Preventing Student Problems: What are the Barriers?

Introduction to the series:

Barriers to Prevention in Schools

Prevention of learning, behavior, and emotional problems is a long-standing concern.

Despite the many compelling arguments for prevention and for minimizing the impact of factors interfering with learning and teaching, policy makers in schools and agencies have yet to make prevention a high priority.

The purpose of this series is to underscore the reasons for this state of affairs in order to clarify ways to address policy, practice, and implementation barriers.

While prevention has increasingly become a topic for discussion, a system of prevention has yet to be realized within schools and their surrounding communities. The outline that follows introduces four key questions and highlights topics to be explored in this *Barriers to Prevention* series.

Key questions:

I. How is Prevention Defined in Schools?
II. What have been Major Sources of Federal Support for Prevention in Schools?
III. What are Prevailing Practices Related to Prevention in Schools?
IV. What Factors Limit Development of a System of Prevention in Schools?

Future documents in the series will delve more deeply into barriers to school-based prevention policy, practice, and implementation by exploring such matters as:

- What are the policy barriers to prevention in schools?
- What strategies have been suggested for overcoming policy barriers?
- What are the barriers to local and large scale implementation of prevention in schools?
- What strategies have been suggested for overcoming implementation barriers?
- What effect do current prevention policies and practices have on addressing barriers to teaching and learning?

*This series has been initiated and uses information culled from the literature by Stephanie Moore as part of her work with the national Center for Mental Health in Schools at UCLA.

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If you have comments, suggestions, examples you would like to share, please let us know.
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I. How is Prevention Defined in Schools?

- A common definition for prevention has yet to be established (e.g., debate continues as to whether the term prevention should be used only when intervening before problems arise; some argue that efforts to enhance development constitute prevention).
- In defining prevention in health and education, the emphasis has been on identifying categories and stressing integration with promotion of healthy development and with treatment (World Health Organization, 2004; Institutes of Medicine, 2009). Initially, those working in public health tended to categorize a continuum ranging from primary, secondary, and tertiary prevention (Caplan, 1964). As proposed by Gordon (1983) and adapted by the Institute of Medicine (1994, 2009), this framework has been translated into three levels:
  - *Universal prevention*, which addresses common risk factors for whole populations (can be viewed as primary prevention)
  - *Selective prevention*, which focuses on identified at-risk groups (can be viewed as related to secondary and tertiary prevention)
  - *Indicated prevention*, which focuses on high risk individuals manifesting problems (including those who do not meet diagnostic criteria for a disorder) with the intention of at least minimizing exacerbation of problems. (This is tertiary prevention.)
- A framework for a continuum of integrated *subsystems* for school-community interventions to prevent and correct problems is offered by Adelman & Taylor (2000, 2010, 2011a, 2011b). As indicated in the Exhibit on the following page, the continuum includes the promotion of healthy development as related to primary prevention. Focusing on those with identified mental health problems, Weisz, Sandler, Durlak, & Anton (2005) also include promotion of health and positive development with the three levels of integrated intervention.

II. What have been Major Sources of Federal Support for Prevention in Schools?

- The *Elementary and Secondary Education Act* (ESEA) – currently designated as the *No Child Left Behind Act* (NCLB) -- and the *Individuals with Disabilities Education Act* (IDEA) recommend and allocate some funds for early identification, prevention, and early intervention programs for children at risk or with difficulties.

- The *Early Periodic Screening, Diagnosis, and Treatment* **(**EPSDT**)** Program is the child health component of Medicaid. It's required in every state and is designed to improve the health of low-income children, by financing appropriate and necessary pediatric services. EPSDT works with public health, families, managed care organizations, pediatricians, and other health providers including those that are school-based.

- In addition, various federal agencies periodically offer special grant programs to support prevention initiatives for designated problems such as dropout prevention, school safety, obesity, suicide prevention, etc., and on promoting healthy development.

> Not surprisingly, states vary considerably with respect to focusing on and funding prevention in schools. For the most part, the trend has been reactive (i.e., to legislate after a problem has raised high level and state-wide concern). For example, concern about youth bullying at school and in cyberspace has led most state legislatures to adopt policies, usually accompanied by minimal funding (U.S. Department of Education, 2011).

