kept in mind, as well as the difficulties encountered in serving them:

> … the challenges facing educators are significant and persistent. If not addressed, their impact on students, school personnel, families, and community members can be dramatic. However, the problem is not that schools lack procedures and practices to address these challenges. . . . The greater problem has been that

researchers have been unable to create and sustain the "contextual fit" between what the procedures and practices are and the features of the environments (e.g., classroom, workplace, home, neighborhood, playground) in which the student displays problem behavior . . . The systemic solution is to create effective "host environments" that support the use of preferred and effective practices . . . Effective host environments have policies (e.g., proactive discipline handbooks, procedural handbooks), structures (e.g., behavioral support teams), and routines (e.g., opportunities for students to learn expected behavior, staff development, data-based decision making) that promote the identification, adoption, implementation, and monitoring of research-validated practices. (U.S. Department of Education, 2000, III-9)

Thus, a primary issue regarding youth with mental health needs is the significant role of the host environment (i.e., the school). As we have suggested, improving the capacity of schools to address the full continuum of behavior across all students will benefit those with mental health conditions. Another important policy issue is the extent to which screening procedures are used to identify and label these students (Weist, Rubin, Moore, Adelsheim & Wrobel, 2007). In schools where PBS is implemented, mental health services can be delivered in such a way as to minimize concerns regarding the stigma of a mental health label. For example, as noted in the Bazelon Center for Mental Health Law (2006) report, PBS contributes to an attitudinal change within schools in which the culture is a shared sense of responsibility. Having a shared sense would seem to reduce the stigma on certain individuals or groups as "problems." The PBS approach recognizes that, rather than limiting services to a smaller targeted group of students, *all* youth need positive behavioral support. As stated in their recent report (Bazelon Center for

Mental Health Law, 2006), PBS makes available mental health interventions across school environments that are oriented to the strengths of children and families.

Those who oppose the expansion of school resources into mental health areas may contend that these types of services go beyond the expertise available in school settings. However, as noted by Foster et al. (2005), the definition of mental health goes far beyond the domains governed by medical personnel. In this context, it is important to consider the types of services that parents are requesting. Jensen (2002a) notes that parents of students with ADHD frequently seek help in dealing with the behavioral challenges presented by their children as well as in gaining access to counseling for their children, and that many of these same parents are reluctant to move to pharmacological interventions.

In order to provide needed mental health services for student in schools, educators and other service providers must move out of their narrow disciplines and create settings in which multi-disciplinary planning is both talked and walked. As Oswald (2002) suggests, this more comprehensive treatment model crosses disciplinary boundaries and includes effective instruction, behavioral supports, skilled parenting, pharmacological and psychosocial interventions.

Despite the recognized need for early intervening services for youth displaying behaviors that are indicative of significant mental health concerns, some critics question the ability of educators to identify children with mental health conditions, while others raise concerns regarding the limited resources available in most schools for addressing these conditions. Yet, as Jensen (2002b) notes, failing to identify children who require evaluation and treatment creates a Catch-22 in which the needs of such children can easily be underestimated, with potentially

significant implications regarding the life-course of those students who fail to receive such services.

Such underestimation may also lead policy makers to advocate for even fewer services. For example, in a highly influential document prepared by the Fordham Foundation and the Progressive Policy Institute addressing special education reform, Horn and Tynan (2001) asserted that those students we have traditionally identified as emotionally or behaviorally should be considered for exclusion from special education eligibility and instead be served though our juvenile justice system. The dangers associated with accepting such an ill-conceived policy position are immense; both for the youth and families needing supports and society as a whole.

Knitzer, Steinberg & Fleisch (1991) point out that our failure to accept the need for mental health services in schools has implications that go beyond the children themselves. The support systems created through a coordinated mental health system should also provide more support for the teachers serving such youth. There always will remain critics who would suggest that general education and special education services for youth in our schools are distinctly separate from mental health services. However, as aptly pointed out by Forness (2005):

> Our field has . . . begun to reconceptualize its interventions for children with emotional or behavioral disorders in terms of primary, secondary, and tertiary prevention and thus (has) brought special education research into a more comprehensive and potentially more effective public health model. This may in turn have led us to a new recognition of our interdisciplinary connectedness in the larger context of mental health. Whether we readily acknowledge it or not, our interventions are (and have always been) mental health treatments (p. 323).

As noted by Reinke et al. (2006), the success of the PBS model is dependent on our ability to ensure that it is more closely attuned to culturally sensitive measures; more inclusive of parent and community input; more sensitive to internalized behavior challenges (e.g., withdrawal, isolation, and social neglect), and better coordinated with expanded mental health services in schools. We have the expertise to use PBS strategies to significantly assist students with mental health needs. At the same time we need to realize the bridges that need to be built to connect PBS to traditional school mental health providers.

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