



## Barriers to Prevention in Schools: Prevention Policy Implementation Barriers

Introduction to the series:

### Barriers to Prevention in Schools

Prevention of learning, behavior, and emotional problems is a long-standing concern.

Despite the many compelling arguments for prevention and for minimizing the impact of factors interfering with learning and teaching, policy makers in schools and agencies have yet to make prevention a high priority.

The purpose of this series is to underscore the reasons for this state of affairs in order to clarify ways to address policy, practice, and implementation barriers.

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This resource highlights the challenges faced in implementing prevention policy in school settings.

Key questions explored are:

- ❖ How does a focus on prevention play out in schools currently?
  - ❖ What are the barriers to implementing prevention policy in schools?
  - ❖ What's being done to address such barriers?
  - ❖ What's being recommended to do it better?
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\*This series has been initiated and uses information culled from the literature by Stephanie Moore as part of her work with the national Center for Mental Health in Schools at UCLA.

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“It must be made clear and compelling to all constituencies that without effective implementation and evaluation, the potential benefits of [a] policy will remain unrealized” (Agron, Berends, Ellis, & Gonzalez, 2010, p. 535).

Discussions and research regarding prevention implementation tend to emphasize individual or small scale prevention *programs* focused mainly on reducing specific risk-taking behaviors. Moreover, those programs in place in schools are so fragmented that they often produce inappropriate redundancy, counterproductive competition, and work against the type of *systemic collaboration* that is essential for establishing interprogram connections on a daily basis and over time. All this increases costs, reduces effectiveness, and is perpetuating widespread *marginalization* of prevention policy and initiatives. Because of the marginalization, prevention in schools usually is described as peripheral to other school activities (Durlak, 1995) and regularly is overshadowed by efforts to improve academic outcomes (Aber, Brown, Jones, Berg, & Torrente, 2011; Adelman & Taylor, 2000; 2010).

### *How does a focus on prevention play out in schools currently?*

Prevention policies creep into schools as part of direct and indirect agenda to address specific problems. Examples are:

- ❖ District and school staffing policies that directly call for providing and/or coordinating prevention efforts. Such efforts usually are associated with the work of student support personnel and often are discussed in relation to mental health and social services (Brener, Weist, Adelman, Taylor, & Vernon-Smiley, 2007).
- ❖ Schools, districts, and states policies that emphasize Social-Emotional Learning (SEL) through curricular approaches and as a facet of interventions to address problems (Aber et al., 2011; Dusenbury, Zadzil, Mart, & Weissberg, 2011; Zeng, Boe, Bulotsky-Shearer, Garrett, Slaughter-Defoe, Brown, & Lopez, 2013).
- ❖ Federal policy for Response to Intervention (RtI) directly promotes secondary prevention (intervening as early as feasible after problem onset).
- ❖ Federal policy for Positive Behavior Interventions and Support (PBIS) promotes primary, secondary, and tertiary prevention.
- ❖ Federal and state policies focused on safe and supportive schools stress use of evidence-based prevention practices (Bumbarger, Perkins, & Greenberg, 2010; Hallfors, Pankratz, & Hartman, 2007). (See Sidebar on next page.)

## Safe and Supportive Schools Policy: A Prototypical Example

Federal and state policies focused on safe and supportive schools in general and bullying in particular provide prototypical examples of efforts that bring discussion of prevention to schools.

As the Center for Mental Health in Schools (2009) has stressed:

“State legislatures increasingly have addressed bullying at school (including cyberbullying). The acts, however, generally do not allocate funds to enable schools to significantly confront the problem. Nevertheless, the renewed legislative attention has led state and local education agencies to enhance their focus on bullying. Some state education agencies have mainly implemented the letter of the law; others have used the legislation to expand attention to the problem.”

Presently, almost every state has bullying legislation (U.S. Department of Education, 2011; Weaver, Brown, Weddle, & Aalsma, 2013). Many states are requiring schools to implement bullying prevention programs, with some mandating that the program must be evidence based (Bumbarger et al., 2010; Hallfors et al., 2007; National Center for Mental Health Promotion and Youth Violence Prevention, 2011; Weaver et al., 2013).