Continuum:* Integrated Subsystems for Meeting the Needs of All Students

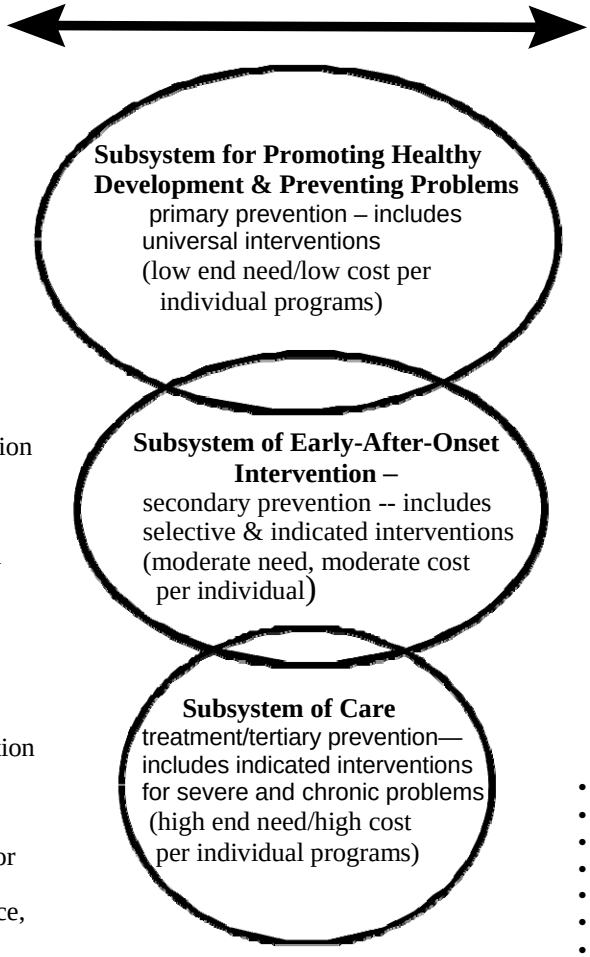
School Resources
(facilities, stakeholders, programs, services)

Examples:

- General health education
- Social and emotional learning programs
- Recreation programs
- Enrichment programs
- Support for transitions
- Conflict resolution
- Home involvement
- Drug and alcohol education

- Drug counseling
- Pregnancy prevention
- Violence prevention
- Gang intervention
- Dropout prevention
- Suicide prevention
- Learning/behavior accommodations & response to intervention
- Work programs

- Special education for learning disabilities, emotional disturbance, and other health impairments



Community Resources
(facilities, stakeholders, programs, services)

Examples:

- Recreation & Enrichment
- Public health & safety programs
- Prenatal care
- Home visiting programs
- Immunizations
- Child abuse education
- Internships & community service programs
- Economic development

- Early identification to treat health problems
- Monitoring health problems
- Short-term counseling
- Foster placement/group homes
- Family support
- Shelter, food, clothing
- Job programs

- Emergency/crisis treatment
- Family preservation
- Long-term therapy
- Probation/incarceration
- Disabilities programs
- Hospitalization
- Drug treatment

Systemic collaboration is essential to establish interprogram connections on a daily basis and over time to ensure seamless intervention within each system and among *systems for promoting healthy development and preventing problems*, *systems* of *early intervention*, and *systems of care*.

Such collaboration involves horizontal and vertical restructuring of programs and services

(a) within jurisdictions, school districts, and community agencies (e.g., among departments, divisions, units, schools, clusters of schools)

(b) between jurisdictions, school and community agencies, public and private sectors; among schools; among community agencies

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* Various venues, concepts, and initiatives permeate this continuum. For example, venues such as day care and preschools and school-based health centers, concepts such as social and emotional learning and development, and initiatives such as positive behavior support, response to intervention, coordinated school health, and after school programs. Also, a considerable variety of staff are involved. Finally, *note that this illustration of an essential continuum of intervention systems differs in significant ways from the three tier pyramid that is widely referred to in discussing universal, selective, and indicated interventions.*

III. What are Prevailing Practices Related to Prevention in Schools?

- Over the last decade, the most widely implemented prevention efforts in schools have focused on universal programs to enhance safety (preventing violence) in schools and to counter substance abuse. (Recent policy shifts have removed funding for many of these programs.) In addition, health education continues to part of the regular curriculum.

- Schools have policies and rules about matters such as bullying and harassment and other inappropriate behaviors but their investment in interventions varies considerably.

- Screening in schools to prevent problems mainly has focused on physical health (e.g., checks on immunizations); screening for depression, suicide, delinquent behavior, etc. is controversial and not widely implemented.

- With increasing concern about obesity, widespread attention is being given to rethinking school food programs and what is offered by on-campus vending machines.

- With respect to learning problems, *Response to Intervention* (RtI) techniques have been promoted through federal policy and are being widely advocated to intervene with indicated students in order to address problems as early-after-onset as feasible with a view to preventing the need for more specialized and costly interventions (e.g., special education).

- With respect to behavior problems, *Positive Behavior Interventions and Support* (PBIS) programs also have been promoted through federal policy and are widely deployed as universal, selective/targeted, and intensive individualized interventions.

- When a student's difficulties with respect to school require more than can be addressed in the classroom, student support staff, if available, enter into efforts to prevent and correct.

IV. What Factors Limit Development of a System of Prevention in Schools?

- *Marginalization in school improvement policy* of a focus on developing a unified and comprehensive system for addressing barriers to learning and teaching (Adelman & Taylor, 2000). This results in:

  - ad hoc and piecemeal/fragmented policy making and practice
  - counterproductive competition for sparse resources
  - over-pursuit of sources of funding that work against system development (some extra mural grants amount to "pernicious" funding)
  - little or no accountability for effectively addressing barriers to learning and teaching and re-engaging disconnected students

- *An institutional culture of responding to the "squeaky wheel".* Schools predominately focus on reacting to rather than preventing problems; this has been described as a culture of "waiting for failure." As a result, the major emphasis is on responding to problems and often using a large proportion of sparse resources in reacting to those students who are most disruptive.

- *The implementation problem.* As with most innovative approaches, when prevention practices have been introduced into schools on a large scale, they often encounter a host of barriers to systemic change (Center for Mental Health in Schools, 2013).

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