

EDUCATION WEEK

COMMENTARY

School Safety Requires More Than Punishment**Treatment is key to keeping schools safe****By Lisa Madigan & John Suthers**

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At the age of 16, Don was the kind of student who keeps school resource officers up at night, with mental- and behavioral-health issues that led to his being found with a weapon at school, throwing a rock into an occupied vehicle, and taking part in conduct the law deems disorderly. [Back to Story](#)

Yet, less than a year later, he was flourishing academically, doing well in extracurricular activities, and serving as a remarkable role model to three little girls who shared the same foster home where he lived.

Don—a pseudonym for a real student—was lucky. He could easily have been expelled from school and separated from the teachers and students who ultimately led him toward the positive behaviors that put his life back on track. Even luckier for Don, he got help. Right now, about 1 in 5 children and adolescents ages 9 to 17 in the United States **has a diagnosable mental-health disorder** that impairs his or her life and, in any given year, 4 out of 5 young people with such disorders fail to receive the treatment they need.

As state attorneys general, we know the evidence shows that mental- and behavioral-health treatments and efforts to foster safe school climates go hand in hand when it comes to eliminating school violence. As schools and school districts consider various approaches to connecting students and families with these services, we encourage them to focus on programs that make wise use of public funds and achieve a proven impact on students' lives.

For example, upon referral from the juvenile-justice system, Don was enrolled in multidimensional treatment foster care, or MTFC, which has been deemed a model program by the Center for the Study and Prevention of Violence (an organization affiliated with the Institute of Behavioral Science at the University of Colorado at Boulder).

MTFC is used as an alternative to putting youths in a group home or juvenile facility. It provides foster parents specially trained on how to positively guide children's behavior, as well as ongoing supervision by a program case manager and frequent contact with teachers, work supervisors, and other adults in the child's life. Originally developed by the Oregon Social Learning Center for young people in the juvenile-justice system, it has been shown to **reduce arrests** and it **returns nearly \$5 in benefits** for every dollar spent on it.

But a key factor in Don's success with MTFC was his ability to continue attending public school, which enabled him to interact positively with other students who were doing the right thing, as opposed to being surrounded only by those who could lead him into more trouble. He also received daily reading and study time at home and maintained close contact with school personnel. Staying in school also enabled him to participate in activities that required discipline and positive interactions with peers, including football, weight lifting, and track and field.

Functional family therapy, or FFT, an alternative to out-of-home placements for young people in trouble with the law,



whose families received FFT were half as likely to be rearrested as those whose families didn't. FFT saves society nearly \$31,000 per participant through reductions in recidivism and other benefits.

Multisystemic therapy, or MST, is another alternative to out-of-home placement that keeps kids in school. It targets juvenile offenders by addressing the multiple factors—in peer, school, neighborhood, and family environments—that connect to truancy and delinquency. In one long-term study, a control group of children who received family therapy instead of MST were 62 percent more likely to have been arrested by an average age of 29. MST is also cost-effective, saving the public more than \$4 for every dollar invested in it.

While all these approaches have had a proven impact, there are challenges to ensuring that more children have access to them and other mental-health and behavioral interventions. For one, teachers should receive training in how to identify signs of mental illness and then be prepared to refer students for treatment. While many teachers may understandably balk at the idea of taking on one more responsibility, they are often the adults who spend the most time with students. And, in many cases, their ability to sustain effective classroom environments may depend on getting help for individual students in trouble.

But teachers can't do it alone. They need support from administrators and school counselors, who must be aware of the types of treatments that are available in the community, and how to effectively refer students to them.

As a key first step, schools and school districts should forge strong partnerships with juvenile-justice-system representatives and social-service agencies to develop a clear understanding of how therapies like the ones described here can be made available to students. We also encourage all schools to direct troubled children into therapeutic services that meet their needs while enabling them to remain enrolled in school.

In addition, we want schools to adopt initiatives that create safer school environments for all students, but we urge that resources be directed toward approaches that are evidence-based.

While we expect continued calls for funding to put schoolwide programs in place, more money alone won't solve the problem. We need to invest in programs that are both fiscally sound and proven to be effective in improving student behavior, reducing unnecessary suspensions and expulsions, and creating a school climate that is conducive to learning.

Of critical importance are programs that address bullying. A joint U.S. Secret Service-U.S. Department of Education study released in 2002 revealed that nearly **three-quarters of the perpetrators of school shootings** felt they had been bullied or injured by others.

Numerous studies have documented the effectiveness of programs such as the Olweus Bullying Prevention Program and evidence-based behavioral-management programs such as Positive Action, a school-based approach to social-emotional education that teaches children that their positive behaviors can reinforce more positive actions by themselves and others.

Overall, the evidence tells us that access to mental-health treatment and safer school environments will keep more kids in class and out of our juvenile- and criminal-justice systems. And that can mean not only better outcomes for youths, but also prevention of the tragic loss of precious lives.

Through ongoing conversations with policymakers and partnerships with the education community, that's a case we are ready and willing to make.

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