The following report provides a general overview of Positive Behavior Interventions and Supports (PBIS), demonstrates how the PBIS framework promotes student wellness and success in school, and how the PBIS framework naturally supports cross-system collaboration between the school system and mental health system.
Integrating PBIS with Mental Health Systems

Within the past two decades, significant national attention has focused on the reciprocal relationship between positive mental health and school success. Research has shown that effective academic performance promotes positive mental health and, in turn, positive mental health promotes student academic performance (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Luiselli, Putnam, Handler, & Feinberg, 2005; Spier, Cai, & Osher, 2007). Based on this connection, responsive efforts have focused on the development of mental health programming within the school setting.

Schools serve as a logical point of entry to increase the capacity and efficacy of mental health services for children and adolescents. Children spend a great deal of time within the school setting. Services provided in the school are within the child’s own social context, and as a result can feel less threatening and reduce the stigma often attached to mental health services. In addition, working in the child’s environment allows for greater generalization and application of skills learned, which in turn has greater potential to impact the learning environment and educational outcomes.

Although there are many advantages to mental health programming in the schools, historically there have been barriers to service delivery. In the past, application of mental health programming in schools has been short term and fragmented. Mental health programs were applied in schools based on program popularity and available funding. Limited attention was focused on data-based decision making for program determination, or long-term sustainability. Additionally, while teachers were often on the frontlines for identifying and intervening with students’ social, emotional, and behavioral needs, they did not always have the skills and training to address these needs. Equally, mental health providers working in the schools had the training and background to address the social, emotional, and behavioral needs, but didn’t always have the training or full understanding of the school environment and culture.

Overall, the school system seemed to effectively address Tier I interventions while the mental health system effectively addressed Tier II and Tier III interventions. Unfortunately, the interventions were disconnected. Both systems were working toward a common goal but were often working parallel to each other rather than with each other. To effectively implement mental health services in the schools and meet the needs of children, a collaborative relationship between the education field and the mental health field is required. Foundational to this collaborative work is a shared agenda in which families, schools, mental health systems, and other youth serving community systems work together to build a full continuum of multi-tiered programs and services for students and their families (Barrett, Eber, and Weist, 2013). Positive Behavior Interventions and Supports (PBIS) is a framework that promotes a natural relationship between schools and mental health agencies. This interconnected systems relationship enhances mental health promotion and intervention in the school and promotes increased school success for every student.
The following report provides a general overview of Positive Behavior Interventions and Supports (PBIS), demonstrates how the PBIS framework promotes student wellness and success in school, and how the PBIS framework naturally supports cross-system collaboration between the school system and mental health system.

What is PBIS?

Schoolwide Positive Behavioral Interventions and Supports (PBIS) is a data-based decision making framework that guides selection and implementation of evidence-based practices to improve student outcomes. PBIS focuses on the following components:

- Build a positive and predictable school-wide climate;
- Teach desired behaviors with the same emphasis as teaching academics, and;
- Use reinforcement to motivate students and hold them accountable for their behavior choices.

Following the three tiered model of prevention and intervention, PBIS schools use a broad range of systematic and individual approaches to meet the needs of all students. With an emphasis on data-based decision making, PBIS is not a program or an already designed curriculum. PBIS should look different in each school because the interventions are chosen specific to the school’s data and priority of needs. (Sugai & Simonsen, 2012; Childs, K. E., Kincaid, D., & George, H., 2007-2008).

Three Tiered Model: A Continuum of School-Wide Instructional and Positive Behavioral Supports

PBIS uses a needs-driven resource deployment system that matches behavioral supports with student need. To achieve high rates of student success for all students, instruction in the schools must be differentiated in both nature and intensity. To efficiently differentiate behavioral instruction for all students, PBIS uses a tiered model of service delivery.
Tier I/Universal
Universal interventions target the entire school population and are designed to promote and enhance student wellness by increasing pro-social behaviors, emotional well being, skill development, and positive mental health. The content of Tier I/Universal approaches should be based on data review and reflects the specific needs of the school population.

