

Position Statement 45: Discipline and Positive Behavior Support in Schools

Policy

As a leading advocate for the mental health and wellness of children and adolescents, Mental Health America (MHA) opposes corporal punishment¹ and zero tolerance² policies and supports individualized school disciplinary processes that take account of mental health conditions and emotional disturbances and promote the healthy mental and emotional development of our country's youth.³ In particular, MHA supports school-wide positive behavior support and “no reject, no eject” policies aimed at providing a child who misbehaves with the necessary supports and resources that support behavior change in positive, non-punitive ways.

Background

Corporal punishment involves the deliberate infliction of pain upon a child, by an adult, in an attempt to correct and/or punish the child's perceived misbehavior. Scientific research has concluded that corporal punishment is ineffective and detrimental to the emotional and educational needs of children.⁴ There are many more effective means of discipline which promote self-control and the development of appropriate socially adaptive behaviors in constructive, non-harmful ways.

Other school disciplinary measures, while less violent, are often equally harsh. Thus, the widespread use of suspension and expulsion for often minor infractions that is the hallmark of zero tolerance policies has compromised the appropriate role of schools in shaping appropriate student behavior.⁵

To prevent minor, as well as serious, antisocial behavior, educators are turning to a comprehensive and proactive approach to discipline commonly referred to as school-wide positive behavior support [SWPBS]⁶. SWPBS is based on the assumption that when faculty and staff in a school actively teach and acknowledge expected behavior, the proportion of students with serious behavior problems will be reduced and the school's overall climate will improve.⁷ Strategies such as behavioral coaching, behavioral rehearsal and role play, daily goal setting, and self-monitoring can be helpful in teaching students to manage their own behavior and emotions more effectively. Skill building may be an important intervention for students who are displaying aggressive and disruptive behaviors. As part of an assessment process, an effort should be made to gain an understanding of the underlying causes for disruptive behavior, and to teach alternative behavioral strategies as needed.

A Technical Assistance Center on Positive Behavioral Interventions and Supports has been established by the Office of Special Education Programs, U.S. Department of Education. <http://www.pbis.org/default.aspx>. The website defines SWPBS:

One of the foremost advances in school-wide discipline is the emphasis on school-wide systems of support that include proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments. Instead of using a piecemeal approach of individual behavioral management plans, a continuum of positive behavior support for all students within a school is implemented in areas including the classroom and non-classroom settings (such as hallways, buses, and restrooms). Positive behavior support is an application of a behaviorally-based systems approach to enhance the capacity of schools, families, and communities to design effective environments that improve the link between research-validated practices and the environments in which teaching and learning occurs. Attention is focused on creating and sustaining primary (school-wide), secondary (classroom), and tertiary (individual) systems of support that improve lifestyle results (personal, health, social, family, work, recreation) for all children and youth by making targeted behaviors less effective, efficient, and relevant, and desired behavior more functional.

The Judge David L. Bazelon Center for Mental Health Law has published a fact sheet describing SWPBS, entitled “Way to Go: School Success for Children with Mental Health Needs.” According to Bazelon, the literature summarizing studies of school-wide PBS suggests that, on average, PBS schools see improvements in social climate and academic performance and experience 20- to 60-percent reductions in disciplinary incidents. The fact sheet stresses the need for adherence to the best-practice standards, particularly family involvement and social-emotional learning. According to Bazelon, SWPBS, “requires family buy-in, participation and support.”[8](#)

Since 2003, Mental Health America has supported efforts in Congress and the States to put more funding and emphasis on SWPBS and on more specific interventions like school-based mediation and mental health programs, anti-bullying programs that integrate school-wide positive behavior support and redefine the bullying construct, confidential peer support and counseling and intervention programs for children in crisis, related teacher training and evaluation, and broadening mental health support beyond special education programs to deal with a wider range of mental health conditions and emotional disturbances. The key word is support, not therapy, and the goal of SWPBS and similar programs is avoidance of stigma by making mental wellness a central concern of all schools and for all students.

Mental Health America is on record in support of “no reject, no eject” policies that deal with misbehavior rather than getting rid of the problem through suspension or expulsion. There are times when isolation of the offender is the only responsible choice, but MHA believes that the better choice is not to deprive the child of services and to integrate all children into the classroom whenever possible, using more subtle tools that shape better behavior rather than giving up when a child acts out.

Call to Action

Mental Health America supports the adoption of proactive approaches like school-wide positive behavior support and “no eject, no reject” policies. MHA will support SWPBS legislation in the Congress, following up on then-Senator Obama’s 2007 initiative, S. 2111 (companion bill to Rep Hare’s HR 3407), the proposed “Positive Behavior for Effective Schools Act.” MHA will

provide information to the affiliate field and others to promote State and local legislation which transforms school discipline into a system of supports that furthers mental wellness.

Effective Period

The Mental Health America Board of Directors approved this policy on September 12, 2009. It is reviewed as required by the Mental Health America Public Policy Committee

Expiration: December 31, 2014

1. The abolishment of corporal punishment in our nation's schools is also called for by the National PTA, the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, the National Congress of Parents and Teachers, the National Education Association, the American Bar Association, and EPOCH-USA.
2. See MHA Position Statement No. 46.
3. Flaherty, L. & Osher, D., "History of Mental Health in Schools in the United States," in M.D. Weist, S. Evans, & N. Tashman (Eds.), *School Mental Health Handbook* (pp.11-22). New York: Kluwer Academic Publishing Company (2002).
4. See, e.g., American Psychological Association press release, dated June 26, 2002: "In a large-scale meta-analysis of 88 studies, psychologist Elizabeth Thompson Gershoff, PhD, of the National Center for Children in Poverty at Columbia University, looked at both positive and negative behaviors in children that were associated with corporal punishment. Her research and commentaries on her work are published in the July [2002] issue of *Psychological Bulletin*, published by the American Psychological Association. While conducting the meta-analysis, which included 62 years of collected data, Gershoff looked for associations between parental use of corporal punishment and 11 child behaviors and experiences, including several in childhood (immediate compliance, moral internalization, quality of relationship with parent, and physical abuse from that parent), three in both childhood and adulthood (mental health, aggression, and criminal or antisocial behavior) and one in adulthood alone (abuse of own children or spouse). Gershoff found "strong associations" between corporal punishment and all eleven child behaviors and experiences. Ten of the associations were negative such as with increased child aggression and antisocial behavior. The single desirable association was between corporal punishment and increased immediate compliance on the part of the child."
<http://www.apa.org/releases/spanking.html>
5. Writing in the *Harvard Education Review*, Pedro Noguera argues that the primary function of harsh punishment is to assert authority rather than to change behavior. Pedro A. Noguera, "Preventing and Producing Violence: A Critical Analysis of Responses to School Violence," *Harvard Education Review*(1995), p. 189-212.
6. Osher, D., Dwyer, K., & Jackson, S. (2004). *Safe, Supportive, and Successful Schools: Step by Step*. Longmont, CO: Sopris West (2004); Doll, B., Zucker, S., & Brehm, K., *Resilient Classrooms: Creating Healthy Environments for Learning*. New York: Guilford Press (2004).
7. Colvin, Kame'enui, & Sugai, 1993; Sugai & Horner, 1994; Sugai, Sprague, Horner, & Walker, 2000.
8. <http://www.bazelon.org/pdf/WayToGo.pdf>