

Multi-Tiered Systems of Support and Social-Emotional Learning Improve Student Outcomes

Today's students face a myriad of social, emotional, and behavioral challenges that adversely affect academic achievement. And children's needs for mental health care are largely unmet; between 14 to 20% of children and adolescents (aged 8-15) experience a mental, emotional, or behavioral disorder each year, and only about half of these children receive treatment. Without treatment, children with mental health disorders are at greater risk of negative outcomes such as dropping out of school, substance use, risky sexual behavior, violence, and more severe mental health difficulties.^{1,2} As a result, schools are challenged with supporting the mental health needs of students while promoting academic achievement.

Research shows that these issues are linked and addressing students' social, emotional, and mental health needs can lead to improved student outcomes.³ To do so, many schools are changing how they approach discipline and learning by implementing Positive Behavioral Interventions and Supports (PBIS), an evidence-based, multi-tiered prevention framework that reinforces positive behaviors while creating an environment that supports student learning.⁴

Over 25,000 schools use the PBIS framework, which teaches school-wide behavior expectations at the universal level (Tier 1), offers targeted group support for at-risk students (Tier 2), and provides intensive, individual services for the highest-need students (Tier 3). Some New Hampshire schools are taking steps to improve the health and wellness of students by adopting the Multi-Tiered System of Support for Behavioral Health and Wellness (MTSS-B), a NH-specific model that blends research-based school mental health practices with the PBIS framework.⁵

NH's MTSS-B Essential Components

- Shared leadership
- Data-based problem solving & decision making
- Layered continuum of supports for all students
- Evidence-based behavioral health instruction, intervention, and assessment
- Universal screening and progress monitoring
- Family, school, and community partnering

School-wide positive behavior support, problem behaviors and academic achievement

School personnel frequently use office discipline referral (ODR) rates to evaluate student behavior and the behavioral climate of schools. ODRs are associated with problematic behaviors and can be predictive of student aggression, drug use, defiance, behavior disorders, and juvenile delinquency. When implemented well, multi-tiered systems of support have been shown to reduce ODR rates.^{6,7} Scholarly evidence supports the notion that MTSS-B/PBIS fidelity and ODR rates (and other important outcomes, such as attendance) are linked in elementary, middle school, and high school settings.^{8,9,10} The association between problem behavior and reduced academic achievement is well-established; for example, high school failure and multiple suspension events are linked, GPA and aggressive behavior in school are associated, and frequency of discipline events and class grades show a negative correlation. **When school-wide positive behavior supports are implemented with fidelity, academic achievement improves.**¹¹

Student instructional and administrator time gained due to reduction in problem behavior

Reducing the incidence of problem behaviors and as a result, the number of ODRs, can increase educational and administrative time in schools. Not only do disruptive students lose learning time when a teacher handles classroom disruption, but other students also lose instructional time. Researchers found that the average instructional days gained through reduction in ODRs were 29.5 days school-wide during an academic year.¹²

Social-emotional learning increases academic achievement

There is a significant body of research demonstrating the effectiveness of social-emotional learning (SEL) in promoting students' healthy development and increasing their academic achievement.¹³ When teachers integrate SEL with academic information, student understanding of the subject matter improves and problem behaviors decrease. **SEL programming has been shown to significantly raise test scores while lowering levels of emotional distress, disruptive behavior, and drug use.**¹⁴ Researchers have found that students who participated in evidence-based SEL programs showed significant improvements in social and emotional skills, attitudes, behavior, and academic achievement compared to students who did not participate in SEL programs.¹⁵ Further, The Collaborative for Academic, Social, and Emotional Learning¹⁶ recently found that in addition to the immediate benefits (e.g., improved social skills, mental health, and academics) gained from participating in evidence-based SEL programs, students who participated in these programs continued to fare better than their peers – up to 18 years later – in their social, emotional, and mental health.

Five Core Areas of Social Emotional Learning

Self-awareness

Self-management

Social awareness

Relationship skills

Responsible decision making

Economics of multi-tiered systems of support

Research is emerging that demonstrates the fiscal benefits of implementing MTSS-B. Researchers recently examined the economic costs of implementing PBIS in comparison to the benefits of reduced suspensions, a common result of PBIS¹⁷. Through the cost analyses, they found that **every \$1.00 invested in PBIS resulted in a fiscal savings of \$104.90.**¹⁸ This is an impressive finding that provides initial evidence for the potential fiscal benefits of investing in and implementing school-wide MTSS-B programs.

