

Schools Should Be More Proactive and Preventive in Helping Students with Behavioral Issues



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School psychologists have historically had a limited role, generally focusing on student eligibility for special education programs.

But we've begun changing that in the Boston Public Schools so that we can concentrate our energy on preventing behavioral issues from taking hold and, if they do take place, intervening early on.

In our efforts to meet the needs of our students, we've also developed a Comprehensive Behavioral Health Model (CBHM) that is being used in 40 of our schools. All 40 schools deploy social-emotional learning (SEL) and a majority of them are using the *Second Step* program.

We strongly believe we need to teach social and emotional skills as intensively and purposefully as we teach reading and math. SEL skills lead to greater academic and life success for children. These skills also teach perseverance, which helps keep kids in school and enables them to push through the tough times all adults experience.

In addition to SEL for behavioral skills, we also employ Positive Behavioral Interventions and Supports (PBIS) to create a strong and constructive culture in our schools and the Behavior Intervention Monitoring Assessment System (BIMAS) to track our programs and perform behavioral screening for all students.

Behavioral screening is especially important. We screen kids academically all the time, but only 2 percent of all schools in the U.S. do formal and preventive behavioral screenings. The other 98 percent wait until behavioral issues start affecting the child's performance and well being in school. At that point the child is either failing or has been sent to the principal's office.

One of the problems with this approach is that we're finding boys of color are over-represented when it comes to acting out, discipline, or disruption problems; and girls are under-represented. And so are all the kids who are depressed or internalizing anxiety.

A better approach is to find the kids who need help early and then get them help—before the problems mushroom, and in order to limit the number of children who are struggling within the school environment.

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This new paradigm has proved very effective. Data from 30 of our CBHM schools reinforce the hypothesis that improved student behavior improves test scores and lowers suspensions. And when suspensions decrease, engagement and learning generally increase. At Brighton High School, for example, we have seen a 44 percent decline in suspensions, which is extremely encouraging.

Despite these strong trend lines, a huge issue for us right now is finding funding that will allow us to expand CBHM to additional schools and to form additional mental health partnerships in the community. We've been so fortunate to have rich, meaningful, and sustained partnerships with the Boston Children's Hospital and the University of Massachusetts (Boston) School of Psychology. But we need other relationships like this to better serve our students.

We also must help elected officials understand that schools need funding based on their students' mental health needs. The funding for mental health currently goes to behavioral health providers in hospitals and community organizations—not to schools, where it's also required. This lack of funding works against us when we're trying to create alliances in the community.

For their part, insurers need to help support school-based mental health partnerships and improve reimbursement rates for group therapy for students, which is one of the important ways we help create a positive environment for kids in our schools.

The truth is we're too reactive when it comes to helping children with behavioral issues in the classroom. We need the resources that will allow us to be proactive and preventive. The sooner we start working with students who are hurting, the better off they'll be—and the better our schools will become.