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**Qualitative Study of Benefits of the Intensive Behavioral Support Program
at Peck Full Service Community School
in Holyoke, Massachusetts**

A project based upon an investigation at the Peck Full Service Community School, Holyoke, Massachusetts, submitted in partial fulfillment of the requirements for the degree of Master of Social Work.

Seweryn Kolysko

Smith College School for Social Work
Northampton, Massachusetts 01063

2015

Seweryn Kolysko

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ABSTRACT

Students presenting chronic behavioral challenges are few, yet they account for disproportionately high numbers of disciplinary referrals. These small numbers of students greatly impact the educational, behavioral, and socio-emotional outcomes of the entire student population and the functioning of the school as a whole. These students often respond in behaviorally undesired ways to their complex, unaddressed needs and to the environmental factors outside of their control. This pattern becomes especially pervasive in urban schools, where students face far greater challenges than in other settings. The typically used measures to address their behaviors often prove relatively ineffective and have the potential to be punitive, reactive, and highly inefficient. As a result, these students continue to exhibit behavioral challenges, which is detrimental to their own learning and all other students' educational outcomes. Having students' unaddressed needs and general student population's wellbeing in mind, Peck Full Service Community School in Holyoke, Massachusetts implemented a comprehensive system of behavioral support for students with chronic behavioral challenges. This study is an evaluation of the Intensive Behavioral Support program, with the goal of identifying the benefits of this type of support in comparison to the typically used behavioral interventions.

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CHAPTER ONE

Introduction

The behavior management of students within the public education system in the United States has historically been overseen by school administrators. However, with emerging research on the connection between student needs and behavioral problems, the task of addressing environmental challenges has been increasingly outsourced to school social workers and counselors. Behavioral science and the emergent knowledge of links between underlying challenges and exhibited behaviors suggest that these behaviors are a function of unaddressed situational, developmental, mental health, and family needs (Center for Social Justice, 2011, p. 10). With this in mind, it has been increasingly important to address behaviors not only through administrative discipline, but also through the identification of and attention to the underlying causes of these behaviors. This paradigm shift is now viewed as a necessary prerequisite for behavioral change, improved socio-emotional performance, and subsequent improvement in academic outcomes. The support of students as well as their families and community systems is accomplished by connecting students and families with necessary resources and services. School administrators frequently lack the time and ability to address these complex systemic challenges, which naturally fall within the realm of expertise of social workers.

With students who present chronic behavioral challenges in mind (known as tier 3 students), Peck Full Service Community School in Holyoke, Massachusetts developed an innovative behavior management program. The goal of this program was to deliver comprehensive, wrap-around supports of an intensive and highly-coordinated nature that would both address the behavioral issues and facilitate the resolution of the underlying challenges. This Intensive Behavioral Support [IBS] program placed emphasis on developing student-specific

behavioral approaches and coordinating resources in order to provide comprehensive interventions and to maximize the capacity of available supports. This study focuses on an evaluation of the Intensive Behavioral Support program at Peck Full Service Community School. Particular emphasis is placed on understanding the direct and indirect benefits of this highly-coordinated and relational approach which was designed to improve the functioning of both the individual students and, by extension, the entire school population and the school system. The research question for this study is: “What are the perceptions of the key school personnel regarding the impact of the Intensive Behavioral Support program on tier 3 students and the school system in general education settings?”

Tier 3 students typically require ongoing, proactive, and intensive support. Schools' limited programmatic and financial capacity for carrying out these complex tasks is one of the key challenges to implementing comprehensive support systems. The high level of needed input, along with pressures for increasing quantitative academic results, make it difficult for school administrators to allocate scarce resources in programs not directly related to academic outcomes. However, in their seminal article, Walker, Horner, Sugai, Bullis, Sprague, Bricker, & Kaufman (1996) argue that schools are uniquely positioned to reach at-risk youth at the most critical time, when preventive methods have the potential to be most effective (p. 194). Walker et al. (1996) acknowledge that schools not only have this capability, but also a responsibility to do so. Utilizing resources in a coordinated fashion in order to maximize the outcomes in light of the limited programmatic capacity seems to be the most balanced approach that can allow for carrying out efficient programs with relative feasibility. This approach seems consistent with the overarching goal of schools, which is to educate youth, and with the need to continuously improve academic results: given the disruptive impact that behavioral incidents have on all

students, addressing these incidents in a proactive manner is at the core of developing effective and efficient educational systems.

The existing body of research on general school-wide behavioral approaches and a relative dearth of professional literature on highly-individualized interventions for students with most needs suggest that services are provided primarily on the school-wide level. These approaches are designed to promote a positive atmosphere within the school, establish a sense of connection between the students and staff, and consequently reduce the number of behavioral problems and increase academic achievement. In educational settings and in professional literature these approaches are known as tier 1 approaches. Although the implementation of tier 1 strategies is much needed and beneficial at large, these programs are insufficient for students who present increased behavioral challenges (tier 2 students), and particularly for approximately 5% of the student population that exhibits chronic behavioral challenges and the highest level of needs (tier 3 students). This small group of tier 3 students faces multiple challenges and unaddressed needs that make it extremely difficult for them to perform in mainstream academic settings. As evidenced by the lack of professional writing, little research has been conducted in regard to the tier 3 students and tier 3 interventions. This is due in part to the fact that tier 3 comprises a small number of students and due to the fact that tier 3 services are rarely implemented in schools on a consistent basis. These factors make tier 3 services difficult to evaluate. Additional research of tier 3 approaches is both desired and necessary, because this small group of students, if left without adequate supports at an early age, will face increasing educational challenges and is likely to have a detrimental impact on the education of others. Looking at the tier 3 research through this lens of systemic impact, it becomes clear that an evaluation of appropriate interventions for tier 3 students is an inseparable component of any

behavior management system and ultimately of any educational system (Sugai, Sprague, Horner, Walker, 2000, p. 95).

This study of the effectiveness of comprehensive service provision to tier 3 students through the implementation of the Intensive Behavioral Support program was suggested by the Holyoke Public Schools' administrators as a useful tool to evaluate the previously implemented program; it was further deemed as potentially valuable to the development of future behavior management approaches. In-person interviews were conducted with 12 individuals who reflected on the impact, effectiveness, and benefits of this program to the tier 3 students, the overall student population, and the functioning of the school.

Findings of this study may offer valuable information regarding the functioning and benefits of a highly-coordinated tier 3 behavioral support system within a general school setting. Furthermore, findings of this study may be beneficial to the field of social service provision and might be used in the evaluation and development of other student support programs in school settings. Although this research directly benefits the school system in Holyoke, the findings may be used to develop school-based social services and behavioral programs in other locations. The results of this study may allow school administrators, social workers, and service providers to evaluate the strategies for maximizing capacity for service delivery; this is especially important given the limited financial and programmatic resources of many schools. The study evaluates the effectiveness of the model implemented within Peck School with the ultimate goal of guiding the direction of behavior management services and the provision of student supports in this and other institutions in the future.

CHAPTER II

Literature Review

The following literature review chapter focuses on the key aspects of the existing literature as it pertains to the overarching research question, “What are the perceptions of the key school personnel regarding the impact of the Intensive Behavioral Support program on tier 3 students and the school system in general education settings?” The first section defines key terms that relate to the field of this study; it also provides an overview of the aspects of the functioning of schools that relate to the provision of behavioral services and wrap-around supports to students presenting chronic behavioral challenges. These students, in three-tier models of behavioral intervention, are referred to as tier 3 students. Ultimately, the literature review is an attempt to look at the main challenges in public education as they relate to behavior management, describe the theoretical background to the multi-systemic work that defines the provision of comprehensive behavioral support services, provide a backdrop for this type of collaborative work that is performed in full service community schools, and outline the three-tier intervention models that the Intensive Behavioral Support services at Peck Full Service Community School were in part modeled on. Finally, the literature review identifies the areas in which the current research on the topic of provision of comprehensive supports to students is lacking, and outlines the areas in which further research or implementation of particular approaches, supports, and types of services might be needed.

Definition of Key Terms

Social and Emotional Learning [SEL] is the process through which students acquire and learn to apply knowledge, attitudes, and skills needed to understand and manage emotions, set and achieve positive goals, show empathy for others, establish positive relationships, and make

responsible decisions (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2012, p. 4). The five core social and emotional learning competencies are self-awareness, self-management, responsible decision-making, social awareness, and decision making skills (Collaborative for Academic, Social, and Emotional Learning [CASEL], 2012, p. 9)

Response to Intervention [RtI] is a method of delivering academic and behavioral services that divides the interventions into three tiers of support for students. Each tier provides more comprehensive and intensified interventions to students who do not respond to the lower level of support. RtI focuses on universal screening, early identification of students with learning and behavioral needs, provides evidence-based interventions with adherence and fidelity to their application models, closely monitors student outcomes, and moves students up and down the continuum of intensity of supports depending on students' response to measured progress indicators (RTI Action Network, 2013).

Positive Behavioral Interventions and Supports [PBIS] is a universal model of school-wide strategies for addressing behavioral issues through the application of positive and proactive behavioral interventions, social and emotional learning, and organizational behavioral principles. PBIS is currently implemented in more than 18,000 schools across the country (Molloy, Moore, Trail, Epps, & Hopfer, 2013, p. 594). PBIS is one of the models that implement interventions divided into three tiers depending on the severity of behaviors and complexity of student needs: tier 1 includes proactive, school-wide interventions designed to address the entire student body, tier 2 includes short term or low-intensity interventions with students who present infrequent behavioral challenges; and tier 3 includes focused interventions provided to students presenting chronic behavioral challenges and complex needs.

Tier 3 in three-tier intervention models refers to students who exhibit ongoing difficulties in making appropriate academic gains, or who present chronic behavioral challenges, typically resulting from unaddressed psychological, emotional, developmental, or environmental needs. It is commonly assumed that tier 3 comprises approximately up to 5% of the student population in a school setting. Tier 3 students often receive the most comprehensive special education accommodations and wrap-around services to support their needs.

Functional Behavioral Assessment [FBA] is an assessment derived from the field of behavioral analysis that is implemented in schools with a goal of identifying and understanding the connection between a student's behavior and the purpose (function) this behavior serves, either consciously or unconsciously. Functional Behavioral Assessment, as an evaluation method and a tool used to determine the need for student supports, is a federally mandated assessment that is provided to students with disabilities as defined under the Individuals with Disabilities Education Improvement Act of 2004, who engage in problem behaviors at school (von Ravensberg, & Tobin, 2008, p. 3). In the years after the implementation of the FBA as a support identification strategy for tier 3 students, there has been a legislative movement to extend the use of this assessment to all students who present problem behaviors and who might benefit from this method of identifying needs and interventions (von Ravensberg, & Tobin, 2008, p. 4).

Student Support Team [SST] is a collaborative, school-based approach to supporting students who present academic or behavioral challenges. The Student Support Team typically includes a school administrator, a qualified general education teacher, a special education teacher, and several other professionals that provide expertise in areas of particular focus or need (i.e. guidance counselor, school social worker, school nurse, school psychologist).

Overview of General Educational Trends and Challenges Regarding Behavior

Management

Public schools and educational systems perform a complex role of not only educating students according to the academic curriculum, but also teaching social skills needed for functioning in the school setting, other social settings, and ultimately the society. This has always been one of the responsibilities of the educational system from its very beginning in the United States; however, the belief that public schools have a responsibility to teach the social curriculum, enhance socio-emotional learning of students, and prepare students to be responsible citizens is currently more common than ever (Bear, 1998). According to national statistics, 98% of the surveyed population agrees that this is one of the key tasks of public schools (Bear, 1998). In line with this belief, schools are not only supposed to teach the academic curriculum, but they also play a critical role in collaborating with families and communities to educate youth in socio-emotional aspects of development (Durlak, & Weissberg, 2010). Bear (1998) simultaneously points out a common belief that the currently used methods of addressing the whole child development, especially in the area of behavioral challenges, are not providing desired outcomes.

There are many parallel trends in education that have an impact on the educational and developmental outcomes of youth. Some of the most pertinent issues relate to the legislative guidelines for education, trends in teaching and learning, and societal and public health trends that impact educational outcomes. The No Child Left Behind Act of 2001 introduced standardized assessment of educational benchmarks that require states to develop and implement measures of performance in basic academic competencies (United States Department of Education, 2002). This outcomes-oriented direction became a highly debated topic in recent years, as it focuses most of school time on “teaching to the test” and implementing a

standardized curriculum without much room for modification. Teachers and administrators might often feel pressured to invest resources in ways that may not guarantee the best comprehensive academic and socio-emotional development of children, but instead attempt to ensure the best achievable scores on state-mandated assessments. Although this study does not focus on the general trends in education, nor does this writer attempt to posit an opinion regarding standardized academic measures, the mention of the impact of the legislation on the direction of education provides an important backdrop to the conversation about addressing students' needs in a comprehensive manner.

The trend in current education, which attempts to bring all children's academic competency to an identical measure, assumes a certain learning and developmental capacity of children without much room for modification of academic settings and teaching approaches, and without appropriate attention to the notion that children develop and learn differently. This adherence to outcomes-related benchmarks leads to identical expectations of children's performance without comparable attention to their situations and needs. Children's educational performance is dependent on a number of factors from individual strengths and vulnerabilities, to familial circumstances, to strengths and challenges of communities in which they live. Children that face challenges often exhibit behavioral problems that are a function of underlying issues (Broomhead, 2013, p. 4; Center for Social Justice, 2011, p. 10). However, in the typical educational system, there tend to be insufficient resources for and attention to the understanding of the underlying challenges. Behavioral concerns are often met with punitive and exclusionary responses that only increase the pre-existing divide in educational outcomes and future opportunities (Broomhead, 2013, p. 8; Sugai, Horner, 2006, p. 24; Walker, Horner, Sugai, Bullis, Sprague, Bricker, & Kaufman, 1996, p. 1).

Bear (1998) states that one of the main educational concerns is schools' punitive response to behavioral challenges rather than the application of solution-focused strategies that address and resolve those challenges. Teachers share the viewpoint that schools are currently not performing their roles in a way they should. However, Bear (1998) additionally attributes this trend to a set of external core problems: 1.) students come to school unprepared to learn; 2.) students lack parental involvement; 3.) students in schools are apathetic; and 4.) the issue of poverty impacts students' outcomes. The four areas outlined by teachers in Bear's (1998) sample place the responsibility for the current state of education outside of the schools, but they also reinforce the notion that there are external circumstances outside of children's control that dramatically impact their educational capabilities and outcomes. Bear's article highlights one of the main philosophical challenges in the educational system, which is the dichotomous belief that schools and families should work separately on different sets of tasks, rather than collaborate to address challenges together.

This trend is currently being challenged by innovative educational initiatives that align the efforts of schools, social service providers, families, and communities in order to achieve better results and address multifaceted challenges through comprehensive and collaborative solutions. These efforts play a particularly important role in urban education, due to the fact that urban youth face many challenges inherent to living in inner-city settings, such as higher poverty, lack of family and community resources, high mobility, high population density, greater racial and ethnic diversity and higher percentage of minority and immigrant students among other issues (Ahram, Stembridge, Fergus, & Noguera, 2011). Due to these and other challenges, urban youth often presents with increased behavioral and socio-emotional challenges that are a function of the underlying needs. As a result, urban youth, particularly low-income and minority

students, graduate from schools at much lower rates and often do not have the skills needed to compete in college and in the present job market (Rennie Center For Education Research and Policy, 2005, p. 1).

Two predominant and continuously growing inner-city populations that are more likely to face multiple challenges and present behavioral concerns due to a combination of factors are African Americans and Latinos (Bear, 1998; Gottlieb, & Polirstock, 2005, p. 53). These minority children, as well as other urban youth, are at a greater risk of being exposed to a number of challenges that play a role in increasing their disciplinary problems. These disciplinary issues in turn are associated with subsequent academic difficulties, punitive behavior management responses, and ultimately increased likelihood of challenges in their adult lives.

