Chapter 12
The Use of PBIS in Resolving Ethical Dilemmas Created by Disproportionate Punitive Practice for Students of Color

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ABSTRACT

Disciplinary practices in the K-12 setting have historically shown a higher propensity for harsher punitive practices for students of color. This is evidenced by years of research describing disproportionate disciplinary practices. These disproportionate practices have created an ethical dilemma in our school system, as students of color have experienced higher rates of office discipline referrals, school suspensions, and expulsions. One method used in the school system to address disproportionate punitive practices is positive behavior intervention supports (PBIS). Positive behavior intervention supports is a systematic pro-active and preventative model that uses evidence-based interventions to reduce behaviors of concern. This chapter examines the use of PBIS to address the ethical dilemma created in the school system due to disproportionate punitive practices.

INTRODUCTION

School-Wide Positive Behavioral Intervention Supports (SWPBIS), also known as Positive Behavioral Intervention Supports (PBIS) has been considered an appropriate and ethical process for effectively dealing with student behaviors of concern. SWPBIS is a systematic process for addressing behaviors of concern that is evidence based and consists of theoretical and practical approaches of applied behavior analysis (McKinney, Bartholomew, & Gray, 2010). SWPBIS is a framework that can lead to significant decreases in problem behavior and promote learning and prosocial behavior in schools. It is important

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to note, the term "framework" is used because SWPBIS is not a pre-packaged, commercially available intervention; rather it a continuum of evidence-based practices to increase prosocial behavior and academic achievement (Scheuermann & Hall, 2016; Office of Special Education [OSEP] Center on Positive Behavioral Interventions and Supports, 2010b). SWPBIS impacts the learning environment at the systemic, organizational, and individual level to facilitate appropriate behavior.

While research has supported the use of SWPBIS to decrease maladaptive behavior in students and increase prosocial behavior and academic achievement in schools, disproportionate use of exclusionary and punitive strategies for students of col/or continues to be observed across the country. This overuse of punitive strategies based on race and ethnicity presents several ethical concerns for practitioners. This chapter will discuss the components of SWPBIS and focus on addressing disproportionality by examining specific steps using the eight-step ethical problem-solving model presented in Jacob and Hartshorne's (2007) *Ethics and Law for School Psychologists (pp. 23-24)* and demonstrate how SWPBIS can be used to solve some of the problems identified with traditional approaches as it relates to disciplinary practices with students of color. The process discussed adheres to the ethical principles set forth by the National Association of School Psychologists (NASP) Principles for Professional Ethics (2010).

BACKGROUND

As more children enter school with factors placing them at-risk for developing academic and behavior problems, it is important for schools to have programs in place for early intervention and prevention. Researchers at the Center for Disease Control (CDC) found 15.4% or 1 in 7 U.S. children aged 2-8 were reported by parents to have a diagnosed mental, behavioral, or developmental disorder (Bitsko, Holbrook, & Robinson, 2016). Furthermore, disaggregated data revealed males, non-Hispanic white children, and children from low socio-economic backgrounds demonstrated higher probabilities of being diagnosed with a mental or behavior disorder. Approximately, 20% of adolescents, ages 13-18 have been diagnosed with or will be diagnosed with a mental health condition (https://www.nami.org/NAMI/media/NAMI-Media/Infographics/Children-MH-Facts-NAMI.pdf). In 2007, over 5% of children ages four to seventeen were reported by a parent/guardian to have serious difficulties with emotions, concentration, behavior, and/or social skills (National Center for Health Studies, 2007). This percentage remained consistent from 2001 to 2007. In the same study, eight percent of adolescents presented with a Major Depressive Episode in 2007. While research has demonstrated the importance of early intervention in addressing social-emotional and behavioral disorders, there continues to be a significant delay between onset of symptoms and treatment. The National Alliance on Mental Illness ("Closing the gap for children's mental health", 2012) reports that on average, there is an eight to 10-year delay between the initial onset of symptoms and intervention. According to Walker, Gresham, and Ramsey (2004) approximately 20% of school age youth require comprehensive mental health services; however, in traditional service delivery models, only one percent of students receive mental health services from the school. The cost of failing to intervene early in the development of maladaptive behavior and mental health issues is extremely high. Students displaying persistent levels of antisocial behaviors are more likely to drop-out of high school and engage in drug use. Moreover, these behaviors are often comorbid with learning disabilities, hyperactivity, and depression (Walker et al., 2004).