Summary

While implementing MTSS-B is no easy undertaking – it takes considerable time, resources, and commitment to reach fidelity to the model – its benefits are well-documented in the literature. MTSS-B and SEL are associated with reduced ODRs, improved climate and attendance, and other important outcomes when implemented with fidelity.

¹ University of Maryland School of Medicine. (n.d.) The Impact of School Mental Health: Educational, Social, Emotional, and Behavioral Outcomes. Retrieved from <http://csmh.umaryland.edu/media/SOM/Microsites/CSMH/docs/CSMH-SMH-Impact-Summary-July-2013-.pdf>

² Lehr, C. A., Johnson, D. R., Bremer, C. D., Cosio, A., & Thompson, M. (2004). Increasing Rates of School Completion: Moving from Policy and Research to Practice. A Manual for Policymakers, Administrators, and Educators. Essential Tools. National Center on Secondary Education and Transition, University of Minnesota (NCSET).

³ Bazelon Center for Mental Health Law, Fact Sheet #1 Why states and communities should implement school-wide positive behavior support integrated with mental health care www.bazelon.org

⁴ U.S. Department of Education's Office of Special Education Programs, www.pbis.org

⁵ www.pbis.org

⁶ Bui, X., Quirk, C., Almazan, S., & Valenti, M. (2010). Positive behavioral interventions and supports research and practice. Maryland Coalition for Inclusive Education, 1-13.

⁷ Simonsen, B., Eber, L., Black, A. C., Sugai, G., Lewandowski, H., Sims, B., & Myers, D. (2012). Illinois statewide positive behavioral interventions and supports: Evolution and impact on student outcomes across years. *Journal of Positive Behavior Interventions*, 14(1), 5-16.

⁸ Flannery, K. B., Fenning, P., Kato, M. M., & McIntosh, K. (2014). Effects of school-wide positive behavioral interventions and supports and fidelity of implementation on problem behavior in high schools. *School Psychology Quarterly*, 29(2), 111-124. <https://doi.org/10.1037/spq0000039>

⁹ Freeman, J., Simonsen, B., McCoach, D. B., Sugai, G., Lombardi, A., & Horner, R. (2016). Relationship Between School-Wide Positive Behavior Interventions and Supports and Academic, Attendance, and Behavior Outcomes in High Schools. *Journal of Positive Behavior Interventions*, 18(1), 41-51. <https://doi.org/10.1177/1098300715580992>

¹⁰ Freeman, J., Simonsen, B., McCoach, D. B., Sugai, G., Lombardi, A., & Horner, R. (2016). Relationship between school-wide positive behavior interventions and supports and academic, attendance, and behavior outcomes in high schools. *Journal of Positive Behavior Interventions*, 18(1), 41-51.

¹¹ Putnam, R. F., Handler, M., & O'Leary-Zonarich, C. (2003). Improving academic achievement using school-wide behavioral support interventions. Paper presented at the Annual Conference of the Association of Behavior Analysis. San Francisco, CA.

¹² Putnam, R., Horner, R. H., & Algozzine, R. (2006). Academic achievement and the implementation of school-wide behavior support. *Positive Behavioral Interventions and Supports Newsletter*, 3(1), 1-6.

¹³ Payton, J. W., Graczyk, P., Wardlaw, D., Bloodworth, M., Tompsett, C., & Weissberg, R. (2000). Social and emotional learning: A framework for promoting mental health and reducing risk behavior in children and youth. *Journal of School Health*, 70, 179-185.

¹⁴ Durlak, J. A., Weissberg, R. P., Dymnicki, A. B., Taylor, R. D. & Schellinger, K. B. (2011). The impact of enhancing students' social and emotional learning: A meta-analysis of school-based universal interventions. *Child Development*, 82(1): 405-432.

¹⁵ Ibid.

¹⁶ The collaborative for academic, social, and emotional learning; www.casel.org

¹⁷ Swain-Bradway, J., Lindstrom Johnson, S., Bradshaw, C., and McIntosh, K. (2017). What are the economic costs of implementing SWBIS in comparison to the benefits from reducing suspensions? Retrieved from www.pbis.org on November 22, 2017.

¹⁸ Ibid.