Many of these children either witness family and/or community violence or experience abuse themselves. All of these factors contribute to the presence of trauma, which in turn makes these children significantly less able to perform well academically and socio-emotionally in comparison to their peer groups. Some of the situational factors include exposure to violence including domestic violence and neighborhood violence, family life stressors, harsh parental discipline, lack of parental support, peer group instability, and lack of cognitive stimulation (Bear, 1998; Manning, & Bucher, 2005, p. 5). Various studies estimate that between 3.3 and 10 million children in the United States witness violence each year and that a vast majority of these students show symptoms of trauma (Cole, Greenwald, O'Brien, Geron Gadd, Ristuccia, Wallace, & Gregory, 2009, pp. 1-2). These family and community issues have a profound impact on the academic, socio-emotional, and cognitive capacities of children. The consequences of growing up in these conditions are transferred into the educational settings where they interfere with children's capability to process information and maintain control of behaviors and emotions

(Cole, Greenwald O'Brien, Geron Gadd, Ristuccia, Luray Wallace, & Gregory, 2009, pp. 2-3).

These challenges can be identified very early in child development. The children that grow up in unpredictable and unstable environments with histories of trauma and exposure to risk factors face functional, behavioral, and developmental consequences and have difficulty functioning in mainstream educational settings (Barfield, Dobson, Gaskill, & Perry, 2012, p. 31). Many studies also show that these problems, exhibited as early as in preschool, are the single most accurate predictor of delinquent behaviors in subsequent educational settings, as well as of future gang involvement and incarceration (Barfield, Dobson, Gaskill, & Perry, 2012, p. 31). Additionally, aggressive behaviors displayed in early elementary grades have been shown to predict substance use, antisocial behavior, and criminal activity later in life (Bradshaw, Zmuda, Kellam, & Ialongo, 2009, p. 927).

The research findings described above indicate several important implications for improving the functioning of schools: 1.) schools must reach beyond teaching the academic curriculum and provide students with a comprehensive socio-emotional development; 2.) screening, early interventions, and comprehensive approaches are important in addressing complex needs of multi-stressed families and disadvantaged communities, including urban settings with high concentration of minority populations; and 3.) schools must engage and collaborate with families and communities to address the needs of students that might be otherwise unmanageable in traditional academic settings and that might dramatically impact the educational outcomes and educational benchmarks.

Overview of Applicable Theory: Ecological Systems Perspective

Ecological Systems Perspective is a theoretical model developed in the late 1970s by Urie Bronfenbrenner, who postulated a need to look at individual functioning as influenced by

interactions and bidirectional exchanges by this individual and his or her environment. Bronfenbrenner (1979) views this theoretical approach as a pattern of organization and understanding of individual or family functioning that is influenced by various other parts of the system that the individual or family function within (p. 3). Bronfenbrenner (1979) outlines four levels of organization – microsystem, mesosystem, exosystem, and macrosystem (p. 8). In the most basic terms, according to this model, the person functions within a family unit and interacts with other individuals around (*microsystem*). A family unit interacts with other microsystems, functions within a community, and engages in a series of exchanges; these exchanges are referred to as the *mesosystem*. The broader context of the community is the *exosystem*. Finally, the overarching patterns of functioning of society are referred to as the *macrosystem* (Bronfenbrenner, 1979, pp. 7-8).

In accordance with this model, a child's functioning and development is seen as a function of interactions within this child's family, connections between the family and the school, the nature and quality of community interactions, and the availability of individual and family supports and services, as well as the impact of large scale societal forces, availability of resources, and even legislation influencing communities and individuals. Bronfenbrenner (1979) identifies similar environmental factors influencing individual's functioning when he acknowledges that demands placed on the family system, stressors, available supports, caregivers' capacity for adequate functioning, flexible job schedules of parents, adequacy of childcare arrangements, presence of supportive friends and neighbors, quality of healthcare and social services, and neighborhood safety all influence child development and functioning (p. 6). These factors lay a foundation for a contemporary understanding of child development in a setting in which multiple systems interact and in which various systems collaborate to provide

appropriate services and supports. When applying the ecological systems perspective to the school setting, an assumption can be made that the academic outcomes, behavioral functioning, and social and emotional learning are all related not only to the quality of the education itself, but also to the family and community factors that impact a child. Bronfenbrenner (1979) acknowledges that “a child's ability to learn ... may depend no less on how he is taught than on the existence and nature of ties between the school and the home” (p. 3) and associates an appropriate functioning in school and educational outcomes with such factors as communication between school and home and the existence of information in each setting about another (pp. 5-6).

Openshaw (2008) makes a similar case for interconnectedness of systems when she acknowledges that when a child enters school, the family and the school become two primary systems in which this child functions (p. 46). Interestingly, Openshaw does not suggest that either of the two systems is more important or more directly charged with the achievement of educational, behavioral, or socio-emotional outcomes. Hunter and Pardes-Mora (2008) point out that the school is a component of a larger community in which relationships between families, educators, and service providers are reciprocal (p. 281). They further acknowledge that many students who are struggling in school also face significant risk factors in other areas of life and that the need to address these challenges is a driving factor behind the creation of partnerships between families, schools, and communities that are established to address children's complex needs (p. 284).

In essence, the use of the ecological systems perspective in evaluating educational, behavioral, and socio-emotional functioning of school-aged children allows us to look at children's performance, outcomes, and challenges as functions of the underlying factors and

forces that impact these children in all areas of development. For that reason, it is important to look beyond the theoretical frameworks of individual functioning and understand the educational and developmental outcomes as a combination of various interactions, forces, and societal mechanisms that all shape students' ability to learn and perform in the school environment. This knowledge becomes a fundamental lens for our understanding of the provision of educational and social services that do not exist in a vacuum and merely respond to the challenges that they are designed to target. Rather, ecological systems theory provides us with an understanding that educational, behavioral, and developmental supports, although designed to target particular challenges, all address specific areas of functioning that become parts of a broader, more comprehensive intervention; this intervention impacts the child and the systems within which the child functions. This framework of providing services and understanding a particular way of delivering supports fits well with the educational models that promote collaboration with families and communities, and with those models where the provision of behavioral support services assume that an appropriate intervention is proactive, comprehensive, collaborative, and delivered on the multiple levels of system's functioning.

Full Service Community Schools

Challenges in education, particularly in working with urban youth and youth from impoverished and marginalized socioeconomic groups, are now more frequently addressed through the new approach of combining schools, as traditional educational institutions, with a comprehensive system of services and community partnerships under one roof. This model is referred to as a Full Service Community School [FSCS]. Calfee, Wittwer, and Meredith (1998) acknowledge that the traditional model of providing services, in which specific challenges faced by individuals, families, and communities are addressed by narrowly-focused service agencies,

results in a provision of services that are disconnected, lack a comprehensive nature, and as a result are often ineffective (p. 1). Furthermore, this approach does not take advantage of the opportunity for synergy in the provision of services. Calfee, Wittwer, and Meredith (1998) also suggest that this ineffective model of service delivery focuses more attention on problems and pathologies that need to be addressed by professionals who provide services, rather than on individual, family, and community strengths that become the basis of empowerment and collaborative work between schools, agencies, and communities (pp. 1-2). However, as the authors also point out, this paradigm is shifting towards approaches that favor comprehensive service provision, holistic approaches, inclusive work, and service networks; these strategies allow for collaborative approaches that provide more efficient and effective services (Calfee, Wittwer, Meredith, 1998, pp. 2-3). Full Service Community School models fit in with this innovative way of providing supports by creating an educational setting with wrap-around services and by establishing a set of partnerships and collaborations between the school, the local service agencies, students' families, and the community at large (Coalition for Community Schools, 2009; Samberg, & Sheeran, 2000, p. iv). As a result of transforming traditional schools into Full Service Community Schools, the school itself becomes a hub in a community, in which youth and families can receive a variety of services and connect with service providers. Full Service Community Schools operate under the assumption that schools, in order to fully address students' needs, must achieve five conditions: 1.) the school has an instructional program with qualified teachers, challenging curriculum, and high standards and expectations for students; 2.) students are motivated and engaged in learning, both in school and in community settings; 3.) the basic physical, mental, and emotional health needs of students and their families must be recognized and addressed; 4.) there is respect and collaboration between families and the school;

and 5.) community engagement and school-wide efforts promote a school climate that is safe, supportive, respectful, and connects students with a broader learning community (Coalition for Community Schools, 2009, p. 1).

Dryfoos (2005) describes the Full Service Community School model as a strategy of establishing and providing services that comprises many support programs, rather than one particular program that delivers supports (p. 7). Dryfoos (2005) also acknowledges that Full Service Community Schools can provide different types of services, depending on the particular needs of the student body and the communities in which these schools operate, and can differ widely between one another (p. 8). Regardless of these differences, there are general operational guidelines and areas in which services are provided that are common to all Full Service Community Schools. These services typically include ensuring a quality education, providing early childhood and youth development, offering student-centered and family case management, ensuring the addressing of health and mental health issues for students and their families, providing resources to families through the creation of family resource centers, community engagement and development, and the provision of supports through screening and referral channels (Coalition for Community Schools, 2009, pp. 1-2; Dryfoos, Maguire, 2002, pp. 20-23).

Research on Full Service Community Schools shows positive results of this approach in many areas, including: improved student achievement, higher student attendance, increased parent involvement, decreased special education referrals, improved mental and physical health of students, improved school climate, increased time for teachers to provide quality instruction time due to decreased non-academic challenges, and improved safety and security (Coalition for Community Schools, 2009, p. 2; Varlas, 2008).

Given that the main goals of Full Service Community Schools are to coordinate services and improve outcomes of students, as well as increase the collaboration between the school, the families, and the community, it seems intuitive that Full Service Community Schools may serve as an appropriate and effective response to the overall needs of students and to the expectations of the society in regards to the ways in which education and student development are provided. It can be also stipulated that the collaborative nature of Full Service Community Schools provides an appropriate setting for addressing comprehensive behavioral needs in a positive manner. The services provided by Full Service Community Schools tend to align well with the comprehensive positive behavioral supports that tier 3 students require in order to perform better behaviorally, socio-emotionally, and academically. The next part of this chapter outlines two academic and behavioral intervention models that are popular ways of addressing behavioral challenges in a systematic, comprehensive, and collaborative way. These interventions fit well both with the model utilized by Full Service Community Schools and with the ecological systems perspective.

Response to Intervention (RtI)

Response to Intervention is a three-tiered approach that is utilized in schools in order to provide academic and behavioral supports that increase in the degree of provided services across the three tiers based on students' identified needs and their response to utilized interventions. The students who do not respond positively to lower-level interventions are moved up to the next tier and receive a higher intensity set of supports. The RtI model was initially developed as a method of delivering academic supports, but there is an increasing interest in utilizing this approach in the provision of parallel academic and behavioral services (Bohanon, Goodman, & McIntosh, n.d.). The original RtI model was based on several criteria of implementation. These are: 1) high quality classroom instruction, screening, and group intervention; 2) ongoing student assessment;

3) tiered instruction; and 4) parent involvement (The National Center for Learning Disabilities, Inc., n.d.). Presently, a substantial body of research shows that academic outcomes and behavior are correlated. Bohanon, Goodman, and McIntosh (n.d.) highlight the connection between low academic skills and problem behavior and point out that problems in one area can predict future problems in the other area. The benefit of this connection is that school personnel can use interventions in one of these areas to prevent or solve problems in the other (Bohanon, Goodman, McIntosh, n.d.). This is a critical point, which emphasizes that high quality academic instruction and comprehensive behavioral supports must be provided simultaneously and cannot be successfully implemented one at a time, without a thorough examination and implementation of interventions in the other area.

While the academic RtI interventions begin with testing of all students and proceed to add educational accommodations where needed, behavioral RtI interventions are likely to start with an assessment of the school-wide climate, providing school-wide interventions in this area, and then identifying students who need additional behavioral supports (Bohanon, Goodman, & McIntosh, n.d.). An important part of the approach, which is shared by RtI and PBIS models, is an emphasis on prevention and addressing behavioral issues as early as they are identified (Sugai, n.d.). Both models fit well together in that they both share a similar commitment to the three-tiered work in which students can be moved between tiers with flexibility and according to their needs. At the same time, Prasse (n.d.) also points out that simply identifying students with greater needs and providing them with increased supports is not sufficient. In order to provide these services efficiently and effectively, schools must focus on students' response to these interventions as measured by a predetermined set of academic or behavioral outcomes. In other words, it is important to identify what the “active ingredients” of academic and behavioral

approaches are and which interventions are yielding the desired outcomes. Only by doing so, can students be effectively moved up and down the three-tier continuum and provided with the optimal set of interventions that are student and situation-specific.

Positive Behavioral Interventions and Supports (PBIS)

School-wide Positive Behavioral Interventions and Supports [PBIS] is a three-tier model that aims to proactively prevent disruptive behaviors in schools. Given that previous research shows a correlation between academic and behavioral outcomes and a subsequent need to cater to both areas of student performance simultaneously (Bohanon, Goodman & McIntosh, n.d.; Nelson, Benner, Lane, Smith, 2004, p. 59), the PBIS model provides a natural fit with the more academically-focused RtI model. Similar to the RtI approach, this model focuses on three tiers of intervention, tier 1, universal, school-wide positive approaches; tier 2, targeted interventions for students presenting occasional behavioral challenges; and tier 3, intensive and focused intervention for students presenting chronic behavioral challenges and complex needs. Students in these three tiers receive different levels of intervention, with the assumption that all three tiers work together and each intervention benefits the functioning of the other tiers and ultimately the functioning of all students in the school. One of the initial blueprints that outlined the three tier model was the article by Walker, Horner, Sugai, Bullis, Sprague, Bricker, and Kaufman (1996) titled, *Integrated Approaches to Preventing Antisocial Behavior Patterns among School-age Children and Youth*. In this article, the authors cite statistical evidence of the growing problem of youth violence, antisocial behaviors, and broadly understood behavioral challenges that lead to future interpersonal violence, incarcerations, and a range of other challenges. If unaddressed at an early stage, these challenges become virtually impossible to overcome and subsequently become a pervasive concern for the entire society (Walker et al., 1996, pp. 194-195). Walker et

al. (1996) further make the case that schools not only have a key role to play in addressing this societal challenge, but are also uniquely positioned to do so, given their access to at-risk youth at a time when proactive and preventive measures might be most effective (p. 195). The authors outline four important strategies that should be implemented: 1.) all students should be screened proactively, 2.) coordinated, school-wide efforts should be applied as a preventive measure, 3.) the practice of relying primarily on exclusion, suspension, and expulsion as a means of addressing behavioral challenges should be discontinued, and 4.) school systems should develop sets of alternative educational strategies and placements that correspond with the progressively challenging behaviors, but are not exclusionary (Walker et al., 1996, p. 196). The authors further acknowledge that school personnel consistently rely on similar, general, and standardized solutions that are frequently most readily available to them, but often prove ineffective because they are not student-specific. These approaches frequently comprise a set of punishment-oriented disciplinary consequences and individual referrals to available, school-based supports, with the referral to the school counselor being the most frequently utilized intervention (Walker et al., 1996, p. 197). In the second part of the article Walker et al. (1996) propose a three-tier system of intervention that responds to three broad categories of students – students that do not present challenging behaviors, students with elevated risk for exhibiting behavioral challenges, and students who exhibit chronic behavioral challenges on an ongoing basis (p. 200).

In response to these three groups of students, Walker et al. (1996) propose primary, secondary, and tertiary strategies (p. 201). *Primary intervention* focuses on school-wide positive approaches that are provided to all students and set guidelines, rules, and expectations, as well as teach desired social behaviors. *Secondary intervention* provides behavioral and academic mentoring and skill development to students identified as being at risk for exhibiting more

frequent behavioral challenges. *Tertiary intervention* assumes a more focused and intensive involvement of wrap-around services and comprehensive resources provided to students already presenting chronic behavioral challenges (Walker et al., 1996, pp. 201-202).