### *What are the barriers to implementing prevention policy in schools?*

Although research has shown an increase in prevention related policies at state and district levels, similar improvements have not been seen at schools (Brenner et al., 2007; Ingebrigtsen, 2010). A survey of school stakeholders including superintendents, state and local school board members, school wellness advocates, and state public health nutrition directors, yielded the following list of factors viewed as barriers to implementing prevention at schools (Agron et al., 2010):

- ❖ *Inadequate funding.* Funding, of course, is always cited as a barrier. Concerns raised include inadequate budgets to cover costs related to personnel, capacity building, and inadequately funded mandates.
- ❖ *Competing priorities and lack of time.* Members of surveyed groups commented that lack of time arises from competing priorities and mandates stemming from contract restrictions, required curriculum, or an emphasis on academic achievement.
- ❖ *Need to educate and gain support of key nonstaff* (e.g., students, parents, and community members).
- ❖ *Adequate tools to support policy implementation and development.*
- ❖ *Competence for Providing Stakeholder Training and Technical Assistance.*

Ambiguity in writing of laws and policies also has been identified as hindering implementation. While legislation may appear clear to those who enact it, translation into the school domain can be ambiguous to school implementers (Weaver et al., 2013).

Clearly any of the above can interfere with effectively implementing and sustaining current prevention policies. However, as stressed in the next section, the most fundamental barrier to prevention is the low priority policy makers assign such work.

And, the low priority generates an ongoing vicious cycle of piecemeal and ad hoc implementation, poor sustainability, and unsatisfactory practice, research, and training (see sidebar).

### **An Example: Barriers to Implementing Bullying Prevention Policy**

Bullying prevention efforts offer an illustration of policy-related factors that have worked against potent implementation of school programs. Most states have enacted legislation to counter bullying. While several federal agencies are involved, states still see it as their responsibility to ensure that legislation fits the specific local needs and sensibilities. As a result, states have different definitions of bullying and varying policies about how to prevent and intervene when bullying arises (Weaver et al., 2013). At the federal level, recent legislative efforts include the 2011 *Safe Schools Improvement Act* which focused on amending the *Elementary and Secondary Education Act* (ESEA) to enhance efforts to prevent bullying and harassment of students.

While some states have independent bullying policies, others' are included in harassment and school safety protocols (National Center for Mental Health Promotion and Youth Violence Prevention, 2011). Most states also lack a full definition, for example, failing to indicate bullying as "repeated, intentional harm involving a power imbalance" (Weaver et al., 2013, p. 166). In addition, many (27) states' laws merely encourage or recommend bullying policies to be developed at schools, rather than requiring development or providing guidelines, which may lead to inconsistent implantation across schools (Weaver et al., 2013).

Additionally, bullying prevention policy is often enacted in a piecemeal fashion, only addressing a portion of the overall problem. For example, the majority (89%) of states' antibullying laws do not include all types of bullying (verbal, physical, relational, and cyberbullying) and typically little protection and few mental health services are provided to victims (Weaver et al., 2013).

Bullying prevention policies also typically lack support and adequate funding. Few states have specified funding for implementation and evaluation of bullying prevention programs (National Center for Mental Health Promotion and Youth Violence Prevention, 2011) and training provided is often limited. For example, of the states with bullying legislation, while the majority offer support (e.g., technical assistance such as training and access to information) to districts and schools, only 25 states mandate support be provided (Piscatelli & Lee, 2011). Furthermore, only 8% of states require annual training for school employees and only four states provide funding for this training (Weaver et al., 2013).

For information about state bullying prevention policies and initiatives, see  
U.S. Department of Health & Human Services website  
<http://www.stopbullying.gov/laws/>

## *What's Being Done to Address Policy Barriers?*

Two approaches prevail in efforts to address the numerous challenges encountered in implementing current prevention policies. One is to use accountability to drive and improve implementation. The other is for implementers to customize a policy so that it is a better fit with the specific needs of schools and students.

As a basic policy tool, accountability usually is at the center of efforts to enhance prevention policy implementation. For example, despite the many concerns that have been raised about bullying legislation across the country, the widespread adoption of bullying prevention policies in schools has been fostered by accountability requirements.<sup>1</sup>

Increasingly, accountability is accompanied by a set of standards and related outcome indicators. For instance, states are increasingly incorporating social-emotional learning standards into their overall learning standards. Infant, toddler, and preschool SEL standards are widely represented, with 48 states and two territories incorporating SEL into their preschool learning standards. Illinois is the first state with free-standing, comprehensive standards for K-12. Other states have non-comprehensive, independent standards that focus on one or more dimensions of SEL, while still others incorporate goals and benchmarks related to SEL into other learning standards, such as those for English, Health, or Social Studies (Dusenbury et al., 2011).