Tier II/Secondary
Secondary interventions are targeted interventions designed for students who need additional supports beyond (yet in combination with) universal-level interventions. Secondary interventions are implemented in a standardized approach, which means key features of the intervention look similar across all children receiving the intervention. Secondary interventions typically occur after the onset of an identified concern or when a universal screening measure identifies a student or group of students at potential risk. Risk factors do not necessarily indicate poor outcomes, but rather refer to statistical predictors that suggest barriers to learning. Examples of risk factors may include loss of a parent or loved one, frequent moves resulting in multiple school placements, or exposure to violence and trauma. Secondary interventions are implemented through the use of a comprehensive developmental approach that is collaborative, culturally sensitive, and geared towards skill development and/or increasing protective factors for students and their families. Examples of secondary interventions include but are not limited to Check In and Check Out programs and Skill Development Groups.

Tier III /Tertiary
Tertiary interventions are intensive, individualized interventions for students exhibiting severe or persistent behavioral challenges who have not responded to prior supports at Tiers I or II. Typical tertiary interventions involve in-depth, individual behavior analysis and behavior intervention planning. Examples of tertiary interventions include but are not limited to creation of Functional...
Behavior Assessment (FBA) and Behavior Intervention Plan (BIP), and linkage with community mental health agencies and wraparound support.

How does PBIS Improve Student Outcomes?

**Improved School Environment**
A key feature of PBIS is building a safe and supportive school environment. School environment is often referred to as school climate. “School climate refers to factors that contribute to the tone in schools, and the attitudes of staff and students toward their schools. Positive school climate is associated with well-managed classrooms and common areas, high and clearly stated expectations concerning individual responsibility, feeling safe at school, and teachers and staff that consistently acknowledge all students and fairly address their behavior” (Spier, Cai, & Osher, 2007, pg 1).

Research has demonstrated a link between positive school climate and healthy child development, effective risk prevention efforts, academic achievement, and increased graduation rates (Thapa, A., Cohen, J., Guffey, S., & Higgins-D’Alessandro, A., 2013).

Following the PBIS philosophy, staff are responsible for creating an environment where students succeed behaviorally and academically. This is accomplished by systematically designing the environment to reduce behavior triggers, clearly defining schoolwide behavior expectations, developing procedures for teaching the expected behaviors, consistently reinforcing positive behavior, and developing clear disciplinary procedures known by staff and students alike.

**Decreased School Discipline Issues**
Discipline is often cited as one of the top challenges facing schools. Behavior issues interfere with the education of the student demonstrating the behavior and other students in the classroom. Developing effective practices for resolving behavior issues is critical to securing a quality education for all students. Unfortunately, until now behavior management techniques frequently have been outdated and ineffective. Typical behavior management involved telling students the behavior they were not permitted to exhibit, and then being scolded and/or punished when inappropriate behavior was demonstrated. While punishment may be effective to stop the behavior in the moment, it is ineffective in the long-term reduction of behavior problems. Punishment without a proactive support system is linked to increases in student aggression, truancy, problem behaviors, and rates of school drop outs (Mayer, 1995; Sulzer-Azaroff & Mayer, 1991; Costenbader & Markson, 1998; Skiba & Peterson, 2000).

PBIS suggests a shift in thinking about behavior and discipline. Rather than telling students what NOT to do, emphasis is placed on teaching students what TO do. Behavior is addressed with the same importance as academics. Implementation of PBIS creates a systematic and proactive plan for addressing behavior. Schools with PBIS provide consistent behavioral expectations across all
environments, actively teach behavior expectations, promote positive behavior through encouragement and reinforcement, and provide correction of inappropriate behavior through prompting, re-teaching, and opportunities to correct behavior. PBIS schools align behavior language, develop agreed-upon understandings of behaviors that are classroom managed as opposed to office managed, and have pre-planned, systematic consequence systems. Consequences for problem behavior are transparent to all staff, students, and families. This transparency contributes to a consistent and predictable learning environment.