The three-tier behavioral strategy outlined by Walker et al. (1996) served as the basis for the PBIS model that became widely implemented in many schools across the country. Currently, more than 18,000 schools have been trained in the PBIS model (Molloy, Moore, Trail, Epps, & Hopfer, 2013, p. 594). PBIS is also an evidence-based approach, as randomized controlled trials demonstrated its positive effects on academic performance, perceptions of school safety, school suspensions, and frequency of disciplinary referrals (Molloy, Moore, Trail, Epps, & Hopfer, 2013, pp. 594-595)

Although the model assumes that all three tiers should be implemented with fidelity for best results, most schools typically implement only parts of the model (Molloy, Moore, Trail, Epps, & Hopfer, 2013, p. 593). This is typically a result of the lack of institutional capacity and financial resources for the full implementation. Molloy, Moore, Trail, Epp, and Hopfer (2013) analyzed the “active ingredients” of the entire program. They acknowledge that programs that are implemented in real life settings are often very different from the original model because schools apply those parts of the entire system that are most useful to their circumstances and most feasible vis-a-vis the available resources. Due to this lack of implementation consistency, it is difficult to establish what the most important components are, but Molloy, Moore, Trail, Epp, and Hopfer (2013) found that teaching school-wide social and behavioral expectations, implementing reward systems, and utilizing consequence systems with consistency are the three most important aspects of the school-wide intervention (pp. 599-603). These three approaches

are also the ones that are utilized most commonly on the first, school-wide, preventive tier of intervention.

Tier 1 is typically the most widely used in schools that implement parts of the PBIS model because this tier is the most feasible to implement with relatively low input of resources (Barrett, Bradshaw, & Lewis-Palmer, 2008, p. 106; Debnam, Pas, & Bradshaw, 2012, p. 142). Tier 1, as a school-wide intervention, also impacts the greatest number of students and is focused on changing the atmosphere in the entire school, which may often seem as the most efficient use of resources. Many studies that focused on improving school-wide atmosphere found that the implementation of tier 1 approaches was correlated with significant improvement in school climate, perception of safety, decrease in aggressive behaviors, and lower numbers of disciplinary referrals (Bradshaw Koth, Bevans, Ialongo, & Leaf, 2008, p 469; Bradshaw, Zmuda, Kellam, & Ialongo, 2009, pp. 100-101; Stewart, Benner, Martella, & Marchand-Martella, 2007, pp. 245-248). Stewart, Benner, Martella, and Marchand-Martella (2007) conducted a meta-analysis of 17 other studies of the PBIS model noting that most of the studies focused primarily on tier 1 and suggest a need for further research of the other two tiers (p. 240).

Both tier 2 and tier 3 focus more attention on individual, targeted interventions that are delivered to students who do not respond to the universal supports (Sugai, & Horner, 2006, 247). Despite the common understanding of these tiers as geared towards individual students presenting behavioral challenges, these interventions also provide a critical support to the functioning of the entire school. Thompson and Webber (2010) acknowledge that one student's disruptive behavior often impacts all other students (p. 71) and Stewart, Benner, Martella, and Marchand-Martella (2007) add that misbehavior of any student erodes school climate, wastes teachers' instructional time, disrupts all other students, and creates safety concerns (p. 240).

These findings highlight a key link between behavior and academic performance in that the successful behavior management strategies are a critical prerequisite for successful academic instruction (Gottlieb & Polirstock, 2005, p. 56). Understanding this connection between students' behaviors and academic outcomes of the entire student population, in conjunction with the statistically shown continuous increase of violent and antisocial behaviors among youth (Barrett, Bradshaw, Lewis-Palmer, 2008, p. 105), confirms that targeted research of tier 2 and 3 interventions should be conducted in more depth. These areas of inquiry are currently insufficiently addressed in relation to the increasing need for their utilization.

As mentioned earlier, research on targeted and intensive interventions has been lagging in comparison to that regarding the proactive, school-wide approaches. This is due in part to the fact that tiers 2 and 3 have been implemented relatively less frequently due to a lack of organizational capacity. Instead, schools often approach behavioral problems with increased disciplinary consequences and suspensions (Sugai & Horner, 2006, p. 246). A disciplinary approach does not produce positive results and perhaps increases challenges – as the suspensions increase, so does the academic disparity between the general student population and the students in tier 2 and tier 3. Sugai and Horner (2006) argue for a shift towards alternative and preventive approaches that identify students in need of services early and provide comprehensive behavioral supports that are more beneficial than the punitive responses (p. 246).

A summary of the research and current knowledge of the PBIS model and the effectiveness of this support yields several key observations. All three tiers of students are part of one, interconnected system within the school and therefore each tier impacts the other two tiers. As behavioral concerns increase, the impact that students presenting behavioral challenges have on the general student population also becomes more significant. This increased impact

negatively affects overall school atmosphere, compromises instructional time, and decreases collective “time on learning.” As a result, the behavioral challenges within schools become a major societal problem and a primary concern to the general public (Stewart, Benner, Martella, & Marchand-Martella, 2007, p. 239). Future research on the effectiveness of second and third tier interventions should yield answers to questions regarding best practices, implementation strategies, and benefits.

Overview of Existing Tier 3 Interventions

Students presenting chronic behavioral challenges, as well as students who do not respond to interventions of lower intensity, are considered tier 3 students (Sugai & Horner, 2006, p. 247). These students not only experience barriers to their own learning, but contribute to classroom and school environments that are detrimental to overall school safety, positive climate and other students' academic progress (Hovland, Smaby, & Maddux, 1996, p. 43). If these students' needs are not addressed proactively, their behaviors are likely to escalate and they become at-risk adolescents and adults who require intensive personal and financial support in the future (Hovland, Smaby, & Maddux, 1996, p. 43). It is estimated that society's financial cost of each high school drop-out during his/her lifetime is close to \$300,000 incurred by reliance on public assistance and social services, incarceration, and lower tax revenue; and that the reduction of the national high school drop-out rate by half could save \$45 billion annually (Rennie Center for Education Research & Policy, 2011, p. 1).

Walker et al. (1996) outline the key components of the tertiary intervention system, which provides wrap-around services to students presenting chronic behavioral challenges (p. 201). This tertiary intervention system includes: 1.) connecting children and their caregivers to community-based social service agencies; 2.) developing student-specific wrap-around

interventions within the school; 3.) encouraging significant family involvement in planning and treatment activities; 4.) coordinating services with external agencies; 5.) providing drug and alcohol counseling; and 6.) facilitating a referral process that allows for alternative placements if needed (Walker et al., 1996, p. 201). These highly coordinated, individualized and comprehensive wrap-around interventions are positive and proactive, directly involving parents, teachers, and service providers on an ongoing, long-term basis (Walker et al., 1996, p. 202).

Debnam, Pas, and Bradshaw (2011) outline specific school-based interventions which include functional behavioral assessments and plans, individual counseling sessions, and academic and special education testing and supports (p. 117). In light of tier 3 students' complex needs, these interventions seem limited. Anderson-Ketchmark and Alvarez (2010) point out a need to draw on external services and community resources, due to the fact that the services at the third tier of intervention involve a notable increase in frequency and intensity of interventions (p. 62). The authors also highlight the need for other school-based interventions, such as: assessment of the school environment with the purpose of understanding what might be triggering particular behaviors; implementation of evidence-based interventions; documenting data during the intervention in order to evaluate which approaches work; providing ongoing collaboration between all involved parties; promoting consistency among all implementing parties; and working one-on-one with students to teach social skills, rehearse responses to situations, set goals, and reinforce appropriate behavioral responses (Anderson-Ketchmark & Alvarez, 2010, p. 62). Ultimately, Anderson-Ketchmark and Alvarez (2010) recognize that school social workers with their existing skill sets of data collection, analysis, interpretation, ability to select appropriate interventions, consultation, observation, documentation, and knowledge of community resources are well positioned to effectively implement tertiary

intervention strategies (p. 62). What Anderson-Ketchmark and Alvarez do not mention, but implicitly emphasize, is that intervention with tier 3 students requires the knowledge of various systems and the ability to utilize the systems theory in the assessment, development, implementation, and evaluation of services needed by tier 3 students.

Debnam, Pas, and Bradshaw (2011) implicitly make the case for the systemic approach that connects various resources and utilizes different levels of supports. They suggest several key factors that contribute to the success of tier 3 interventions, such as the existence and utilization of adequate resources, identification and utilization of appropriate, student-specific interventions, and continuous monitoring of the implementation of supports and of students' response to these supports (p. 117).

With these extensive requirements of resource input to provide a comprehensive intervention for tier 3 students, it comes as no surprise that schools typically do not implement this level of intervention in a comprehensive manner due to a lack of resources and personnel. As a result, many schools usually defer to the most feasible strategies, such as conducting a functional behavioral assessment [FBA], sharing information about the student through student support teams [SST], and providing daily check-ins to set behavioral expectations (Debnam, Pas & Bradshaw, 2012, pp. 142-143). These strategies are often incomplete and are not sufficiently comprehensive to address students' complex problems and needs (Walker, et al., 1996, p. 196). Debnam, Pas, and Bradshaw (2012) provide one of the few available evaluations of the tertiary support systems, in which they outline the three mentioned interventions as the most frequently used, while also acknowledging that these strategies are insufficient and lack consistency (p. 150). Debnam, Pas, and Bradshaw (2012) recognize a lack adequate information regarding tier 3

interventions and conclude that there is a need for further research regarding the types of programs and services that are helpful to tier 3 students (Debnam, Pas, Bradshaw, 2012, p. 142).

Future Research Trends and Needs

Literature on the topic of comprehensive school-wide behavior management strategies consistently acknowledges that the three tiers of intervention must be implemented concurrently for best results (Alvarez, Anderson-Ketchmark, 2010, p. 125). At the same time, the trend of implementing only school-wide approaches defies this notion. In other words, most schools are at risk of not providing successful positive behavioral interventions because they focus all of their efforts on school-wide approaches only, while 5% of the student population – the students that belong to tier 3 – typically account for approximately half of all disciplinary referrals, yet receive inadequate support (Crone, Horner, 2003, p. ix; Sugai, Sprague, Horner, Walker, 2000, pp. 97-99). Researchers agree that there is a pressing need to conduct additional research of tier 3 interventions and that the focus on tier 3 students, both in literature and in implementation, should be increased (Debnam, Pas, Bradshaw, 2012, p. 150; Stewart, Benner, Martella, Marchand-Martella, 2007, p. 240). In addition, most research and scholarly articles regarding positive behavioral interventions emphasize that the tier 3 supports require a highly coordinated set of services and supports that are monitored on an ongoing basis and that provide a venue for collaboration between involved systems and providers. In reality, this type of intensive coordination is not implemented; this is the case because schools usually allocate scarce resources in ways that facilitate academic support and in interventions that are more-thoroughly researched. However, knowledge of the long term costs of unaddressed needs and behavioral challenges that tier 3 students present calls for an increased research of behavioral supports and for allocation of more resources in the delivery of coordinated behavioral approaches to

chronically challenging students. The need for consistent and efficient synchronization and management of these complex intensive supports also calls for the provision of these services with particular attention to their coordination. This coordination, as evidenced by scarce research of few tier 3 supports, has not been at the forefront when it comes to the development, provision, and evaluation of innovative behavioral strategies. There appears to be a great need not only for the provision of more comprehensive behavioral programs to tier 3 students, but also for the intentional intensive coordination of these strategies and for follow up evaluation of their effectiveness.

The Intensive Behavioral Support Program (Peck Full Service Community School, Holyoke, Massachusetts)

The IBS program, implemented at Peck Full Service Community School in Holyoke, Massachusetts, provided support to students presenting chronic behavioral challenges that resulted from psychological, emotional, developmental, or environmental needs. The overarching goal of the program was to facilitate these students' socio-emotional development, academic achievement, and functioning in the general education setting. The program's secondary, yet equally important, goal was to deliver interventions that would decrease the detrimental impact of the challenging behaviors on the other students and on the entire school system, thus allowing for a proper functioning of other systems and for an increased ability to carry out the typical, academically-oriented tasks of the school.

The IBS services included direct support to students by focusing on relationship-based counseling and mentoring; ongoing care coordination and communication with all parties involved in the student's support; development and implementation of student-centered, strengths-based individual behavioral plans; teaching self-regulation skills and self-care

strategies; providing classroom behavioral interventions; and establishing and coordinating services with students' families and external providers. In order to carry out these tasks, the IBS program operated through its designated personnel, working within the school setting, but outside of the typical constraints of more narrowly defined roles of the therapist or the guidance counselor. Although all of these tasks are typically performed within the school setting as parts of different interventions and by different individuals, the IBS program and IBS staff utilized a unique combination of student specific interventions, systemic approaches, and case managerial responsibilities that is usually outside of the scope and capacity of any other support service within the school. In doing so, the IBS program provided a set of direct interventions for the students, while simultaneously serving as a hub for information, collaboration, and provision of external supports and aligning of services and efforts. The main characteristics that differentiated the IBS program from other school-based supports were: 1.) the presence of personnel designated specifically to support the students within the caseload; 2.) the school-based nature of the IBS support, as opposed to an outsourced intervention, which allowed the program to better integrate its interventions into the fabric of the school systems; 3.) high emphasis on establishing and maintaining positive relationships with the students in the caseload and with these students' families; 4.) small caseload of up to 10 students at a time; 5.) unique combination of tasks that included one-on-one work with students, collaboration with other parties, aligning resources and services according to needs, and development of student-specific or situation-specific strategies; 6.) high flexibility within the framework of the program to adjust the interventions, approaches, and the use of support systems specifically to each student's identified needs; 7.) flexibility to adjust the entire model of the program over time to respond to the specific changing needs of the student population and the school system.

Overall, the IBS program provided a highly-focused and flexible combination of services and strategies that was characterized by an ability to adjust to student-specific needs, thus generating sets of strategies that were efficient and synergistic. The capability to modify services according to student needs is often difficult to achieve with other supports given their personnel's duties and restrictions, external mandates, and responsibilities within the school system. Particularly in the case of tier 3 supports, students present with complex, but very different needs; therefore, the interventions must be equally flexible, individualized, and responsive to the student and the student's context (Sugai, Sprague, Horner, Walker, 2000, p. 95). The utilization of the IBS approach not only created comprehensive and flexible interventions, but also took advantage of the synergy that the program generated in order to deliver supports that were simultaneously efficient and effective.

Summary

This chapter reviewed the previously existing body of literature as it pertains to the topic of comprehensive behavior management systems for students with complex needs in general education settings. The chapter looked at the main challenges in contemporary public education with a particular focus on working with urban youth. Urban schools often face multiple complex systemic challenges that go beyond the issues typically faced by students in other settings. The literature reviewed for the purpose of this study highlights the need for a multi-pronged approach, which connects services and utilizes comprehensive interventions. The theoretical lens, the Ecological Systems Perspective, used for the purpose of evaluating the interventions for tier 3 students fits well with the model of the Full Service Community School and with the comprehensive, multifaceted approach presented and evaluated in this study. It also responds well to the complex needs of the urban youth and, by extension, to the needs of these students

who present chronic behavioral challenges. Both the Full Service Community School model and the Ecological Systems Perspective align well with Response to Intervention and Positive Behavioral Interventions and Supports, the two multi-tiered approaches reviewed in this chapter. In the theoretical sense, these approaches assume that all three levels of intervention are implemented simultaneously; in reality, it appears that the third tier of support is frequently implemented in a marginal way due to high input needs and limited resources. Although these realities are impossible to dismiss, the current study attempts to evaluate the aggregate benefits of implementing a comprehensive tier 3 support system. An underlying assumption in this study, which is informed by the reviewed literature, is that a comprehensive tier 3 intervention has the potential to yield benefits that extend beyond the support of a particular student and are greater than it can be measured through numerical data.

CHAPTER III

Methodology

The research question stated for this study is, “What are the perceptions of the key school personnel regarding the impact of the Intensive Behavioral Support program on tier 3 students and the school system in general education settings?” This research question was posed in order to evaluate the effectiveness and impact of the program developed at Peck Full Service Community School to augment the standard supports provided to tier 3 students within the three tier models. In order to provide a better understanding of how this approach influenced the delivery of supports and ultimately outcomes of students, it is important to evaluate this program.

Research Design

This study utilized a qualitative method of inquiry and assessment for the purpose of collecting narrative data. The goal of the inquiry was to evaluate the perceptions of school personnel regarding the IBS program with an intention of understanding how this type of support may improve the interventions provided to tier 3 students in general education settings. Although a quantitative measure is frequently a preferred method of evaluating programs’ specific outcomes, a qualitative measure used in this study was particularly important in order to gain a better understanding of the underlying benefits that might be difficult to record with numerical data. It is important to note that a substantial part of the benefits of this type of programming may be difficult or impossible to measure quantitatively. Quantitative data, linked to specific measurable variables, such as academic achievement, number of behavioral referrals, or attendance, might only provide a one-dimensional and therefore incomplete picture of actual outcomes and benefits. Even though the ultimate goal of the provision of services is to facilitate

students' success in an educational setting, this goal is achieved through the provision of services that attempt to impact such aspects of students' functioning as social and emotional learning, behavioral responses linked to constitutional and environmental factors, trauma history, or a socioeconomic situation of the family. With this in mind, the qualitative, exploratory measure appeared most appropriate in attempting a broader and more comprehensive evaluation of outcomes.