The ability to customize policies at the school level to match both a school's and students' needs can help overcome barriers to implementing current policies. Such customization is facilitated when policy makers allow for flexibility in interpreting and adding additional elements (Ingebrigtsen, 2010). It is also facilitated when schools use accountability monitoring to generate formative evaluation data. Analyses of these data enable early identification of policy-related interfering factors and initiation of corrective efforts.

As one prevention program coordinator stressed:

"We're always tweaking and improving our policies. It's like any policy, there are always going to be glitches, so you have to monitor your policy closely so you can fix all those glitches" (quoted in Ingebrigtsen, 2010, p. 21).

<sup>1</sup> States, school districts, and schools are increasingly being held accountable for implementing anti-bullying and bullying prevention policies, as well as for reducing the instances of bullying. Interestingly, the National Center for Mental Health Promotion and Youth Violence Prevention (2011) suggests that "when a state [bullying] law is created, a standard of care is also created, which schools are then responsible for meeting." Furthermore, they argue that a national standard of care has been created as the majority of states have established bullying prevention policies and assert that schools in states without bullying laws are, therefore, also required to address bullying. Thus, a school may become liable for failing to meet the set standard or even considered negligent if harm (physical or psychological) results from failing to meet the standard (National Center for Mental Health Promotion and Youth Violence Prevention, 2011).

### *What's being recommended to do it better?*

From a school implementation perspective, several steps are usually recommended to improve prevention policy. First and foremost, advocates always stress the need for increased funding. Of particular concern has been the inadequate support for capacity building (see sidebar). There are constant calls for sufficient underwriting to enable effective professional development, establish qualified leadership, create a climate of readiness for the work, ensure sustainability, and more (Johnson, Hays, Hayden, & Daley, 2004; Miller & Shinn, 2005; Substance Abuse and Mental Health Services Administration, n.d).

Another frequent recommendation is for legislators and policymakers to write policy implementation guidelines in ways that reduce ambiguity and inconsistency (Weaver et al., 2013). Such guidelines would use clear language to specify direct expectations for school officials, detail processes for building capacity, and indicate ongoing support mechanisms for implementation and sustainability. Furthermore, legislators frequently are urged to work closer with state and local education boards and school officials to facilitate translation of policies into school settings.

Given the prevailing emphasis on specific problems, another recommendation that is gaining currency is the need to shift to broader, comprehensive prevention policy (Aber et al., 2011; Adelman & Taylor, 2000, 2010). The aim is to end the marginalization of prevention in school improvement policy and practice.

And as always, there are recommendations for more and better research.

#### **Capacity Building**

According to SAMHSA's Strategic Prevention Framework (SPF), "Capacity refers to the various types and levels of resources available to establish and maintain a community prevention system that can identify and respond to community needs." While this definition focuses on resources, the SPF goes on to state that capacity also depends on the readiness of both the organization and the broader community to actually commit their resources to addressing the identified problem(s). Although the planning process itself can strengthen capacity, intentional capacity building at all levels helps ensure that successful programs are sustained within a larger community context, and therefore less vulnerable to local budgetary and political fluctuations. Effective capacity building also increases an organization's or community's ability to respond to changing issues with innovative solutions.

Johnson and colleagues (2004) recommend an infrastructure capacity building model that addresses both development and sustainability. The emphasis is on enhancing administrative structures and formal linkages, champion and leadership roles, resource development, administrative policies and procedures, and community and practitioner expertise. Furthermore, the authors emphasize that capacity building must be a *process* rather than a one-time concern.

An additional five factors are stressed specifically to facilitate sustainability: alignment of program with stakeholder needs, relationship among stakeholders, quality of program implementation (evaluation, commitment, etc.), commitment to effectiveness, and ownership among stakeholders (Substance Abuse and Mental Health Services Administration, n.d).

