

Implementing School-wide Positive Behavior Supports

by Timothy J. Lewis

The challenges students with emotional/behavioral disorders (EBD) present to schools and communities have been well documented (Lockwood, 1997; Myers & Holland, 2000; U.S. Department of Education, 1998). The impact of EBD on the students themselves paints a bleak picture, with poor academic and social outcomes (U.S. Department of Education, 1998; Wagner, 1991). The literature is clear that our best hope of helping students with EBD is effective prevention and early intervention practices (Kamps, Kravits, Rauch, Kamps, & Chung, 2000; Kamps, Kravits, Stolze, & Swaggart, 1999). Unfortunately, to date, school systems have not built the capacity to implement prevention efforts (Kauffman, 1999) and, at the opposite extreme, many engage in disciplinary practices such as "zero tolerance" that actually exacerbate the problem (Mayer, 1995; Skiba & Peterson, 2000). One approach to prevention and early intervention that's proving successful is school-wide positive behavior support (SW-PBS).

Teamwork in SW-PBS

One of the central strategies of SW-PBS is the use of school teams to build an effective schoolwide system that implements practices the literature has identified as effective to provide prevention and early intervention for all students, particularly those who may be at-risk (Sugai & Horner, 1999; Sugai, Sprague, Horner, & Walker, 2000; Sugai et al., 1999). Schools must have administrators as part of the teams, in addition to representatives of grade levels, curriculum departments or other school teams, and specialists. The teams' primary function is to draft policy and discuss all materials and actions with their respective constituencies to increase "buy-in" and make sure developed policy reflects building faculty and staff values.

The teams work within a three-tiered continuum of behavioral and academic supports:

- **First tier:** Universal supports for all students within a school or district. This is the primary level, and its essential features include positively stated expectations, strategies to teach expectations, high rates of reinforcement for complying with expectations, and clear routines to increase the likelihood of success (Lewis & Sugai, 1999).
- **Second tier:** Secondary or small group/targeted level of supports focusing on students who require additional intervention to achieve outcomes. This level uses strategies such as small group instruction in self-management and social skill development as well as academic support in groups.
- **Third tier:** Individual supports implemented with students who have chronic patterns of problem behavior. The focus is on the completion of a functional behavioral assessment that leads to an individualized positive behavior support plan.

Across the three tiers of support, SW-PBS emphasizes a common set of practices, language, and processes to increase maintenance and generalization of each level of support. School teams apply a problem-solving process across all the levels that emphasizes three essential features. First, teams use data to guide decision-making and to evaluate their efforts to impact student behavior. That data indicates where problems occur, which students account for the majority of behavioral issues, and what means of addressing them are presently in place. Second, teams identify empirically-validated practices to match need. Finally, school teams work to

develop comprehensive systems of support to insure all adults are aware of and fluent in implementing targeted practices. The systems of support include faculty and staff training, resource allocation, development of routines, and codifying all procedures into school policy. The basic building blocks of school-wide universal supports to individual student plans include a) teaching pro-social behaviors that will replace problem behavior, b) multiple opportunities to practice expected pro-social behaviors, and c) specific and positive feedback upon instances of student mastery and use of the appropriate skill.

While the essential features of SW-PBS are drawn from previously research-validated practices, the ability to "measure" the impact of prevention efforts remains difficult in that if universal efforts are effective, students do not come to the attention of school staff. Currently, research is under way tracking students who enter school "at-risk" and examining the long-term impact of SW-PBS efforts.

The following case study provides an illustration of how one school used the logic and process of SW-PBS to address a kindergarten student who was displaying a common pattern among students ultimately identified as having EBD — high rates and high intensity of problem behavior.

Case Study in SW-PBS at the Individual Level

"Moesha" (pseudonym) was a five-year-old kindergarten student who was receiving no specialized services. She was referred to the SW-PBS team by her classroom teacher and the assistant principal based on an escalating pattern of non-compliance, aggressive behavior directed toward peers and adults, and tantrums that escalated, on one occa-

sion, to the point of necessitating police intervention. At the time of her referral to the support team, Moesha was also referred for preliminary assessment to determine the appropriateness of a special education referral, for case review by the district mental health coordinator, and, as a result of police involvement on that prior occasion, for informal conversations with juvenile justice. All of the referrals are common in the pathway to identifying a student as having an EBD.

Moesha's elementary school had been implementing SW-PBS for three years prior to this case study. The school had a universal set of expectations, social skill lesson plans to teach the expectations, clear routines, and evidence to show an overall impact on student behavior through a decrease in behavioral incident reports. The school also had begun to implement secondary/small group interventions such as targeted social skill groups and mentoring. At the start of the current school year the school had developed a process for identifying and supporting individual students.

In Moesha's case, behavioral incidence data, assistant principal and teacher interviews, and a classroom observation were conducted to determine patterns and maintaining variables of the problem behavior. Based on data it was hypothesized that Moesha engaged in minor problem behavior to access teacher and peer attention, and tantruming to escape "disciplinary action" (i.e., going to timeout room near the principal's office). Moesha's plan consisted of two principle components. First, a self-management chart was developed for Moesha to provide a visual representation of her compliance with the school-wide expectations. Teachers and other faculty and staff also provided high rates of praise and attention if they observed Moesha engaging in behaviors related to the school-wide expectations. All of these efforts were designed to meet Moesha's need for teacher attention, while providing multiple instances of specific feedback related to the school-wide social skills.

The second component of the inter-

vention involved Moesha reporting to the assistant principal's office when she had earned a pre-determined number of points on her self-management card. This visit was to provide additional attention and celebration for Moesha and an opportunity to visit the office under positive versus punitive circumstances. In addition to visits for mastery, the principal and assistant principal provided practice opportunities to be escorted to the office in case her behavior escalated to the point of her needing to be removed from the classroom. Clear and consistent instructions were given during times Moesha was on-task and engaging in appropriate behavior regarding expected behavior while the administrator escorted Moesha to the office. Once in the office, Moesha was to sit down and review what she needed to do if she was asked to leave the classroom and what would happen once she arrived in the office (i.e., sit down, relax for awhile, and then they would talk about what happened and create a plan so it won't happen in the future).

At the time of the initial meeting, Moesha was averaging three to five visits to the office per week for major behavioral problems. The teacher also reported daily instances of minor problem behavior. At the time of the writing of this article, the school reported Moesha did not have a single office visit for problem behavior in over three months. All referral inquiries for additional services have also been withdrawn, except ongoing support for the family that consists of regular contact and updates on Moesha's progress, as well as sharing of techniques to reduce the likelihood of problem behavior and increase structure in the home.

Conclusion

While it is certainly too soon to state unequivocally that this school has effectively prevented the development of a more severe and chronic pattern of behavior in Moesha, it has built the capacity to implement what the literature indicates are best practices. At present,

the school is fading the self-management plan, has enrolled her in a small social-skill group to work on peer interaction skills, and continues to teach, practice, and celebrate Moesha's and all students' mastery of pro-social skills.

Empirical studies are clearly warranted before the field can unequivocally point to SW-PBS as effective in the prevention and intervention with students who have EBD. However, students like Moesha can ill afford to wait for the research outcomes. What SW-PBS does provide is a mechanism for schools to adopt already validated prevention/intervention practices in a comprehensive and systemic way.

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