Sample

Recruitment for this study was conducted in collaboration with and through the official communication channels of Holyoke Public Schools. The study included a non-probability convenience sample of 12 participants drawn from school administrators and employees, as well as other professionals who participated in the development and/or implementation of the Intensive Behavioral Support program. The group of potential participants was identified by the school administrators from the employees of Peck Full Service Community School and other professionals connected with the work on this project during the time of its development and implementation. All potential participants were contacted by the school administrators via email and were given information regarding the study (Appendix A). Participation in the study was voluntary and confidential; the individuals who took part in the study were asked to respond to an email address set up exclusively for the purpose of this study and accessed only by the researcher.

Ethics and Safeguards

Risks and benefits

The study had no known risks to the participants. There were several benefits of conducting this study. First, the study created a space for the school leaders to reflect on the

process of implementing a support program for tier 3 students. This evaluation may have impact on the future programs, interventions, and approaches and has implications both for social work and education. Second, the study completed the feedback loop of conceptualization, implementation, delivery, and evaluation of the program. Third, the study outlined the design and benefits of a model that can be replicated in other settings. Fourth, participants were able to reflect on a particular way of providing student supports that is based on a collaborative attitude, unconditional positive regard, and a highly-focused approach to student cases on an individual basis. This aspect has implications for school social work, as it outlines a specific way of providing student services, which may be utilized in all settings and with all populations within the field of student services, student counseling, and school social work in general. Lastly, the study has a direct application to the three tier models, such as PBIS and RtI; the study outlines how these models work well on a student level and as a school-wide intervention and how the increase of resources in tier 3 programs may yield positive outcomes in all areas of school functioning.

Protection of confidentiality

Data gathered from participants during interviews, including digital audio recordings and written notes from interviews were kept confidential at all times in a password-protected data storage drive. All research materials will be stored for three years according to federal regulations. In the event that the materials are needed beyond this period, they will be kept secure until no longer needed and then destroyed. The audio recordings and written notes from interviews did not include participants' names or other identifying information; all materials gathered during the interviews were coded by assigning a nominal number. Participants did not receive any compensation for their participation. If the participants chose to be interviewed at

Peck School, participants were cautioned that the researcher could not guarantee full confidentiality of participation, due to the possibility of being noticed during the interview by other school employees.

Withdrawal from the study

Participants were given an option to withdraw from the study until a specified date three months after the collection of data. There were no consequences for withdrawing from the study.

Data Collection

In order to adhere to procedures for conducting research with human participants, the study was reviewed and approved by the Holyoke Public Schools' institutional review board (Appendix B). All materials related to the study were submitted to the Holyoke Public Schools before the study was conducted. The questionnaire, which was used as an instrument in this study (Appendix C), was also submitted for review, feedback, and approval. All procedures leading to, during, and after the study were in adherence to the regulations guiding research with human subjects.

Informed consent

Before conducting the study, the purpose and nature of the study were explained to respondents. Participants were offered an opportunity to ask questions about the study, or withdraw from the study before, during, or at any point after the study and until a previously specified date. Copies of informed consent forms were both given to and collected from all participants (Appendix D). After participants reviewed and signed the informed consent form and were given an opportunity to ask questions regarding the study, the researcher scheduled one-on-one interviews. Each respondent was scheduled for one interview of 30 to 45 minutes in

length. Interviews were held outside of participants' work hours in a location chosen by the respondents.

Instrument

Participants were asked a set of open-ended questions from the previously approved interview guide with follow-up probes and exploratory questions. Examples of the interview questions are:

- How did the IBS program impact tier 3 students' behavioral functioning (as understood by improvement in particular target behaviors)? If it did, please describe the changed behaviors.
- According to the three-tier models, each tier impacts the other two tiers – how did the IBS program, as a tier 3 intervention, impact the other two tiers of student support?
- Are there any non-measurable benefits of the IBS program that might be important to acknowledge?

Participants' responses were recorded digitally and in the form of written notes during the interview. Audio recordings, without identifying information, were uploaded to the computer immediately after interviews and stored in a password-protected electronic storage drive. Written notes were typed after interviews and similarly stored in a password-protected electronic drive without identifying information.

Data Analysis

The data collected during the interviews was analyzed in several stages over a period of time beginning at the time of each interview. The initial analysis of the content of the interviews took place during the interviews, when probes and follow up questions were used differentially in each interview in order to guide the exploration of the specific themes that respondents were

reflecting on. Utilizing probes and follow up questions flexibly had the goal of eliciting more specific information from the participants, based on the content of their initial reflections and based on their area of expertise. Additional comments and reflections made by the researcher during interviews were recorded by the researcher immediately after each interview, in order to capture the underlying themes and implicit content that the verbatim process might have not sufficiently reflected. The transcripts of data from the interviews and the notes written during the interview, along with the post-interview observations, served as the primary data for analysis

Audio data was transcribed verbatim and combined with written notes. Responses from all participants were at this point grouped by question and topic in order to more feasibly analyze the themes emerging from collective reactions to each question. The data was analyzed one question at a time following the sequence of their appearance in the interview guide. The verbatim transcript was at this point reduced to key themes and topics based on categories of meaning. After each section was analyzed, key themes were recorded with emphasis on their application to the overall purpose of the study. After the themes from each section were recorded and analyzed, the reduced body of research was analyzed again with emphasis on the similarities, differences, and patterns that emerged, both explicitly and implicitly, across all sections. The findings derived from this process were recorded in a written format in the same sequence as they appear in the interview guide. The following chapter presents the results of this process as they pertain to the overall topic of this study.

CHAPTER IV

Findings

Introduction

This chapter is a presentation of the findings from qualitative interviews conducted with twelve participants who had contributed to the conceptualization, development, implementation, and utilization of the Intensive Behavioral Support program at Peck School between 2009 and 2012. Although most participants contributed to the development of the program in multiple stages of its existence, only four of the contributors in this study directly participated in the program in all four stages. Therefore, for the purpose of collecting comprehensive information in this study, it was important to gather input from a diverse group of participants ranging from school administrators, to student support personnel, to teachers; all three of these groups contributed to the existence and use of the program in different, complementary ways. All of the participants collectively were able to offer a broad perspective on the development and functioning of the program as well as on its benefits to the involved students, other students in the school, and the entire school as a whole.

Questions in this study were grouped in the interview guide into four general categories. These categories included: 1.) the development and implementation of the Intensive Behavioral Support program, with a focus on its purpose and goals; 2.) impact of the program on tier 3 students; 3.) impact of the program on the general student population; and 4.) impact of the program on the school as a system; the last group of questions also included questions about the future direction of the program. For the purpose of organizing findings and drawing systematic conclusions from this study, this chapter is divided similarly into the same four categories.

The findings of this qualitative inquiry will contribute to the expansion of the knowledge about the approaches used to support tier 3 students in mainstream school settings. The dearth of research of approaches to working with tier 3 students highlights the need for further exploration of this aspect of school social work. The same concern, that the tier 3 approaches receive the least amount of focus in research, professional writing, and in actual work within school systems, is also reflected in several points in the findings of this study. The reasons for this lacking can be speculated upon, but are ultimately not known and were not a focus of this inquiry.

In addition to the expansion of knowledge of tier 3 supports, the findings of this study might be helpful in the future conceptualization, development, and implementation of similar programs, both in the school system in which this program originated and in other school systems. Ultimately, the findings of this study will also contribute to the broadening of understanding of approaches to school social work and to student support in educational settings.

Demographics

This qualitative study included in-person interviews with twelve participants selected non-randomly from a group of school employees and service providers who were involved with the Intensive Behavioral Support program in at least one capacity (conceptualization, development, implementation, and utilization). The study included six administrators, three members of the student support personnel, and three teachers. All participants held, at a minimum, a master's degree and ten participants additionally reported holding professional licenses in teaching or student-related support services. Three of the participants held their degrees in social work.

The sample was diverse in terms of race and ethnicity. A more specific analysis of the demographics in regards to race and ethnicity cannot be conducted in order to protect confidentiality of the participants

Participants' professional experience in terms of the number of years of involvement in education or school-related services ranged widely: two respondents reported more than 30 years of experience in education and student services, three respondents reported between 10 and 20 years of experience, and eight respondents reported less than 10 but at least 3 years of experience (mean = 14.2, median = 9.5, mode = 9). Study contributors' involvement in education and school services at Peck school ranged from 6 years to 2 years with only one participant reporting more than 6 years of involvement (mean = 6, median = 4.5, mode = 6).

When asked about knowledge or training in 'Response to Intervention' (RtI) and 'Positive Behavioral Interventions and Supports' (PBIS) models, eight participants reported a basic knowledge of the models ("I have been to a handful of trainings..." "Not extensive, but some..."), two participants reported awareness of the models but no knowledge of any specific components or interventions, and two participants reported having a formal training in the PBIS model through professional development courses, or through previous work in school settings that implemented PBIS in a comprehensive manner.

Four of the members of this study were involved in the initial phase of identifying the need for the Intensive Behavioral Support program and conceptualizing the program, five members were involved in the development of the model, seven participants played a role in the implementation of the model, and all twelve interviewed professionals reported utilizing the program in some capacity. Seven of the twelve participants played a role in more than one stage

of the existence of the program and the remaining five participants reported having a role in utilizing the program after it was already implemented.

Reasons for the Development of the Intensive Behavioral Support Program and Its Purpose

During the preparation stages in which the Intensive Behavioral Support program was developed, school leaders at Peck School looked at sets of data gathered from standard school assessments and put in place additional inquiries in order to identify key challenges to moving forward as an educational institution. This data was later used to develop strategies and specific interventions that would be designed to counteract these existing trends. Most respondents in this study agreed that the numbers of students presenting with chronic behavioral challenges at Peck School at the time of the initial inquiry (2008-09) was extremely high in comparison to other school settings; this number was also disproportionately greater than the typically referenced number of 3-5% of tier 3 students in any educational settings. Some respondents of this study estimated that the number of students presenting with ongoing behavioral challenges might have been as high as around 10-15% of the total student population at Peck school. Several interviewees acknowledged an important point that many of these students faced complex challenges typical to urban settings and likely might have presented with symptoms of trauma that were exhibited through the exacerbation of behavioral challenges. The specific programmatic issue pointed out by several study participants is that tier 3 students often did not meet the criteria for special education accommodations, but still needed additional supports. As one responded stated, “We thought that there was a gap, a missing piece, and it would be helpful if we had an intensive focus of a position that would be looking at a small percentage of students in a way that was supportive...” It is important to state that one of the end goals of the Intensive Behavioral Support program was to lower the number of disciplinary referrals. However, at the

same time, respondents collectively agreed that standard measures used in school settings can be punitive in nature, appear disengaging to students, both in the way of excluding students from the school setting and through creating a sense of othering, and often lack the capacity to identify the underlying causes of behavioral challenges. Respondents agreed that there was a need to develop an approach that would provide a closer look at the individual challenges of each student; this approach would simultaneously create relationship-based, positive, strengths-based interventions to counteract the challenging environmental circumstances that students were facing. There was a need for an approach that would “maintain these children’s participation in school, while addressing the underlying issues.”

Another reason for the development of the IBS Program was to support students, teachers, and other school personnel in a way that would allow for a decrease in negative consequences of behavioral challenges on the school climate and on the collective well-being of all students and school employees. One respondent suggested that “a small number of students ... had a very significant impact on school culture and climate.” Another participant noted that without the IBS program, there were two possibilities, “you [either] remove [the tier 3 students] and let the others learn, or keep them in and ... people are getting burned out.” The goal of the IBS program, as it was intended in the eyes of several other respondents, was to “keep kids in the classroom” because “suspending ... is not going to modify the behavior;” “we were looking for a different approach that would serve our population. We would not be [only] disciplining the kids, but would be looking at the causes.” These quotes from several interviewees reflect the need for a strengths-base, relational approach that would help students to succeed despite behavioral challenges and would simultaneously allow other students and teachers to perform to the best of their abilities.

In a general sense, all respondents agreed that the design of the IBS program allowed to support not only the small number of tier 3 students in the IBS caseload, but also aligned with the mission of the school as an educational setting. The overarching goals of the program, to improve academic performance and strengthen school climate and culture, were not specific to tier 3 students only, but were intended as broad goals for the entire institution. The Intensive Behavioral Support program was developed as one of the resources that would best fit the need of that particular school setting at that time. All respondents agreed that students with chronic behavioral challenges were significantly impacting the education of other students and the climate of the entire organization: “Tier 3 students were disrupting the education of other student to the point of large chunks of time being lost from time on learning.”

The IBS Program was also designed as one of the interventions within the Full Service Community School model and study participants reflected on the ways in which the program aligned with this model. According to the respondents, similarly to the other Full Service Community School initiatives, the IBS program was relationship-based and focused on approaches that established collaborations with multiple providers and students’ families. The collaborative design of the program was essential, because the purpose of the intervention was to identify needs of each child and provide students with interventions that were highly-coordinated and comprehensive. Home-school alignment was an important component of the program: respondents acknowledged that the work of improving the outcomes of students, especially those with complex needs, cannot be successfully facilitated without engaging parents as key partners in the work. Aligning partnerships between parents, school personnel, and other support providers is at the heart of the Full Service Community School model and was a critical component of the Intensive Behavioral Support program. The IBS program model was

developed to serve the whole child with the recognition that children who present behavioral challenges also present multifaceted needs. These needs must be addressed simultaneously in order to first achieve an improvement in overall functioning and subsequently in school behavior and academic performance. Several study respondents mentioned that similar models can be found in other educational settings, but these supports are frequently outsourced to external agencies and service providers. Given that the Full Service Community School model at Peck School was internally developed to best support the specific needs of the served population, it was believed by the school leaders that the IBS program should also be an internal, integrated part of the school system. The IBS program was developed within the school in order to best align with explicit needs and with available resources. As such, the IBS program distinctly departed from the already existing models, yet integrated important parts of typical wrap-around systems, such as case management, school adjustment counseling, and therapeutic services, through the flexibility of its case by case approach to individual students.

Intensive Behavioral Support Program's Impact on Tier 3 Students

The narrative responses mentioned in this study are primarily qualitative in nature and based on individual perceptions of the surveyed professionals. It is important to note that many dimensions of students' progress cannot be quantitatively measured and controlled for external variables (such as the impact of changes in a family's life circumstances on the student's behavior). However, it is also important to acknowledge that respondents in this study made statements and observations based, in part, on various forms of progress measures and official indicators that they utilized as part of their typical process of tracking student performance. Many of these observations are made based on recollection of specific program review outcomes, tracking disciplinary data, measuring academic progress, evaluating student

performance, and assessing an overall functioning and climate of academic settings. With this said, it is important to note that the following findings are presented primarily in a qualitative format, but they are a reflection of a variety of methods of gathering, reviewing, and utilizing data by the school system. Supporting these findings with consistent quantitative data is indicated as a potential future area of inquiry.

Impact of the IBS program on tier 3 students' behavioral functioning.

All twelve respondents noted general observable improvements of the behavior of tier 3 students in the IBS program. Several participants made direct statements regarding the specific improved behaviors or a decrease in an overall number of disciplinary referrals for these students. For example, one respondent noted that, "We saw a significant reduction in disciplinary referrals for students in the caseload." Another stated that "there was a general movement in the direction of accomplishing goals [and] that impact was really seen in a lot of [ongoing program review] data..." The interviewees whose role in the school was that of an administrator primarily focused on numerical data and on student progress in terms of accomplishing goals stated in the proposed improvement plans. On the other hand, those participants who worked with students directly (i.e. teachers and service providers) focused more attention on the observable nature of changes in students' behaviors. These respondents noted students' improved behavior in the classroom, ability to stay on task longer or request the IBS support without behavioral disruption, students' ability to be more aware of their emotional and behavioral responses to potentially triggering situations, and using words to describe emotional states instead of escalating in a behaviorally-undesired way.