The results of these measures are evident. Schools implementing PBIS demonstrate decreases of 20-60 percent in problem behavior. With the reduction in problem behaviors, students who were previously being sent to the office or suspended are now spending more time within the classroom receiving direct instruction. In addition, decreased behavior distractions in the classroom allows for more academic instruction time for other students in the classroom.

**Early Identification for Children with Behavioral and Mental Health Needs**

It is estimated that as many as 20 percent of school-age children and youth have mental health needs that warrant intervention (Barrett, Eber, and Weist, 2013). In addition to mental health needs there are also many students with risk factors that contribute to behavioral issues. Students with behavioral and mental health difficulties often are not linked with supports and services until major school disruption has already occurred. As a data-driven framework, PBIS schools utilize universal screening tools that screen for social, emotional, and behavioral at-risk indicators. The focus is again on prevention. With the use of universal screening tools, students can be identified and linked with needed supports prior to a major behavior incident, rather than after a major event.

**Interconnected Systems Framework**

**How the School System and the Mental Health System Collaborate**

Through the joint efforts of the National PBIS Center and the National School Mental Health Center, the Interconnected Systems Framework (IFS) was developed. The ISF demonstrates how a collaborative relationship between schools, families, and community mental health agencies can strengthen services, thus successfully meeting the emotional, behavioral, and academic needs of all students. ISF involves cross-system problem-solving teams that use data to decide which evidence-based practices to implement. Rather than working parallel to each other, schools and mental health agencies work together on cross-system initiatives. ISF emphasizes input from multiple stakeholders including youth, families, school representatives, and community agencies.

Steps to Integrate Systems:

- Mental health professionals present to the school staff explaining community services provided and current community programs;
• Mental health professionals join PBIS school planning teams and participate in intervention planning at all three tier levels;
• Mental health professionals expand PBIS efforts into community and home environment
• School staff are informed of community data and participate in community prevention/intervention planning;
• Community agencies are informed of school-wide data and identified areas of need- guides individual or group interventions;
• School staff are informed of community data and participate in community prevention/intervention planning;
• Community agencies are informed of school-wide data and identified areas of need- guides individual or group interventions;
• School and community groups co-facilitated by school staff and community partners
• Resources are shared to expand the continuum of interventions;
• Initiatives are aligned and support each other with common language and goals (Bullying Prevention, Drug, Tobacco, and Alcohol Prevention, Safety, etc.), and;
• School officials and mental health officials jointly work on policy development which addresses improved school environments and barriers to learning.

(Capio, Horn, & Perales, 2013; Stephan, S., 2013)

**Integrating PBIS and Mental Health Systems within the Ohio Improvement Process (OIP)**

Mental health professionals working within Ohio schools benefit from an awareness of the established Ohio Department of Education framework for school improvement, the Ohio Improvement Process (OIP). The Ohio Improvement Process utilizes a four-stage; five-step change and problem-solving process to support innovation and change in Ohio schools. The OIP endorses team-based structures (District Leadership Teams or DLTs), Building Leadership Teams (BLTs) and Teacher Based Teams (TBTs) to promote planning and collaboration within a school system. The OIP also recommends data-based decision-making processes to support efficient school planning and change. Mental health professionals working in school settings are advised to become familiar with the school’s established systems for school improvement, team structures, and sources of behavior-oriented data-collection systems.

Many school districts and community schools in Ohio have received training and are implementing the OIP. The OIP assists schools in developing a framework for on-going self-evaluation and change. Schools that have adopted the OIP have already created valuable systems (collaborative teams, data collection mechanisms) and practices (school improvement through a systematic problem solving process) that are necessary and valuable in developing a PBIS framework.

Since the OIP framework and the PBIS framework are built upon similar philosophies, systems and practices, an effort has been made in Ohio to avoid the unnecessary confusion that would come with introducing separate initiatives. Rather, educators promoting innovation in their schools will benefit from providing a consistent philosophy, structure and process for academic and behavioral
improvement. This is best achieved by fully understanding the complimentary aspects of both the OIP and PBIS frameworks.

It is recommended that mental health services planning make full use of a school’s PBIS and OIP frameworks and procedures to efficiently move these efforts forward, rather than developing separate programs and initiatives.

References:


