A HOLISTIC APPROACH TO SUPPORTING THE TRANSITIONS OF HIGH SCHOOL STUDENTS WITH EMOTIONAL AND BEHAVIORAL DISABILITIES

Providing transition services for adolescents with emotional and behavioral disabilities (EBD) is a primary and vital component to supporting these young people both during and after high school. In 1990, the Individuals with Disabilities Act (IDEA) mandated transition services for all students with disabilities, including students with mental health conditions.[1] Yet despite this legislation, negative post-school outcomes for students with EBD who are served in special education programs are well-documented.

The first step in providing transition services to students with EBD is to simply keep them in school. Students with EBD exhibit the lowest graduation rate among all students with disabilities; less than half graduate from high school. According to the National Longitudinal Transition Study-2,[2] in 2000 only 56% of students with EBD graduated compared to 72% of all students with disabilities. Post-school outcomes for youth with EBD are also troublesome. Only 66% of youth with EBD were employed or attending college or training programs one year after leaving high school compared to 79% of youth with learning disabilities. Two years after graduating high school, 37% had been arrested, and 3 to 5 years after high school 58% had been arrested. For those who dropped out of high school, 78% had been arrested within 3 to 5 years. In the author's home state of Washington, 41.3% of youth with EBD graduated in 2008, and only 56.9% were employed or attending postsecondary education or training programs within one year of graduating or dropping out of high school.[3]

To address the negative post-school outcomes of students with EBD, schools must re-examine how they serve these young people and implement interventions based on research associated with positive outcomes for youth with mental health disorders. These evidence-based interventions include strategies that are youth-centered, and support the development of positive and powerful connections with adult mentors in both school and community settings. One such approach is School-Wide Positive Behavioral Interventions and Supports (SW-PBIS), a research-based strategy for providing effective transition services for young people with EBD that is specifically mentioned in IDEA.[4,5]
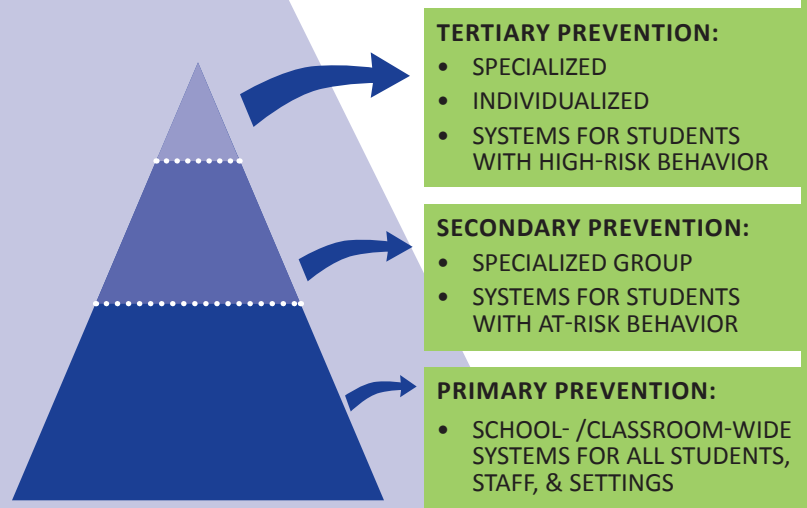
SCHOOL-WIDE POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS

SW-PBIS is a multi-stage, decision-making framework that guides the implementation of evidence-based practices for improving academic and behavior outcomes for all students.[6] Schools that implement SW-PBIS organize around a three-tiered approach. In the primary (universal) tier, all students receive support. Students with behaviors that are not responsive to school-wide outreach receive more concentrated support in the form of a group contingency (secondary tier) or a highly individualized plan (intensive tier). (See Figure 1.)

Despite the appeal of SW-PBIS as an evidence-based framework to support a school-wide plan for positive be-

FIGURE 1. CONTINUUM OF SCHOOL-WIDE AND POSITIVE BEHAVIOR SUPPORT

TERTIARY PREVENTION:
- SPECIALIZED
- INDIVIDUALIZED
- SYSTEMS FOR STUDENTS WITH HIGH-RISK BEHAVIOR

SECONDARY PREVENTION:
- SPECIALIZED GROUP
- SYSTEMS FOR STUDENTS WITH AT-RISK BEHAVIOR

PRIMARY PREVENTION:
- SCHOOL- /CLASSROOM-WIDE SYSTEMS FOR ALL STUDENTS, STAFF, & SETTINGS

havior, it is often difficult to implement at the high school level due to the size of the student body and the number of students with which teachers may interact. In addition, research examining the implementation of SW-PBIS in high school populations is limited; one study found that implementation of SW-PBIS may be related to improvements in student behavior and school climate, as well as an increase in high school completion rates.[7] Nevertheless, three high schools in Washington State have taken on the challenge of implementing SW-PBIS over the past three years. The rest of this article describes the SW-PBIS framework in more detail and highlights the efforts in Washington to implement all three SW-PBIS tiers in order to improve outcomes for students with EBD.

THE SCHOOL BUILDING: UNIVERSAL OR PRIMARY TIER OF SW-PBIS

One component linked to both high school completion and positive post-school outcomes for youth with EBD is their inclusion in general education. This inclusion is also an essential component of SW-PBIS. At the universal tier, SW-PBIS provides students with EBD support in general education classrooms. Behavioral expectations are clearly defined and taught across all school settings. Students with EBD are explicitly taught behavioral expectations and receive positive reinforcement for meeting them.

An example of how Washington schools are implementing supports at the universal tier is by identifying "guiding principles" for behavior for all students. In one school the behavior principles included: 1) respect yourself, 2) respect others, and 3) respect property. These three rules were taught to all students to ensure compliance not only in the classroom but in all areas of the school grounds.

THE CLASSROOM: SECONDARY TIER OF SW-PBIS

Students identified as needing support beyond the universal level often receive secondary supports in special education resource rooms. In addition to intensive academic and behavioral supports and interventions, components of self-determination, including goal setting and attainment, are often addressed.[8] Research indicates that students with better self-determination skills have a greater chance of attending post-secondary education/training and obtaining employment.[9] Students with EBD can learn self-determination skills by facilitating their own Individualized Education Program (IEP) meetings. Students meet with the school psychologist and the special education teacher to ensure understanding of the IEP process, practice role-playing their participation in the IEP meeting, develop a meeting agenda, and invite participants. These skills are not only useful for IEP planning, but are also necessary after leaving high school.

Missing school is a "red flag" for students at risk of dropping out of school. Carefully analyzing attendance, office referral, and discipline data at the school-wide level identifies students at risk of dropping out of school and prompts secondary tier interventions. An example of a secondary tier strategy used in Washington is Check and Connect (website: www.ies.ed.gov/ncee/wwc/reports/dropout/check_conn/). Teachers, including special education teachers, mentor approximately ten students each, checking in with them every morning, once during the day and once again at the end of the day. If the student is absent the teacher calls the student first thing the next morning to determine why he or she is missing school and to offer support or assistance as well as encourage school attendance. This intervention may continue at the intensive tier.

INDIVIDUAL LEVEL: INTENSIVE OR TERTIARY TIER OF SW-PBIS

Intensive supports are necessary for the school success and positive post-school outcomes of many of the students with significant mental health conditions. At the intensive/tertiary level, services are typically delivered by special education personnel and others within the special education program and often in self-contained programs or settings. Youth-centered transition plans are a critical element of this level of support. Components of these plans include: (1) providing a voice and choice for the students who are the focus of the process, (2) identifying the strengths of the students, (3) focusing on supports that occur naturally in the life of the students, (4) offering comprehensive supports that are based on the needs and preferences of the students, and (5) continued planning for additional intensive supports.[10] These components can and should drive students' transition plans as well as their IEPs in order to provide information to identify post-school goals and develop a course of study throughout his or her high school years.

Building on these components, strategies and interventions implemented at all three Washington schools at the intensive tier included a personal futures planning process which addressed all five of the components listed above. This process was implemented to help students with EBD identify their own skills, strengths, and limitations; create short and long term goals while facilitating their own IEP meetings; and develop both community connections and, perhaps most importantly, student voice.

Prior to beginning the personal futures planning, the students participated in setting classroom expectations by building on the school-wide behavioral expectations identified at the universal tier. Aligned with these principles, ground rules establishing respect and support were developed and modeled at the beginning of the personal futures planning process. Then teachers developed and shared their own personal futures plans, thereby acting as mentors and facilitators, rather than "experts." Finally, students created their own plans. This process included reviewing the students' personal histories, describing their lives today, identifying their strengths, identifying people in their lives who support them, identifying dreams and goals, and developing their "next steps."

After the personal futures plans were developed, students began to implement their personal goals. Once students were clearer about their post-school goals, developing connections with community agencies and resources became more relevant. Students connected with community resources including the Division of Vocational Rehabilitation, local mental health services, and employment career centers. Through these connections, students participated in job shadowing, job sampling, and internship opportuni-

THE IMPORTANCE OF RELATIONSHIP BUILDING

The community-based activities undertaken by the students in Washington helped these young people develop active and positive relationships with adults within the schools and their communities. Relationship development is a critical component to providing transition services to students with EBD. These relationships provide a circle of support that can facilitate connections to future employers, help identify adult services including mental health treatment, and further solidify post-school goals. Trusted relationships are also important in helping adolescents and young adults manage risk behaviors. Young people who are engaged with support networks and their communities, have success in their schools, and are given assistance and support to identify and reach their personal goals are more likely to replace risky behaviors with productive activities toward their personal goals.

ties in their communities. Students each had mentors who "coached" them as they developed their goals for life after high school (See box on the importance of relationship building).

MEASURES OF SUCCESS

The students in these three schools facilitated their own IEP meetings, partnering with their teachers to develop annual goals for their IEP that were meaningful and relevant to them. They all completed the personal futures planning process and identified six- and twelve-month goals and the people, including their mentors, who could help them achieve these goals. They reached into the community with internships, job shadows, and visits to community agencies. Preliminary data show that school attendance, credit accrual and grades have increased while office discipline referrals have declined.

Although this is a small project and includes less than 100 students, it is a positive example of ways to address the critical issue of transitioning youth with EBD from a high school setting to positive outcomes in the adult world within the framework of SW-PBIS. The teachers and community partners were able to implement the secondary and intensive levels of SW-PBIS and continue to work toward full implementation of the universal level. Continual work is needed to ensure that SW-PBIS is implemented at the level of rigor intended by legislation. The goals of the SW-PBIS projects implemented in these Washington schools are for students to complete high school with academic skills and supports in place that will allow them to: make choices on whether they wish to attend postsecondary education, par-

ticipate in training programs, or attain employment; have knowledge of and access to services to support their health care needs; and have the skills to advocate for these services and supports. SW-PBIS, along with strategies including personal futures planning, community access, and positive relationships with trusted adults, are vital components in this effort and need to be provided in a deliberate and rigorous way in order to prepare youth with EBD for life after high school. The post-school outcomes and dropout rates for youth with EBD are unacceptable. It is imperative that teachers, community members, adult agency providers, and families are aware of these interventions and advocate for implementation.

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