In sum, the behavioral changes observed in tier 3 student in the IBS program were, in the eyes of the survey participants, marked and extremely positive. The following quote summarizes the key behavioral gains noticed in most students:

The impact, I thought, was astounding actually. Students stayed in the classroom longer, seemed happier, were learning to deal with triggers, to calm themselves down, [and] they had a trusting adult in the school ... you could see them happy, they had someone to trust, talk to, someone that cared about them and they knew it.

In terms of specific approaches of the IBS program that had an impact on tier 3 students' outcomes, study respondents collectively mentioned the following aspects of the program:

- intensive, focused approach to students in the caseload;
- short response time between referral and the initiation of services;
- immediate attention that students received when they began to escalate and needed support;
- small caseload of up to 10 students at a time;
- partnering with students' families in a collaborative fashion;
- the "buy-in" into the approach of the school administrators and teachers;
- ongoing presence of the IBS staff in the building and ability to be present in various settings;
- ability to establish genuine and trusting relationships with students;
- the depth of knowledge of students and their situations on an individual, case-by-case basis;
- the high frequency of contact with students (often several times per day);
- the ability to work with multiple providers and coordinate various services and resources in an efficient manner;

- demonstration of unconditional positive regard at all times despite students' challenging behaviors;
- the students' experience of the IBS staff as being "in their corner" and supporting them;
- the ability of the IBS staff to act flexibly;
- ongoing revision and reassessment of the utilized approaches;
- the ability to establish a trusting relationship with students' parents, especially given that these parents' relationship with the school systems could be often contentious due to the frequent behavioral problems of their child;
- the ability to work across various systems within the school setting;
- teaching specific de-escalation and emotional regulation strategies to students;
- choosing the right personnel for the IBS program, who have "the knowledge, background, commitment, and that kind of caring, sincerely liking the kids, truly wanting to help them succeed."

Overall, the twelve participants noted students' positive response to the program and many respondents brought up specific anecdotes of students who were able to benefit from this additional support. Several interviewees acknowledged that many of the changes were difficult to measure and often were exhibited by students' improved connectedness to the school and by the ability to perceive school as a more positive place in which they could be successful both socially and academically.

Importantly, two participants noted that not all students improved in the program and that several students did not make sufficient or anticipated gains. Although these participants acknowledged that they were referring to a small number of students, their input is critical. These interviewees suggested that some students were not suited for a highly relational program that

offered programmatic one-on-one activities due to these students' tendency to overuse the system for the purpose of leaving the classroom. Additionally, several other respondents highlighted that the work with tier 3 students in the IBS program, which focused on a variety of relationship-based strategies to increase students' engagement and connectedness to the school, required that these students remain in the program for an extended period of time. Several respondents acknowledged that changes to student behavior, although visible, were markedly positive only after a long period of intensively-focused work. These statements also highlight an important programmatic assumption that any student service similar to the IBS program should offer a long term support and can only be evaluated over a sufficient period of time.

Impact of the IBS program on tier 3 students' academic performance.

Most study participants answered this question with a disclaimer, cautiously acknowledging that it is often difficult to point to specific numerical gains or measurable improvements in students' performance as a result of one particular intervention. Several interviewees noted that the students who participated in the IBS program faced complex challenges and keeping them in the classroom without disruption to other students' education was in some way already a significant accomplishment. With this said, all study participants pointed to various qualitative changes that, as they stated, indicated that students were making academic progress. For example, one respondent noted that "one student was able to sit in a class for 90 minutes and do his work, not all the time, but to reach this level is a success." Another respondent stated, "It's not like [in grades K-2] there are MCAS scores to point to that, [but] I definitely saw kids more engaged in the classroom." Other respondents talked about the increase in the capacity to engage in academic activities in school that is implicit when behavioral challenges decrease; one of them suggested:

Before [the IBS intervention], they were classic tier 3 students, a lot of suspensions, outbursts, inability to engage with the material ... because they were just trying to manage their anxiety; once the program was introduced, the kids felt a sense of empowerment.

Similarly, the respondents overwhelmingly (n = 11) stated that the program allowed students who were part of the IBS caseload to increase their time on learning. In this area of inquiry, participants were also not able to point to specific data, because they mentioned that time on learning is in fact difficult to measure and such data was not collected for any students. However, eleven of the participants stated that the program provided students with the support that allowed for a decrease in a number of disciplinary referrals, thus decreasing the number of suspensions, and allowing students to be in the classroom for a longer period of time in aggregate. One respondent stated, "... time spent outside of the classroom in out-of-school suspension or in-house suspension is often not spent on learning, so a decrease in behavioral issues increases time in the classroom." Another respondent mentioned that it is important to recognize that the programs such as the IBS intervention are "an investment in a longer-term process." This respondent stated that it is crucial to note that the IBS program might have at first seemed to even decrease the time on learning by removing students from the classroom for periods of time, but that this time was used on building a relationship and allowing the student to experience a sense of connectedness to the school: "At first maybe it didn't [increase time on learning]. In the beginning it maybe took the time away from classroom to get to know the student, but it would pay off later." A different respondent commented on this process of relationship building outside of the classroom by stating:

Time on learning gets seen as in the classroom [engagement] with the curriculum, but so much about the IBS program [was] about the student learning about himself or herself ... deepening their self-knowledge. So I think there is socio-emotional learning that was happening, but even with this narrow definition of time on learning in the classroom, my sense is that students were in the classroom

more and ... [they were] more able to access the curriculum.

One of the twelve study participants stated that there were too many variables to be able to definitively acknowledge whether there was an increase in time on learning, but this respondent also stated that the program was probably helpful in increasing the students' engagement in the school activities and therefore in the academic curriculum.

Impact of the IBS program on tier 3 students' inclusive functioning in the school setting.

In this part of the interview, respondents reflected on students' functioning in social settings within the school, such as hallways, cafeteria, and recess space. Nine interviewees stated that students in the IBS program were for the most part less likely to engage in challenging behaviors in social settings after they were included in the IBS caseload. One respondent suggested that social settings, which tend to be less structured than the classroom environment, are some of the most difficult settings to navigate for all students, but especially for tier 3 students, because these students tend to be highly responsive to stimulating and overwhelming environments; the same respondent stated that "many of the [IBS caseload] students learned to manage [these settings] significantly better through their involvement with the IBS program; there was a significant growth." In particular the administrators, who typically oversee the out-of-classroom social settings, strongly confirmed the positive outcomes of tier 3 students in these settings. Overall, responses focused on a decreased likelihood that students would get involved in "interpersonal problems" during transitions. Several participants also highlighted the IBS program's impact on students' ability to integrate into the peer group in social interactions. This aspect of the progress was best illustrated by the following quote: "... the leaps and bounds that this kid [one of the students in the caseload] showed in social skills – I could see it on a daily

basis. At first, he could not relate to others and by the end he was playing football and basketball in a large group, relating to others.”

Three study participants did not comment on improvements in students’ behavior in social settings. Two stated that they were not able to comment on this area of inquiry due to their lack of information and one respondent mentioned that sometimes the ability to access IBS support by students actually had an adverse effect. According to this respondent, this took place when students were transitioning to classes that they didn’t want to participate in and would intentionally present with behavioral challenges in hopes that they would be sent out of class to deescalate with the IBS personnel.

In a separate question, respondents reflected on whether the implementation of the IBS program facilitated students’ inclusive functioning in school activities as opposed to the more typically used measures of suspension and expulsion, which are exclusionary in nature. All twelve respondents agreed that the IBS program greatly contributed to the school’s programmatic ability to allow students to stay in school and work through the specific challenges rather than being immediately suspended. One of them acknowledged that, “If this position was not in place, there would have been no capacity for providing this type of services.” In many instances the availability of the program allowed students to process the situation at hand and deescalate without being suspended, thus allowing them to return to the classroom. In other instances, even when students were suspended, the program allowed these students to process the situation, rehearse adaptive strategies to be utilized in the future, and later reintegrate into the school environment. Respondents collectively agreed that without this type of support, students are often suspended, but the situation is not adequately processed for the purpose of allowing students to learn skills and strategies that they could use if similar situations arise again. This

creates a pattern in which students are suspended on an ongoing basis, but they are not always provided with supports to learn behavioral strategies and remain in school. As one respondent stated:

When you exclude and suspend, you create a reputation that a kid might internalize and [that] kid starts to operate out of the realm of failure, it is self-perpetuating and it can be really hard... Kids operate out of this mode of insecurity ... out of this realm that failure becomes a second nature...

Another respondent focused on the shift that takes place when students are given an opportunity to process behaviorally challenging situations in a way that is less punitive and assumes a stance of respect and positive regard:

It changes the story of what it means to be having a problem, or having a hard day ... to both have a hard time and be able to stay in school, to be engaged and connected ... there is space for [the student] to ... get through it and ... come back feeling a part of the school. I think that's a huge impact here both internally and system-wide.

Another study participant made an important comparison of tier 3 students who were included in the IBS program and those who, due to the program's capacity, were not able to be part of the intervention. According to this respondent:

If we look at [these two groups'] patterns, they might have been very similar prior to the IBS intervention, but then you saw dramatic decrease in suspension and exclusion in the IBS students, where you would observe maintained or even increased suspensions for someone who was [not part of the IBS caseload].

The overall response to the question about the types of services that are available for students with behavioral challenges brought about a reflection on the fact that "suspension ... progressively cuts kids off from feeling included [in the school]." As respondents acknowledged, this notion has broader implications on the long term consequences for students, both academically in the school and in their future lives.

Focus on trauma in interventions with tier 3 students.

An important part of the work with tier 3 students in the IBS caseload included the particular focus on the symptoms of trauma that most of these students exhibited. This recognition was essential to incorporate in the behavioral support work because chronic behavioral concerns are often a response to traumatic events rather than a conscious and deliberate choice to misbehave. Such recognition shifts the work by creating a non-stigmatizing and non-blaming environment in which students are helped to manage their symptoms rather than only being provided with disciplinary consequences.

All respondents in some way acknowledged that trauma focus is, for the reason mentioned above, extremely important while working with students who present chronic behavioral challenges. Many of the respondents stressed the significance of the relational component in working with tier 3 students within the IBS program. This part of the work, which was based on individual and personalized approaches, was seen by respondents as a necessary component of creating safe and predictable environments in which students could deescalate and return to the classroom. Several respondents commented that they had observed tier 3 students not able to deescalate with other staff in the school, but able to successfully deescalate with the IBS personnel; these respondents attributed students' ability to calm down directly to the relationship that was built ahead of time between the students and the IBS staff. Furthermore, interviewees mentioned another important benefit of establishing a relationship and learning about the student. The secondary benefit of the relationship-building was the subsequent ability to learn more deeply about students' strengths and vulnerabilities in specific situations that could be potentially triggering; this in turn allowed the IBS staff to communicate with teachers and other service providers regarding student-specific strengths, vulnerabilities, and preferred

interventions. As one interviewee stated, “The very nature of the [IBS program] was trauma-based ... it was about building and strengthening assets through relationship as opposed to just seeing students out of their window.”

Most respondents suggested that the IBS program was helpful in increasing the awareness of student-specific strengths and vulnerabilities that allowed for the development of trauma-sensitive spaces, interactions, and general programming. However, one respondent noted that increased systematic sharing of knowledge, resources, and ideas with teachers in a school-wide professional development format would have been a welcomed addition to the IBS program. In the eyes of this respondent, this particular component was missing from the intervention, but would have been helpful. Several respondents commented on the need for increasing the awareness among teachers regarding how trauma impacts academic learning and socio-emotional functioning in children. This need was stated as a potential future direction in the development of any behavioral programming in urban educational settings.

Intensive Behavioral Support Program’s Impact on the General Student Population

In this part of the study, respondents reflected on the secondary impact of the IBS program on other students in the school setting, both in terms of their academic performance and socio-emotional wellbeing. Importantly, the impact of the IBS program on other students in the school setting was critical to evaluate as part of this study. The decision to implement the IBS program, in its core, was made in large part with an understanding of the severity of the impact that the tier 3 students had on the entire student population at Peck School. Therefore, evaluating outcomes in this area was one of the important areas of inquiry.

Most respondents stressed two distinct, but equally important and interconnected concepts. According to the interviewees, providing IBS support to tier 3 students with chronic

behavioral challenges allowed for a better and safer functioning of other students in the classroom, as well as for a more effective use of teachers' time, thus increasing time on learning and quality of instruction for other students. Respondents acknowledged that in the planning phase, the concern for the effect that the tier 3 students were having on the entire student population at the school was one of the driving forces behind the search for the new support strategies.

Looking back at the effects of the program, most respondents stated that the benefits of implementing the IBS program did in fact extend beyond the direct support to the students in the caseload and had a positive impact on others in the school. In this regard, participants acknowledged that the program fulfilled its expectation as a system-wide intervention. Respondents in general stated that other students felt safer in the building and in the classrooms, the classroom atmosphere was improved, the number of distractions decreased, teachers felt that they could carry out instruction more consistently knowing that there was a specific plan in case the IBS student in their classroom acted out, and that the students in the IBS caseload were gradually seen as more "likeable" members of the school community. Many respondents stated that, despite there not being confirming numerical data, the total time on learning of all other students significantly increased when the students in the IBS caseload were able to access supports proactively. One respondent hypothesized that every time a student acted out in a severe way, approximately up to 20 minutes of total class time was lost to the intervention and subsequent dysregulation of other students. On the other hand, when the student in the IBS caseload was able to access services immediately, without escalating, or able to implement self-regulation strategies learned through the IBS program, the other students were not distracted and the classroom instruction continued without disruption.

Another respondent mentioned that, from the school-wide point of view, when other students were exposed to challenging and problematic behaviors presented by tier 3 students, it frequently created an opportunity to join in on the behavior and increased the scope of the challenge within the classrooms or other school settings. By having an immediate response to the behavioral challenges in place, the possibility of dysregulation of other students and subsequent presentation of behavioral challenges by these other students was significantly decreased.

Several respondents acknowledged that despite the overall positive impact of the IBS program, they observed potential points of concern or areas for future improvement. For example, one participant noted that the challenge with providing the intervention which was based on allowing the student to leave the classroom and deescalate with the IBS staff caused other students to be “really interested in having that time with the coordinator, so there were a lot of kids that would also do certain behaviors to try to [leave the classroom].” Another interviewee noted that some of the students who were in the IBS caseload and continued to receive academic instruction in regular classrooms might have been better suited for a substantially separate environment. This interviewee suggested that a program design in which students are in a substantially separate classroom and work with the IBS personnel on successful transitions to the regular classroom setting might have been even more efficient in terms of decreasing disruption.

Impact of the IBS program on tier 1 and tier 2 of student support.

In the Positive Behavioral Interventions and Supports model, all three tiers of students are supported simultaneously through interventions of varying scope and intensity. In practice, school settings often select those interventions that are feasible, affordable, and programmatically possible to implement, or make the most sense for a particular setting or student population. Regardless, the assumption in the PBIS model is that all three tiers of

supports impact one another. In this section of the study, respondents commented on how the IBS support, as a tier 3 strategy impacted the ability to provide interventions for the other two tiers of students.

Most respondents reflected in positive terms on the dynamic between the IBS program and the other two tiers of student support. Most importantly, many participants commented on the fact that before the implementation of the IBS program, their time and resources were primarily focused on responding to the high-need students. As the program was implemented, these students were utilizing the IBS interventions and the other school staff were able to focus their efforts on developing and providing support to other students. One respondent noted that “addressing [the behavioral concerns of tier 3 students] really benefits the whole climate and culture... Implementing tier 3 allowed for more capacity for focusing on tier 1 and tier 2 ... the impact on the entire school is huge.” Another study participant noted that the ability to observe the impact of the services provided to the IBS students and the positive changes on these students motivated other school personnel to also provide similar, relationship-building interventions to tier 1 and tier 2 students. In this regard, several study participants noted that the exchange of information and sharing of ideas between them and the IBS personnel had a positive impact on the quality of interventions that they were able to provide to the other students.

Benefits of the IBS Program to the School System

Respondents in this study noted many benefits to the school as a system. It is important to acknowledge that, in theory, any addition in programming and personnel contributes to the availability of services for students and improves school functioning in some capacity. However, respondents acknowledged that the addition of the IBS program particularly impacted the

functioning of the school as it had wide reaching effects on other students, staff, and an overall atmosphere in the building.

In responding to this question, interviewees mentioned the following benefits of the IBS program:

- decrease in disruptions in school environments;
- increase in time on learning for other students;
- fewer opportunities to normalize negative behaviors;
- decrease in overall suspension rates for tier 3 students;
- increase in attendance rates for tier 3 students;
- increased engagement with parents in a collaborative manner;
- positive impact on school culture;
- increase in teachers' feeling of being supported in challenging situations;
- additional professional development which resulted from cross-training and exchange of ideas.

One respondent also noted that the number of referrals for special education services also decreased among the students in the IBS caseload: "...our number of referrals to special education] behavior classes [dropped]. It's state and federal law, it's also the right thing to do to have a lot of kids not go off to other settings."

All respondents reflected very positively on the overall impact of the program on the school as a whole; several respondents also mentioned that the creation of the IBS program sent a positive message to students, parents, and staff. One interviewee acknowledged that the implementation of this support was important for the teachers as well:

I don't think we acknowledge on a regular basis how traumatic it can be even for staff to work in a place where kids are constantly in trauma; it [the IBS program]

was a calming thing ... this school dedicated some resources solely to this issue – that says something.

Cost-benefit considerations of the IBS program.

Study participants focused on two areas in responding to this question. These included:

1.) the collective ability of the system to save and redistribute personnel and time resources to other areas of need, and 2.) the possible financial savings in the overall district budget that resulted from the ability to keep students in district placements without the need to provide substantially separate services or out of district placements. Several respondents decidedly stated that the IBS program saved money in the district budget over the period of time:

...students were able to stay in school instead of being placed in alternative placements, which would have cost the district more money. There are specific examples that I can remember of students who, without this service, would not be in our school for too long.

Another respondent similarly acknowledged that he believed that “there should be room for [this type of intervention] in school budgets going forward, particularly in schools with particular challenges around behaviors...” The same interviewee added that “the notion of moving students out of tier 3 to tier 2 rather than moving them to other out of district placements, I think there is potentially a real cost benefit consideration there.”

Other participants suggested that there were further considerations of this support in terms of long term costs to the school system:

... the cost of meeting children’s needs where they are and addressing their needs with resources is an investment up front that saves a whole lot potentially down the road ... when all resources without a designated program are being spent on working with the tier 3 students, we are not building the culture and climate and we are not identifying and addressing the needs and hopes of the entire school...

Other participants noted that “without this intervention, students would require outside interventions and potentially drop out” and that future costs to the society should be also acknowledged: “the cost of prison, incarceration, these things are incredibly expensive.”

All twelve participants in the study agreed that the availability of the IBS support to the tier 3 students was instrumental in saving time and programmatic capacity that could then be used in other ways to support the rest of the student population. For example, one of the respondents noted that “the program allowed school personnel to focus attention on working with other students ... without the IBS [program], there would have been a lot more time spent by admins working with these particular students” and another one stated that “it [the IBS program] greatly impacted what I was able to do for other students.”

One question for future development of similar programs that was posed by one of the respondents in this section was that of the potential issue whether the IBS program “prolonged kids’ going to a different setting when a different setting would be more appropriate.” This question highlights the need for appropriate and thorough screening of students before their placement in the IBS program in order to assure that this intervention is the most appropriate option for the considered students. This question has bearing on the future direction in the development of similar behavioral programs in inclusion school settings.

Potential additional benefits that may be difficult to measure directly.

Respondents in this part acknowledged that many of the benefits of working with students who present chronic behavioral challenges, particularly in terms of the relational component, are non-measurable and difficult to assess. Interviewees also pointed out that any support provided to students is also an investment in the future and therefore, by default, it cannot be measured in the present.

Despite the difficulty in measuring many of the positive impacts of the program on students and the school system, respondents took an opportunity to make additional statements regarding the benefits of the IBS program that did not fit directly into the previously discussed categories of behavioral or academic change. Interviewees mentioned the following additional benefits:

- increased family engagement and the belief that the family's child can succeed in school;
- ability of children to enjoy school and feel safer, therefore becoming more willing to engage in the curriculum;
- increased self-esteem and the feeling of self-worth of students;
- increase in social skills;
- ability of students to hold a more positive vision for themselves;
- comfort and predictability that the teachers felt when highly challenging students were assigned to a designated IBS staff member;
- the provision of a caring and consistent presence in the lives of children whose environments are often very unpredictable.

This last aspect was illustrated by the following quote: "... the fact that [the IBS staff] really became this constant caring presence in the lives of students, many of whom you could argue that the root cause of behavior was a lack of constant, caring presence of adults in their lives. I don't know how you measure that."

Potential Changes in the Program and Thoughts about Future Development

In this section, respondents had an opportunity to comment on the potential challenges that they might have encountered in utilizing the IBS program. Study participants also weighed in on the possible ways of making this or similar programs more effective. Overall, interviewees

restated in this section that the IBS program worked well and that schools should consider this type of support as an effective way to improve the outcomes of tier 3 students and to strengthen the overall effectiveness of school-wide behavioral programs. At the same time, respondents also identified several challenges that they faced in utilizing the program and offered ideas regarding the changes that could be made in the future.

One of the most frequently mentioned difficulties was the relative lack of clarity about the distinctions between the role of the IBS staff and that of other school support personnel, such as a counselors or therapists. It appeared, respondents noted, that during busy times in school other supports could become overloaded beyond their capacity and the IBS program personnel was frequently included in providing interventions that were outside of the scope of the program's design. This practice resulted in the subsequent blurring of the lines between a positive support that the IBS program was designed to offer and the administrative measures provided by other school personnel. Additionally, respondents stated that the nature of the program, which placed it between the roles of guidance counselors, adjustment counselors, case managers, and therapists made it difficult for other school staff to understand. According to respondents, there was not enough school-wide communication regarding the role and nature of the program and how it worked within the school system.

Several interviewees also noted that sometimes there seemed to be insufficient communication with teachers regarding day-to-day tasks of the program while working with students on socio-emotional skills building or de-escalation. In these situations, teachers might have felt that the student was being pulled out of the classroom unnecessarily, but they were not always informed what was accomplished during that time.

Respondents also mentioned that working in urban settings can be challenging and not seeing progress relatively quickly was sometimes frustrating to staff who were occasionally overwhelmed by the scope of the behavioral challenges. Although this was not directly stated, the implication behind this statement was that the program sometimes took a substantial amount of time before results were noticeable. To counteract this point, one respondent noted that providing interventions of a behavioral nature can be a hit-or-miss task and it should be explicitly acknowledged that it always takes time to resolve students' challenges. This is important to keep in mind particularly when there is a strong desire to see results in a short time period. Overall, respondents mentioned that more consistent communication with other systems could have made the program even more effective.

In terms of suggestions about the services that were provided by the IBS program, several participants mentioned that the limited number of available spots in the caseload (10 students at a time) was a challenge. The question that arose had to do with the decision whether to provide a lower intensity of services to a higher number of students or to provide more intensive supports to a small group at a time. This issue is related to two other observations of similar nature. First, one participant noted that the student she referred to the program ultimately was not an ideal candidate for this type of support. This student stayed in the caseload too long without marked positive results and prevented the referral of a different, more appropriate student. Several respondents noted that more clarity in determining and communicating who the appropriate candidates for the program were would have been helpful as well. Second, several respondents noted that there should have been more clearly defined criteria of determining when students achieved sufficient progress and could finish the program. This clarity would have allowed the program to release successful students and take on new student cases.

Two other respondents noted that sometimes it was difficult to smoothly incorporate the IBS program into the atmosphere and dynamics within the classroom. For example, one interviewee noted that the services provided as part of the IBS program, especially when they involved an out of class de-escalation or skills-building time, sometimes unintentionally overlapped with a beginning of academic instruction. This posed a challenge to the classroom teacher who then needed to repeat the instruction to the returning student. This respondent noted that there was no easy solution to this issue, but suggested that at least part of this challenge could have been resolved by a better exchange of information between the teacher and the IBS staff regarding tasks in the classroom at a given time. Respondents acknowledged, however, that in a fast-paced setting like the school environment, all parties communicate to the best of their ability. Therefore, this comment was not a judgment on a particular individual, but rather a general statement about this obstacle to any school-based programming that is highly dependent on timely communication.

Two respondents also noted that the students within the IBS program received additional attention from the IBS personnel and that this was difficult to explain to the other students, particularly in the lower grades. For example, when the IBS student was removed from the classroom for de-escalation, this removal was sometimes perceived by other children as a reward or a positive response. This misunderstanding created confusion or, in some situations, an increase in particular negative behaviors by other students who also wanted to spend time with the IBS staff.

In terms of broader programmatic challenges, respondents mentioned that one of the main obstacles with the IBS program was limited access to the IBS services in comparison to the relatively high number of students that could have benefitted from it. This was the case due to a

limited number of staff and due to a need to maintain a low student to staff ratio in order to maintain the intensity and effectiveness of services. This challenge was particularly apparent given that there were many more tier 3 students at Peck School than in other similar settings. Had there been more staffing capacity, other students would have benefitted from this support.

Participants in the study mentioned that the program in its form was already operating at its maximum capacity most of the time and the availability of the support was already being limited by the high number of students with frequent needs. Aside from these comments, respondents acknowledged the fact that the program was not a standard school-based support and, as such, did not fit squarely within a specific designated set of services. Because of that, several respondents suggested a need for a continuous process of aligning the program with other traditional school-based services.

When asked about their thoughts and observations regarding the future direction of the program, respondents offered a number of helpful ideas. Several participants suggested that the goals of the program should be specifically time-oriented and that there should be a gradual release timeframe built into the program, in which students would be able to slowly shift to functioning independently in school settings without the support. This time-specific duration of the program would allow the program to take on new students on an ongoing basis.

Other respondents suggested that the mission of the program should be presented in a more clear way. It was also suggested that further clarification regarding specific student profiles for this type of support would be helpful. As was mentioned before, not all students with behavioral challenges seemed to fit well in the IBS program. Some students seemed to take advantage of the highly relational and positive approach and appeared to overuse the system to leave the classroom. Identifying the profiles of the most successful students would be an

important step in understanding how this service can efficiently serve the student population. Several respondents suggested that streamlining the process of implementing the support should be a potential goal of this program in the future, even while maintaining the individualized nature of the interventions. Several interviewees mentioned that interventions should be measured in a more formalized and numerical manner. Although measuring outcomes was a part of the assessment tool in the program's original format and student progress was tracked, respondents believed that further development of this component is important in aligning the functioning of the program with the other data-driven measures utilized by educational systems.

When asked about the direct interventions provided by the IBS program, respondents acknowledged that adding a specific, standard curriculum of social skills and socio-emotional learning would be helpful. Respondents envisioned this curriculum as a consistently-outlined yet student-focused set of activities and tasks that would allow students to learn more appropriate socio-emotional skills with a particular focus on de-escalation strategies and skills that could be helpful in emotionally-distressing situations. Although similar curricula exists, one respondent stated that it would be beneficial to develop a district-specific curriculum that responds to the explicit needs of the student population. Another interviewee mentioned that adding a restorative justice component would be also a desired part of the program. Another person stated that there was perhaps a need for a behavioral classroom for students presenting chronic behavioral challenges; in this classroom, the IBS program personnel would work with students to help them move back to the mainstream setting. This approach would further reduce disruptions to the general student population.

Other ideas for future development included providing a more formalized and consistent consultation time with teachers and other providers, allowing time to collaborate and brainstorm

ideas across internal and external systems, and strengthening the collaboration with the tier 2 supports in order to assure that tier 2 students receive adequate help to possibly move to tier 1.

Overall, many respondents noted that having additional staff would allow for more capacity to provide this support to a larger number of students. This was one of the most commonly-stated suggestions for the future, which highlights the recognition that the program was viewed positively. At the same time, there was a much greater need for additional supports to more students than the program had the capacity to address. One respondent mentioned that it was important to continuously review what the optimal caseload number would be and that the ratio of students to counselors should remain low in order not to weaken the intervention; in this case, increasing the program's capacity would only be possible through increasing the number of staff. One respondent also commented on the belief that this type of work should be performed by a social worker or a staff member with a therapeutic/clinical background who can attune to the students' specific needs and address the underlying trauma that often fuels the behavioral outbursts.

Summary

This chapter presented the narrative data from face-to-face interviews with 12 participants who reflected on the benefits and overall impact of the Intensive Behavioral Support program at Peck School in Holyoke. The sample comprised respondents who were key school personnel and were involved in the development or utilization of the IBS program. Respondents were asked a set of qualitative questions in four broad categories, allowing them to reflect on the reasons for the initial development of the IBS program, the program's impact on tier 3 students, its impact on the general student population, and its effect on the functioning of the school as a whole. In a broader sense, the respondents were also commenting in each section on innovative,

positive, and strengths-oriented approaches to behavior management in school settings and reflecting on the benefits of this approach as it compares to the traditionally-used approaches.

Respondents agreed that the overall effect of the IBS support on the students in the program was extremely encouraging. Perhaps more importantly, interviewees also noted that the program, through its positive effect on the functioning of the tier 3 students in the school, had a widespread impact on the broader student population, classroom management, teachers' ability to carry out academic instruction, other staff's ability to perform their assigned tasks more efficiently, and on positively shifting the school climate and culture. As noted earlier, participants suggested that whenever an additional resource is added to the school setting, it allows other staff and other resources to perform more effectively. At the same time, interviewees suggested that the impact of the IBS program throughout the school was arguably greater than that of some other school-based support programs.

In regards to tier 3 students' performance, participants noted that the students in the IBS caseload exhibited an improvement in behavioral functioning, connectedness to the school, better ability to perform in social situations, capacity to carry out social interactions with peers, and in some cases also an academic progress. It must be noted that the observations and perspectives included in this study are qualitative and, at least in this study, not supported with specific quantitative data.

In terms of the IBS program's benefits to the overall school population, participants noted that the ability to quickly remove behaviorally-challenging students from educational settings had an extremely positive impact on a general decrease in the level of disruptions to classroom instruction time and the improvement in the general student population's wellbeing. This translated directly to the increased ability to proceed with academic instruction and prevent the

likely decrease in time on learning. Respondents also acknowledged that the IBS program's non-punitive approach, in which students were taught socio-emotional skills and alternative ways of handling challenging situations, allowed these students to reintegrate into the school community, thus decreasing the instances in which these students could negatively impact the behavior of others.

Respondents commented on positive changes in school climate and culture as a result of the implementation of the IBS program. Although it is impossible to attribute causality, participants strongly suggested that the presence of the IBS staff and an implementation of a relationship-based, strengths-based program contributed to the change in the school climate. Respondents hypothesized that this was achieved in two ways. First, removing escalating students from their immediate settings prevented disruptions to overall functioning of the school; second, the positive nature of the work with these students shifted the atmosphere from contentious and punitive to more accepting, strengths-based, and relational. These changes, as respondents suggested, had a profound therapeutic impact on the individual students in the caseload and a calming effect on other students, teachers, and personnel. Other school-wide benefits of the IBS program included better collaboration across systems, increase in teacher morale, and a general ability of other school personnel to perform their tasks more efficiently and effectively. Another important hypothesis in this section was a stipulation about the likely cost saving opportunities, given that the IBS program allowed tier 3 students to remain in the regular education setting as opposed to being moved to alternative, more expensive programs.

The findings in this study are promising in providing a rationale for the financial and programmatic investment in tier 3 supports, which are shown to be effective and highly beneficial across the school systems over time. The following chapter compares the key points

from literature and from this study and discusses the main themes that emerge as a result of this comparison.

CHAPTER V

Discussion

The study of the impact of the Intensive Behavioral Support program on working with tier 3 students in a general education setting was conducted with the goal of understanding the nature and scope of the benefits that this type of support has on the individual students, school-wide population, and school system. The findings of this study indicate that providing support to tier 3 students through an individualized, highly focused, coordinated, and relationship-based approach yielded an array of positive results. These benefits are direct, as evidenced by the outcomes of the individual students in the program, and indirect, in terms of the support of the general student population, other systems, and the entire school. The findings of this study are consistent with the previous literature on innovative behavior management models, such as PBIS, in that they highlight the positive results of comprehensive approaches to working with students with complex needs.