*A More Fundamental Recommendation:  
Embedding Prevention into School Improvement Policy as Part of a High Priority for  
Addressing Factors that Interfere with Learning and Teaching*

In their attempts to implement prevention policies into schools, stakeholders face a variety of challenges including inadequate funding, inadequate guidance and support, ambiguous language, insufficient readiness or capacity for implementation, and more. However, as Adelman and Taylor (2000, 2010) stress, the most fundamental barrier to enhancing efforts to prevent problems is the low level of priority policy makers assign to the addressing the need. That is, beyond specific and narrowly defined public health concerns (e.g., disease prevention), prevention is not a high priority in public policy and practice. After immunizations, prevention initiatives for children and adolescents in and out of schools focus mainly on reducing specific risk-taking behaviors. This leads to an overemphasis on observed problems and on approaching them as separate entities and to deemphasizing analyses and pursuit of common underlying causes. In turn, this deemphasizes the type of broad, multifaceted approaches necessary to account for social, economic, political, and cultural factors that can interfere with development, learning, teaching, and general well-being.

Prevention of learning, behavior, and emotional problems, although a long-standing concern, clearly is not a high priority in school improvement policy and practice. It is one thing to advocate for prevention; it is quite another to convince school policy makers to integrate a comprehensive approach to prevention as part of their school improvement agenda. We have found that such an argument must be framed broadly in the context of the mission of schools (which, of course, is to educate the young).

In pursuing their mission, school policy makers have focused primarily on direct ways to improve instruction. This emphasis has been fostered by current accountability demands stemming from federal legislation. As a result, the trend is for school improvement planning to marginalize attention to many preventable and correctable interfering factors. This is the case for both internal and external barriers to learning (Adelman & Taylor, 2000, 2010).

Fortunately, relatively few youngsters start out with internal dysfunctions or disabilities that lead to learning, behavior, and emotional problems. For many children and adolescents, however, a range of external factors is interfering with schools accomplishing their mission. Anyone who works with young people is all too familiar with the litany of factors that can interfere with learning, development, and teaching. Such factors are strongly related to the achievement gap and to student (and teacher) dropouts. It is the impact of so many interfering factors that argues for schools and communities offering a much more comprehensive focus on prevention and doing so in the context of full continuum of interventions that is fundamentally integrated into school improvement.

Various states and districts are currently moving in the direction of embedding prevention into a comprehensive approach that is fully integrated into school improvement policy and practice. For a major example, see the design for a unified and comprehensive system of learning supports developed by the Alabama state department of education (<http://smhp.psych.ucla.edu/pdfdocs/aladesign.pdf>).

And for additional details about such an approach, see the Center's website – <http://smhp.psych.ucla.edu/>.

## *Concluding Comments*

This Center series of information resources has explored barriers to prevention in schools.\* While a range of factors was covered, the bottom line problem highlighted is the low level of policy priority assigned to prevention (in and out of schools).

For schools, we stress that school improvement policy and practice for addressing interfering factors must undergo a transformation. Because the focus on addressing barriers is so marginalized, schools and communities continue to operate with virtually no commitment and no major frameworks to guide them toward comprehensive and multifaceted approaches for large-scale prevention and amelioration of problems. This is clearly seen in the lack of attention given these matters in school improvement plans and program quality reviews.

We conclude that a major breakthrough in the battle against learning, behavior, and emotional problems can be achieved only when school improvement policy, planning, implementation, and accountability fully address factors interfering with learning and teaching. Clearly this includes a potent emphasis on prevention *and much more*. Moving forward in this direction requires policy that unifies current student and learning supports and develops them over time into a comprehensive and equitable system of student and learning supports. It is just such an approach that is underway in trailblazing states and districts across the country (see *Where's it Happening?* – <http://smhp.psych.ucla.edu/summit2002/trailblazing.htm> ).

\*The three resources in this series are:

*Preventing Student Problems: What are the Barriers?*

<http://smhp.psych.ucla.edu/pdfdocs/preventseriesintro.pdf>

*Barriers to Prevention in Schools: A Look at What's Happening*

<http://smhp.psych.ucla.edu/pdfdocs/preventseriespolicy.pdf>

*Barriers to Prevention in Schools: Prevention Policy Implementation Barriers*

<http://smhp.psych.ucla.edu/pdfdocs/prevseriespolicybarr.pdf>



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