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School psychology: a public health framework

III. Managing disruptive behavior in schools: the value of a public health and evidence-based perspective

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Abstract

Schools typically adopt individualistic approaches to address disruptive behavior and meet the needs of students with disruptive behavior disorders (DBD) [i.e., Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and Conduct Disorder (CD)]. These approaches are often not the most effective and have a limited impact on overall school climate. This article emphasizes the value of an evidence-based and public health perspective in managing disruptive behavior. Information about comprehensive school-based programs and classroom management techniques for disruptive behavior disorders is presented and the important role school psychologists can play in implementing these programs discussed.

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Disruptive behavior disorders (i.e., Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, and Conduct Disorder) are among the most prevalent and stable child psychiatric disorders (Costello, 1989). Attention Deficit Hyperactivity Disorder (ADHD) is characterized by symptoms of inattention, motor hyperactivity, and impulsivity. Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD) are characterized by antisocial behavior. The disruptive behavior disorders (DBD) are serious psychiatric disorders and when left untreated can adversely affect the lives of children. “Children who exhibit early disruptive behaviors, including inattention, hyperactivity, impulsivity and

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aggressiveness, may be at heightened risk for the development of antisocial behavior, substance abuse, and school dropout in later years” (Braswell et al., 1997, p. 197).

Given the symptoms associated with DBD, it is not surprising that children diagnosed with these disorders typically experience difficulty in school. Often, the adherence to structure and compliance with rules required in school settings taxes these students’ abilities and leads to extreme frustration. When faced with students suffering from DBD, teachers also experience frustration as they struggle to manage disruptive behavior and fulfill their primary responsibility—teaching.

Generally speaking, schools tend to address disruptive behavior in an individualized way. Management of students with disruptive behavior “appears to be a collection of procedures and practices for specific problem behaviors occurring in specific situations with little continuity across behaviors, settings, time of day, or program implementation” (Walker, Greenwood, & Terry, 1994, p. 233). These students are often handled on a case-by-case basis and their school success is highly dependent on the individual skill, commitment, and advocacy of school staff, clinicians, and parents. The role of school psychologists in the care of these students is typically limited to testing.

A lack of educator-friendly information about effective school/classroom interventions for DBD makes it difficult for schools to adopt comprehensive approaches to these disorders. Failure to appreciate the applicability of a public health perspective to the management of DBD in schools also contributes to the continued use of individualistic approaches to this problem. These approaches are neither time nor cost-efficient and underutilize existing school resources like school psychologists and teachers.

Strein, Hoagwood, and Cohn (2003) makes a strong case for adopting a public health perspective in school psychology. Hoagwood and Johnson (2003) also speak to the value of this perspective and the importance of learning how evidence-based practices can be effectively implemented in school settings. The public health perspective emphasizes prevention and focuses on strengthening positive behavior. This perspective is a clear departure from the individual, problem-focused perspective that primarily characterizes school psychology today. Although the public health model of school psychology is appealing, applying this model to schools and school psychologist can be challenging. Strein et al. (p. 21) aptly points out that the shift to a public health perspective in school psychology “will not come quickly or easily,” but encourages the process to begin.

Using the management of disruptive behavior disorders as an example, this article will examine how knowledge about evidence-based interventions and a public health perspective can be applied to the work of schools and school psychologists. The article begins with a description of a three-tiered model of school-wide discipline strategies (Walker et al., 1996) that applies the public health perspective to student behavior. Next, information about comprehensive school-based programs and classroom techniques for DBD is presented. Selected programs are described in detail with an emphasis on the important role of teachers and the potential role of school psychologists in implementing these programs. The article ends with a discussion of factors that influence teachers’ use of interventions and the implications, for schools and school psychologists, of applying an evidence-based and public health perspective to the management of DBD.

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