Findings of this study confirm the belief that the implementation of the IBS program has positive outcomes on the students in the program, on the student population, and on the functioning of the school. Furthermore, the findings of this study stipulate that the implementation of tier 3 programs, particularly in settings with high ratios of students presenting behavioral challenges, is not only beneficial, but critical to the functioning of the entire system and to the improvement of wellbeing and outcomes of all students and staff. This acknowledgement challenges the typically-used approach in many school settings, in which school-wide strategies are commonly implemented, but the highly intensive interventions for tier 3 students are often limited and insufficient, thus potentially ineffective.

The next part of this chapter comprises a discussion of key themes that emerge from the synthesis of the previous literature and the findings of this study. These key points are presented in the following sections:

- Comparison of the Key Findings and the Previous Research
 - Innovative approaches to behavioral supports in general education settings
 - Impact of the IBS program on school-wide systems
 - Alignment of the IBS program with the full service community school model

Comparison of the Key Findings and the Previous Research

Previous literature on behavioral approaches in mainstream educational settings suggests that behavioral challenges and academic outcomes are positively correlated and interdependent (Bohanon, Goodman & McIntosh, n.d.). Therefore, in the time of heightened focus on quantitative academic outcomes, behavioral concerns must be brought to the forefront of programming in order to achieve the stated academic goals. The previous literature highlights the benefits of behavioral programs, such as PBIS and RtI, in responding to behavioral challenges and generating a positive impact on school-wide climate and culture (Burns, Appleton, & Stehouwer, 2005, p. 382; Molloy, Moore, Epps, & Hoppfer, 2013). The current study similarly acknowledges that there are evident positive outcomes of this type of programming in general education settings. These benefits, evaluated based on the outcomes of the IBS program, appear to have positive influences of academic, behavioral, and social nature for the entire student population in a school in which these programs are implemented.

The traditional tier 3 support strategies that are typically used in school settings include functional behavioral assessment and student support team programming along with special education referrals (definitions of these interventions are provided in the Literature chapter). The

provision of these supports is legislatively mandated as part of the required programming for students facing increased challenges in school settings (von Ravensberg & Tobin, 2008, p. 3). However, there are no clear guidelines regarding the implementation of these interventions. The critique of these strategies, which was mentioned by participants in this study, includes the perception that they can be overly-standardized, bureaucratic, slow to respond, and therefore frequently not effective. The IBS program, which was also developed as a tier 3 intervention, goes beyond these supports and creates an intervention system, with designated personnel, which becomes the hub for the coordination and implementation of student-focused, individualized services. The interviewees in this study pointed out that this type of support was more effective in achieving its stated goals. The important implication of this comparison is that a designated and individualized program, such as IBS, appears to be significantly more efficient in delivering the expected outcomes even after considering the initial resource investment. One reason why similar programs might not be implemented is a high initial investment in personnel and programming with a potentially limited return that has not been well-documented thus far. The current study shows that the relatively high investment in tier 3 programming yields considerable benefits that outweigh the resource use. The three-tier model for addressing behavior and academic outcomes was developed with an assumption that three tiers work simultaneously to reinforce one another (Walker, et al. 1996, p. 198). The findings of the current study support Walker, et al.'s research and highlight an important point that intensively-focused programs, such as IBS, yield extensive benefits beyond the direct impact, and have the potential to be more effective than initially believed. This type of program can achieve synergy through a high level of collaboration and generates results that are greater than those yielded by other less-interconnected strategies. Similar benefits are difficult to achieve through the traditional tier 3

supports due to a lack of designated personnel, lack of programmatic capacity to provide ongoing oversight of the interventions, limited coordination of the strategies, and a slower response to student needs. It seems fitting to state that the benefits of the IBS program were greater than the sum of its parts.

Schools with high numbers of students with complex needs can benefit from this type of support in ways that go beyond the direct intervention to one student at a given point in time. The comprehensive interventions for tier 3 students have been shown in this study to generate far reaching benefits to the functioning of the entire school system, much like initially envisioned in the development of the three-tier PBIS model (Walker, et al. 1996). These benefits directly translate to the improvement in school climate and culture and indirectly to other areas of the functioning of the entire system, including the increase in high-quality time on learning through the decrease of classroom disruptions. It can be further hypothesized that the decrease in disruptions and an increase in time on learning are likely to translate to gains in academic achievement in aggregate. This claim is similar to the one made by Bohanon, Goodman, and McIntosh (n.d.), who suggested a similar inverse relationship between behavioral challenges and academic outcomes.

Innovative approaches to behavioral supports in general education settings.

The previous literature that was reviewed for the purpose of this study emphasizes key themes and innovative approaches to education with a particular focus on behavioral interventions (Bear, 1998; Sugai, Horner, 2006; Walker, Horner, Sugai, Bullis, Sprague, Bricker, & Kaufman, 1996). This literature suggests that schools must approach the issue of discipline in an innovative and proactive way. Scholars acknowledge that the traditional behavioral interventions, which can be punitive and exclusionary in nature, do little to improve the

functioning of students with complex needs (Walker, et al. 1996, pp. 196-197). Moreover, exclusionary interventions may have undesired effects in that they progressively remove students from the educational settings, thus denying an opportunity to address the underlying challenges. Long term consequences of these approaches tend to create a wider gap between the general student population and the students with complex needs (Meiners, 2011, p. 552). These interventions also perpetuate or even increase the existing challenges that these students present to school settings. This trend can be particularly pervasive in urban education where schools have high numbers of students with chronic behavioral challenges and receive limited resources to sufficiently address their needs. The most frequent response to this challenge is the continuation of the trend of suspensions and exclusions (Meiners, 2011, pp. 552-553; Sugai & Horner, 2006, p. 246), which is not a judgment on the school administrators, but rather a reflection on the inadequacy of available resources.

Students who present with complex needs are often the same students who exhibit behavioral challenges. These students, by no fault of their own, often respond in behaviorally-undesirable ways to the underlying trauma and to unaddressed needs in other areas of functioning (Cole, Eisner, Gregory, & Ristuccia, 2013, pp. 6-9). The punitive responses can maintain a pattern of retraumatization and create a sense of hopelessness in these students and their families, but also in the other children and school personnel who witness this pattern. The tier 3 students are in need of comprehensive interventions that link various resources and are based on a relationship with at least one positive adult in the school system. In the case of the IBS program at Peck School, the IBS personnel acted both as coordinators of the support system for the student and as encouraging adults with whom the student was able to establish a trusting relationship. In this sense, the IBS program was in line with the previous literature in that it

created a web of positive, interconnected, and comprehensive services (Cole, Eisner, Gregory, & Ristuccia, 2013). The connection between the students and the IBS staff was mentioned by the interviewees in this study multiple times as an important component of the program. Establishing this relationship allowed for the increased feeling of safety, trust, and empowerment in the school setting. Additionally, it also allowed for a more precise assessment of the student's situation and of the most appropriate interventions. Study participants acknowledged that students with histories of trauma often find it challenging to share their experiences; therefore, it can be difficult to conduct an appropriate assessment of needs with these students prior to building a trusting relationship. The respondents in this study hypothesized that without the relational component of the program, it would be difficult to fully evaluate the actual, student-specific needs of the tier 3 students. The relationship-based approach of the IBS program model is consistent with the literature on behavioral approaches that specifically highlights the positive nature of interventions as its central component (Hopson, Lawson, 2011, p. 107; Hawkins, Guo, Hill, Battin-Pearson, Abbott, 2001, p. 225). The recognition of the importance of the relational element in the IBS program was also exhibited in the responses to this study. The interviewees highlighted the positive outcomes of the IBS program that were associated with the ability to establish a connection with students, maintain a trusting relationship, and provide a support that was based on maintaining an unconditional positive regard at all times.

The three tier models of behavior management systems also assume a need for socio-emotional learning components, which allow students to gain a better understanding of the self in the social context as a crucial prerequisite for better behavioral functioning and academic outcomes (Albright, Weissberg, Dusenbury, 2011, p. 1; Greenberg et al., 2003, p. 467). The IBS program offered this component as part of its set of interventions. Respondents in this study

acknowledged the critical need for the socio-emotional curriculum and proposed that this curriculum be expanded upon. Study participants also suggested that this curriculum be developed internally for the purpose of better matching the model to the needs of the student population. This recommendation is in line with the literature that suggests an expansion of socio-emotional learning programs for better overall outcomes of students (Albright, Weissberg, Dusenbury, 2011, p. 1; Greenberg et al., 2003, p. 467). Socio-emotional learning is also consistent with the nature of student-specific interventions in that it responds to the needs of the individual and this individual's contextual variables. Furthermore, these responses also highlight the acknowledgement that the socio-emotional component is a critical part of the development of every child. Although it is not measured through standardized tests and its implementation is not mandated, this component was recognized by both the previous literature and the interviewees in this study as a much needed part of the whole-child approach.

Impact of the IBS program on school-wide systems.

Previous studies rarely focused on analyzing the importance and benefits of the third tier of intervention to general education settings. This dearth of research stems in part from the limited number of designated tier 3 programs that are implemented in educational settings beyond the scope of the mandated interventions (Debnam, Pas, & Bradshaw, 2012, pp. 142-143). One possible reason as to why these programs are not implemented is a lack of sufficient resources to provide highly-focused supports to small numbers of students. It appears that the majority of schools opt to implement tier 1 and tier 2 supports as interventions that are more far-reaching and represent natural sequential steps in developing behavioral supports in school-wide programming. At the same time, the literature review on this topic highlights that the three-tier supports, such as PBIS and RtI, are designed to be implemented with the consideration of all

three tiers simultaneously (Walker, et al. 1996, p. 198). The interaction between the three tiers of programming suggests that each tier strengthens the functioning of the other tiers. Therefore, an investment in one level of programming is, by definition, an indirect investment in strengthening the other levels of intervention. The current study supports this assumption. The respondents strongly acknowledged the many indirect benefits of the IBS program, which impacted not only the tier 3 students in the IBS caseload, but also other students, the school climate and culture, staff ability to carry out tasks, and, by extension, the aggregate academic performance of the entire school. Stewart, Benner, Martella, and Marchand-Martella (2007) and Thompson and Webber (2010) made similar observations when they acknowledged that every instance of a disruptive behavior impacts not just the student causing the behavior but all other students (Thompson, Webber, 2010, p. 71); they also suggest that each disruptive behavior has widespread consequences resulting in a negative impact to school climate and culture, wasted instructional time, and a decreased perception of safety in school (Stewart, Benner, Martella, and Marchand-Martella, 2007, p. 240). Participants in this study observed that without the highly intensive tier 3 intervention, other areas of programming would likely be less successful in achieving their stated outcomes. Subsequently, the school-wide impact of negative behaviors would be much greater.

These observations particularly pertain to schools in urban settings. These schools face critical challenges related to the complex needs of their student populations. As a result of these complex needs, these schools frequently have higher ratios of tier 3 students in the general student population and record higher numbers of behavioral incidents. The need to address behavioral concerns on all three levels of programming appears particularly important in these

institutions, where the higher ratio of tier 3 students has a significant potential to decrease the overall functioning of the entire system.

It is important to point out that interviewees in this study acknowledged that the impact of the IBS program was measurable and significant, and that this impact contributed to a marked improvement in the school-wide climate and culture as well as to gains in academic performance. This finding supports the results of the reviewed literature, which suggest a similar correlation between the implementation of high-quality behavior management programming and improvements in academic outcomes (Gottlieb & Polirstock, 2005, p. 56). The results of this study provide a strong counterpoint to the perception that costs of tier 3 programs outweigh their impact. The responses to this study outline a wide range of far-reaching benefits that are yielded as a result of the implementation of this type of program in a general education setting. The ability to efficiently address the needs of tier 3 students showed to be beneficial to other students' performance, behavior, and wellbeing; to staff's morale, ability to carry out designated tasks, and capacity to provide higher quality instruction; and to school's climate and culture, safety, and unconditional positive regard.

Alignment of the IBS program with the FSCS model.

The IBS program and the full service community school model, within which this program operated, share a number of similarities. The full service community school approach was discussed in the literature review as an innovative approach to education, in which the school serves as a hub for a comprehensive array of services that are provided to the student and the family (Calfee, Wittwer, Meredith, 1998, pp. 2-3). The full service community school is not a particular program, but rather an approach which shifts the focus of education from narrowly-defined academic achievement to an understanding that learning and child development take

place in a broader context. The implicit assumption is that this context strongly influences the child, and therefore, addressing the underlying needs of the child's family, their social environment, and the community are some of the important steps in paving the way for better academic outcomes of the students themselves (Hunter & Pardes-Mora, 2008, p. 284). In line with this philosophy, the IBS program's approach was similarly collaborative and interdisciplinary, and intervened on many levels in order to impact the whole-child rather than a specific behavioral concern individually. In this regard, both programs are well suited to be implemented simultaneously and each may benefit from the implementation of the other within the same school system.

The second important parallel between the two interventions is the unconditional positive regard and a general positive approach to children and families at all times. The understanding that students might be unable to perform academically or behaviorally in a certain situation, yet make gains at any given point if given an opportunity, is a crucial assumption underlying this approach. According to this positive way of thinking, children perform the best they can under given circumstances. The student's behavior in school is a function of the many unaddressed needs in other contexts. It is the school's responsibility to recognize this assumption when considering behavioral approaches, which by extension must be comprehensive in nature (Walker, et al. 1996, p. 194). This notion is opposite to the traditionally-applied punitive methods of suspending and excluding students from academic settings. Both the IBS program and the full service community school, at their core, view inclusion of students and families in school activities as not only a desired strategy, but also a vital one (Calfee, Wittwer, Meredith, 1998, pp. 2-3). Approaching students and families in an inclusive, non-judgmental way was mentioned by respondents in this study as an important reason for the success of the IBS

program in shifting the paradigm of working with tier 3 youth. In order to maintain this unconditional, inclusive perspective, the program that incorporates this type of approach must do so in an intentional and systematic manner. Particularly when working with students presenting behavioral challenges, these students and their families perceive the school as a place in which the student cannot be successful. Subsequently, and rather unintentionally, a polarity of counter-positions emerges between the student and the family on one end and the school on the other. This dichotomous stance becomes a barrier to engaging students in school activities and contributes to the undesired academic and behavioral effects. The IBS program and the full service community school model reach across this barrier to create a dialogue. This strategy is particularly important in urban education in which students' families often face complex challenges and needs, and may be inherently reluctant to engage in collaborative work with the school.

The full service community school model has been implemented as a beneficial strategy in many schools across the country. This model operates under the assumption that, in order to fully address students' needs, schools must achieve five conditions: 1.) the school has an instructional program with qualified teachers, challenging curriculum, and high standards and expectations for students; 2.) students are motivated and engaged in learning, both in school and in community settings; 3.) the basic physical, mental, and emotional health needs of students and their families must be recognized and addressed; 4.) there is respect and collaboration between families and the school; and 5.) community engagement and school-wide efforts promote a school climate that is safe, supportive, respectful, and connects students with a broader learning community (Coalition for Community Schools, 2009).

Based on the observations provided by the participants in this study, it appears that the IBS program fits well within the full service community school model, as it fulfills, by design, these five conditions: 1.) it incorporated a student specific program, utilized qualified and dedicated personnel, and held students to high expectations in an unconditional way, while maintaining the belief that all students are capable of making behavioral and academic changes; 2.) it focused on engaging students in the school setting through creating positive, genuine relationships; 3.) it worked to address physical, mental health, and emotional needs of students and families through a variety of student-specific interventions; 4.) it promoted a sense of respect and collaboration by actively enlisting families as experts on their child's needs; and 5.) it extended its impact across systems to contribute to improvements in school climate and culture.

Research on full service community schools has shown positive results in many areas, including: improved student academic achievement, higher student attendance, increased parent involvement, decreased special education referrals, improved mental and physical health of students, improved school climate, increased time for teachers to provide quality instruction time due to decreased non-academic challenges, and improved safety and security (Coalition for Community Schools, 2009, p. 2; Varlas, 2008). Most of the findings regarding the benefits of the full service community school models have been replicated in this study of the IBS program. It appears that the existence of a designated program that supports tier 3 students can strengthen the broader benefits of the full service community school model, if these strategies are applied simultaneously.

The comparison of the full service community school model and the IBS program shows that the IBS program may be both a good fit for urban schools struggling with high frequencies of behavioral issues, and an important component of a broader full service community school

strategy. Both programs subscribe to the same underlying philosophical assumptions regarding youth development and family engagement, work in similar ways, and yield comparable results. It appears that utilizing the IBS approach within the full service community school model may be a synergistic way of utilizing services and supporting students, families, and communities.

Summary

The comparison of the previous literature and the findings of this study show that providing support to tier 3 students through an individualized, highly-focused, coordinated, and relationship-based approach has the potential to yield an array of positive results not only for the student, but also for the broader context of the school setting. The benefits of providing support to tier 3 students are evident and have been documented in other less-comprehensive but more frequently utilized interventions. At the same time, it appears that the IBS program is an intervention of greater magnitude than other previously researched tier 3 supports, and as such, has a greater potential to generate positive results for the students. The current study confirms this assumption. The IBS intervention also appears to have a greater impact on the broader school population and the school as a system. While the specific school-wide benefits were stipulated upon in the previous literature, this study introduces a body of evidence that supports the previous hypotheses. By outlining the far reaching benefits, the current study presents evidence that this type of program is an efficient way of utilizing resources. A comprehensive intervention, such as the IBS program, naturally requires a higher initial financial and programmatic input, but it yields results that were described by the study participants as far exceeding the level of investment. As such, the IBS intervention proves to be an effective and efficient use of resources, while generating desired outcomes for students and having positive implications for the broader context of the school setting.

Implications for Social Work Practice

The tasks of student development and student support in school settings, which fall outside of the traditionally-understood academic education, are often performed by social workers. School social work continues to be one of the significant parts within the broadly understood field of social services. Traditionally, social workers perform the roles of school adjustment counselors, therapists, and case managers. At the same time, in the ever changing educational climate, the provision of student supports also continues to undergo modifications.

Changes in approaches to education.

The literature reviewed for this study highlights the changes in approaches to education in the United States (Bear, 1998; Durlak & Weissberg, 2010). These changes reflect a broader way of addressing student needs as the necessary prerequisite for expected academic outcomes. Increasingly, addressing these needs includes generating comprehensive assessments of the underlying challenges, greater emphasis on the wrap-around services, working with families in a collaborative fashion, facilitating the delivery of socio-emotional curriculum to students, and connecting with other community agencies to promote broader systemic change. Given this shift, it appears that the role of school social workers may not only undergo a natural modification, but might also expand in its scope and importance within school systems.

The natural skillset of social workers fits well with the full service community school model and with the interventions utilized by the IBS program or other similar programs (Anderson-Ketchmark, Alvarez, 2010, p. 62). Given the changing nature of schools and school social work, similar programs are likely to be increasingly more popular and more frequently utilized, particularly in urban areas. This study of the IBS program outlines one way of

delivering comprehensive, student-focused, behavioral services that can be replicated in other settings. The interventions within the IBS program can be successfully provided by school social workers, who enter the field naturally positioned to deliver all parts of this type of positive behavioral support. Furthermore, the study also shows an approach to working with students, families, school personnel, other providers, and the community, which may be helpful to social workers in other school-related programs and interventions, regardless of their nature.

The dearth of previous research on the topic of interventions to tier 3 students suggests that there is a need for further exploration in this area. This study contributes to the collective knowledge on the subject of tier 3 behavioral supports and contributes to the understanding of the current trends in school social work in general.

Implications for theory.

The theoretical framework used in this study is the ecological systems perspective (Bronfenbrenner, 1979). This theoretical framework postulates that an individual's functioning is influenced by bidirectional interactions between this individual and the environment. In this exchange, the individual impacts his or her immediate and broader environment, while the environmental context has a similar impact on the functioning of the individual within it. The application of this framework was used to: 1.) gain an understanding of the underlying, contextual causes for students' behavioral challenges which informed the development of the IBS program described in this study, and 2.) to evaluate the indirect impact of the IBS program on school systems through its impact on the tier 3 students. This study supports the hypothesis inherent in the ecological systems perspective that the changes in the functioning of an individual within a system will inevitably impact the system itself. By extension, impacting the system will also yield benefits to the individual. The IBS program showed its effectiveness in working with

individual students and across school systems to create wide-reaching impact. The results of this study strengthen the understanding that implementing comprehensive tier 3 supports is an important part of a three-tier support system and yields indirect but far reaching benefits to the functioning of other students and school systems.

Limitations and Strengths

The study of the impact of the Intensive Behavioral Support Program on the outcomes of tier 3 students has several limitations. First, the study is qualitative in nature and there is no numerical data to support some of the claims made by the participants. For example, participants were able to reflect on the benefits of the IBS program and rather strongly suggested that the program had a positive impact on tier 3 students' behavioral functioning and in some cases academic performance. Similarly, respondents also mentioned that other students benefitted from this support by receiving more consistent and uninterrupted instruction and subsequently by hypothetically performing better academically. Although these statements are a reflection from direct observations and from measures typically used in schools, there are no quantitative sets of data that would support these statements.

Second, the study includes a sample of twelve participants reflecting on the benefits from one program in one academic setting. It is challenging to state with certainty whether this model can be replicated in other settings with comparable success.

Third, it is important to acknowledge that the IBS program existed parallel to other interventions and initiatives being undertaken at Peck School. It is impossible to analyze the program separately from the context within which it existed. By extension, it is therefore impossible to make statements with complete certainty about the extent of the program's benefit.

Finally, the researcher in this study was professionally acquainted with study participants. Although the potential impact of this professional relationship was acknowledged and precautions were taken (see Methods), there is a potential for the existence of a bias in the responses to the questions in this study.

Aside from the acknowledged limitations, the study had several strengths. Most importantly, the study is an action research inquiry. The study was proposed by the administrators within the Holyoke Public Schools District. It provides a space for a reflective process which may have impact on the future programs, interventions, and approaches implemented by the Holyoke school district. By doing so, the study completes the feedback loop of conceptualization, implementation, delivery, and evaluation of the program, which aligns with the data-driven provision of all district interventions.

Second, the respondents in this study are considered key school personnel and are (or were) leaders within the institution. Collectively, participants represented a depth of knowledge in the fields of education and school social work, as well as an extensive knowledge and understanding of the full service community school model and the IBS Program's initial goals, design, and eventual accomplishments. Given the participants' broad experience and the nature of this study, the findings have an application both in social work and in education.

Third, although the study is based on only one program, it outlines the design and benefits of a model that can be replicated in other settings. More importantly, the study is a reflection on a particular provision of student supports that is based on a collaborative approach, unconditional positive regard, and a highly-focused approach to student cases on an individual basis. The approach in itself can be replicated in any school social work setting.

Fourth, the study has a direct application to the three tier models, such as PBIS and RtI. The study outlines how these models work well on a student level and as a school-wide intervention.

Recommendations for Future Research

Several recommendations for future research emerged both during the process of interviewing the participants and as a result of the analysis of the responses in comparison to the previously compiled literature.

1. Further research should include a systematic, quantitative measure of student outcomes, both for students in a similar program and for other students in a school that utilizes this type of a programming. These measures may include changes in academic outcomes; numbers of disciplinary referrals before, during, and after the intervention; and student attendance. In terms of assessing the benefits to other students, measures may include similar data gathered for the general student population in schools in which the IBS-type of program is utilized.
2. In line with the collaborative nature of the IBS program and full service community school model, in which the family is an equal participant in the development of the child, future research of the benefits of a comprehensive behavioral program should include the voices of parents, families, and students who benefitted by the implementation of this type of intervention.

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APPENDIX A

Recruitment Letter

Dear Colleagues,

Would you like to help improve support services for our students by helping to evaluate parts of our behavior management program?

Please consider participating in a research study that will be conducted within the upcoming months at Peck-Lawrence Schools.

The main goal of this study will be to **evaluate how the development of the Intensive Behavioral Support Program (IBS) in the past years at Peck School facilitated the provision of services to students in need of intensive behavioral support.** You are receiving this initial email because you were involved in the conceptualization, development, implementation, or utilization of this program. Your input regarding the IBSC program would greatly contribute to the evaluation of this service and to the future conceptualization and development of support services to students who might need individualized, intensive, and coordinated approaches in order to succeed in a school setting.

This study is a project conducted as part of a graduate-level thesis and is not conducted by the Holyoke Public Schools. **Your participation in this study is entirely voluntary and the decision to participate or not will remain confidential.**

The study will take the form of an interview and will take approximately 30-45 minutes. During the interview, you will be asked about your experience with the IBS program, about your impressions regarding the impact of this program on coordinating and delivering services to tier 3 students, and about your perception of the impact of this program on the student population and the overall functioning of the school. Your responses to all questions will remain confidential.

If you are interested in helping to evaluate the IBS program, or would like more information about this project before you make the decision, please send a reply to IBSCevaluation@gmail.com

Thank you for your time!

Sev Kolysko

APPENDIX B

Approval of the Study

Jan 25, 2014

Dear Laura:

Sev Kolysko's qualitative study of the impact of the Intensive Behavioral Support Coordination Program on Tier 3 students has been fully approved by the Holyoke Public Schools. We look forward to seeing the results of the study.

Sincerely,

Paul Hyry-Dermith
Assistant Superintendent
Holyoke Public Schools

APPENDIX C

Interview Guide

Demographic Questions

What is your current position?

What is your educational level?

What state licenses/certification do you hold?

How long have you worked in public school systems or in other capacity in relation to student support?

How long have you worked at Peck or how long have you been connected with Peck school in a professional capacity?

Tell me about any training or knowledge of RtI/PBIS models?

In what capacity were you involved in the conceptualization, development, implementation, or utilization of the Intensive Behavioral Support Coordination program?

Development and Implementation of the Intensive Behavioral Support (IBS) Program

1. What were the reasons for initially implementing the Intensive Behavioral Support services?
2. In what ways was the implementation of the IBS program intended to support the overarching goal of schools, which is to educate youth?
3. How did the IBS program align with the mission of the full service community school model? (possible probes: If yes, how so? If not, can you think of ways in which it could be more aligned?)

4. How was the IBS program different from other standard school-based supports? (if clarification is needed: In your opinion, how was the IBS program different from the role of a guidance counselor, adjustment counselor, or a therapist?)
5. What were the additional components of the IBS program that made it different than the standard supports typically provided to Tier 3 students, such as Student Support Team and Functional Behavioral Assessment?

Intensive Behavioral Support Program's Impact on Tier 3 Students

1. What are your impressions of the impact of the IBS services on providing support to Tier 3 students? (possible probe: What were the indicators of improvement in students' performance that you observed in students in the IBS program?)
2. Tell me about the particular aspects of the IBS program that, in your opinion, had an impact on Tier 3 students' outcomes?
3. How did coordinating Tier 3 services, one of the key tasks of the IBS program, contribute to or detract from an efficient and effective use of the available services and resources?
4. How did the IBS program impact Tier 3 students' behavioral functioning (as understood by improvement in particular target behaviors)? If it did, please describe the changed behaviors.
5. How did students in the IBS program perform academically before, during, and after the intervention? If these students improved academically, how was this observed, or measured?
6. In what ways did the IBS program impact Tier 3 students' inclusive functioning in the school setting in comparison to the more frequently used administrative measures of exclusion and suspension?
7. What was your perception of how the IBS interventions impacted Tier 3 students' functioning in social settings? If functioning was improved, how was this observed?

8. In what ways did the IBS program provide interventions that were trauma informed/responsive to students with trauma history?
9. Did supporting students through the IBS program increase these students' time on learning? If yes, how was this observed or measured?

Intensive Behavioral Support Program's Impact on the General Student Population

1. In your opinion, what was the impact of the IBS support of Tier 3 students on the overall functioning of the classrooms in which these students were placed? How was this observed or measured?

Related question/probe: Did supporting students through the IBS program allow for a total increase of time-on-learning for all other students in the classroom?

2. According to the three-tier models, each tier impacts the other two tiers – how did the IBS program, as a tier 3 intervention, impact the other two tiers of student support?
3. According to you, were there any school-wide benefits of the IBS program? (if yes, what were they?) If clarification is needed: What were the benefits of the implementation of this program to the general student population?

Benefits to the School as a System and Questions about Future Directions

1. Are there any cost-benefit considerations that may be important in evaluating the IBS program (e.g. do you feel that the program allowed students to remain in a more inclusive placement thus allowing school resources to be better allocated in other areas, or did the program allow other school personnel to focus more attention on working with other students?)
2. Are there any non-measurable benefits of the IBS program that might be important to acknowledge?

3. How did the IBS program influence the typical process of providing student supports (student screening, selection of needed services, delivery of services, monitoring of effectiveness, and follow-up activity) within an educational setting?
4. Which components of the IBS program do you think should undergo modification in order to make this type of service more effective?
5. Did you encounter any obstacles in utilizing the IBS program? If yes, what were they?

APPENDIX D

Informed Consent Sample Form

SCHOOL FOR SOCIAL WORK

Consent to Participate in a Research Study Smith
College School for Social Work • Northampton, MA

.....

Title of Study: Evaluation of the wrap-around services provided through the Intensive Behavioral Support Coordination Program at Peck Full Service Community School in Holyoke, Massachusetts

Investigator(s): Sev Kolysko

.....

Introduction

You are being asked to participate in a research study, the purpose of which is to evaluate the effectiveness of comprehensive service provision to students presenting chronic behavioral challenges through the Intensive Behavioral Support Coordination Program at Peck School.

Purpose of Study

The purpose of the study is to evaluate the effectiveness of the Intensive Behavioral Support Coordination Program, understand if/how the program contributed to the students’ functioning in comparison to the service provision without the intensive coordination component, assess which components of this program were helpful in facilitating students’ functioning in the school setting, and inform the development of coordinated tier 3 services in the future.

This study is being conducted as a thesis requirement for my master’s in social work (MSW) degree. Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures

If you agree to participate in this study, you will be asked to do the following things: meet with me for a 30-45 minute one-on-one interview session in a public setting at the time of your convenience; respond to a series of predetermined questions regarding your perception of the effectiveness of the Intensive Behavioral Support Coordination program; respond to follow up questions that may arise as a response to your answers during the interview. You will be

provided with the standard questionnaire for the interview before the interview. You may choose to answer all or some questions, refuse to answer certain questions, or stop the interview process altogether at any point.

Risks/Discomforts of being in this Study

There are no foreseeable or expected risks of this study.

Benefits of the Study

Knowledge gained from the study will enhance the researcher's knowledge and expertise in the field of school social work and will further the researcher's professional interests.

The benefits of participation in this project include:

1. The opportunity to reflect on the provision of services to students in need of comprehensive behavioral and socioemotional support;
2. The opportunity to contribute to the development and improvement of a comprehensive student support system for children in need of this type of services.

There are no monetary compensations for participating in this study.

The benefits to social work/society are:

1. Better understanding of the importance and effectiveness of comprehensive service provision to children in need of this level of support;
2. Evaluation of the tier 3 support system which thus far has received the least amount of attention in the three-tier behavioral support model;
3. Potential for better provision of supports that proactively address children's needs in the area of social and emotional development.

Confidentiality

Your participation will be kept confidential. Your answers to the interview questions will be digitally recorded without identifying information. The recording will be stored in a password-protected data storage drive and will not be distributed in any way. Only the researcher will have access to the recording. The recording will be transcribed by the researcher. Some quotes may be used in the document resulting from this study (thesis project) in order to highlight important points of the study, but these quotes will not include any identifying information and will not be used in a context that might reveal your identity.

All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments

You will not receive any financial payment for your participation.

Right to Refuse or Withdraw

The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. If you choose to withdraw, I will not use any of your information collected for this study. You must notify me of your decision to withdraw by email or phone by April 30, 2014. After that date, your information will be part of the thesis.

Right to Ask Questions and Report Concerns

You have the right to ask questions about this research study and to have those questions answered by me before, during, or after the research. If you have any further questions about the study at any time, feel free to contact me, Sev Kolysko, at skolysko@smith.edu or by telephone at XXX-XXX-XXXX. If you would like to receive a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent

Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study researcher.

.....

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

.....

**[if using audio or video recording, use next
section for signatures:]**

1. I agree to be audio taped for this interview:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

2. I agree to be interviewed, but I do not want the interview to be taped:

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____