

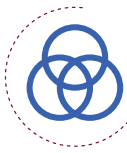


**PBIS** Positive Behavioral  
Interventions & Supports  
OSEP TECHNICAL ASSISTANCE CENTER

# USING THE PBIS FRAMEWORK TO ADDRESS THE OPIOID CRISIS IN SCHOOLS

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## Introduction

In October 2017, the U.S. Department of Health and Human Services declared a public health emergency to address rising overdose deaths related to the opioid epidemic. Opioids include heroin, synthetic opioids such as fentanyl, and pain relievers available legally by prescription, such as oxycodone, hydrocodone, codeine, and morphine. Based on data from SAMHSA's National Survey on Drug Use and Health, in 2017, over 700,000 youth aged 12 to 17 (3.1% of the youth population) had used heroin or misused prescription pain relievers in the past year (NIDA, 2018). Since 1999, the number of deaths from opioid overdoses has increased dramatically (Rudd, Seth, Felicitia, & Scholl, 2016) with deaths from overdose among adolescents more than doubling from 1999 to 2015 (U.S. Department of Health and Human Services, 2017). As a result, schools are confronted with the challenge of educating students misusing opioids and students residing in homes with family members who misuse opioids. The purpose of this brief is to describe how students and families are impacted by the opioid crisis and provide recommendations of how schools can use the PBIS framework to address it.

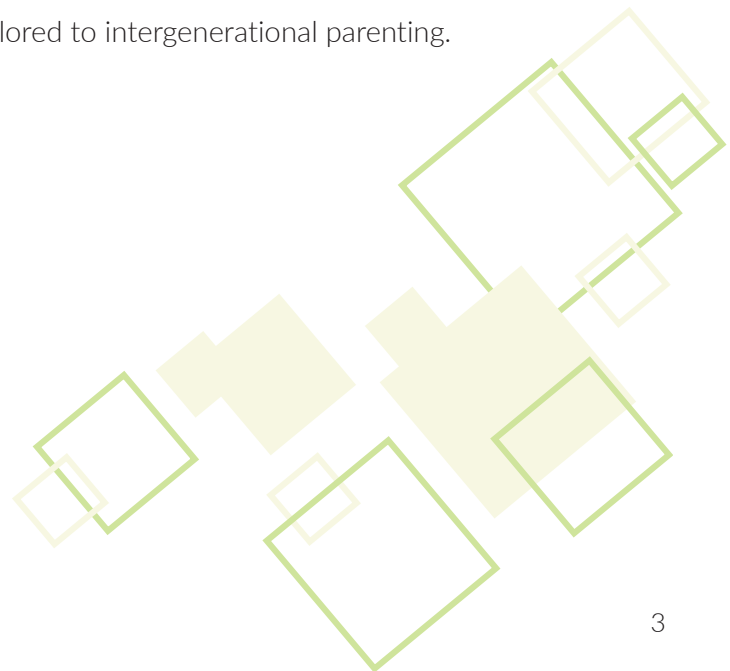


**Effects of the Opioid Crisis.** With the effects of the opioid crisis affecting students at multiple levels, it is important to identify clear targets for school-based interventions. Schools are likely to see students affected by the crisis in three ways:

**Students require substance abuse supports.** As described earlier, adolescents are dying of overdose at higher rates, meaning that direct prevention and intervention are crucial. For students who report high risk opioid use, many report their initial exposure to non-medical prescription opioid use early in the middle school years (ages 10-12) and demonstrate greatest risk for heroin use late in high school (Cerdá, Santaella, Marshall, Kim, & Martins, 2015). Research indicates that peer use can influence individual risks (Nargiso, Ballard, & Skeer, 2015), and when a student overestimates how often their peers use, peer pressure becomes more potent (Sanders, Stogner, Seibert, & Miller, 2014).

**Students need help coping with traumatic home experiences.** Children of family members who use opioids and other substances are at even higher risk for a range of problematic outcomes, including a higher risk for developing opioid use disorder themselves, a higher likelihood of encountering traumatic experiences, and exposure to the child welfare system (Russell, Trudeau, & Leland, 2015). These traumas can hinder a child's school success (Oral et al., 2016). Addressing trauma is of great importance given that schools are a natural setting to inspire change in these areas (Mendelson, Tandon, O'Brennan, Leaf, & Jalongo, 2015).

**Families need help coping as well.** These problems can be wide-ranging, but they include situations like sudden loss and unique family structures. For families with a sudden loss of a family member, shifting roles within the family can cause additional distress in addition to the loss. New guardians, such as grandparents, may be renewed novices in parenting children of a different generation than their own. Assisting families in adjusting to shifting roles might include school teams providing more explicit parenting supports or supports tailored to intergenerational parenting.





## Recommendations for Preventing and Addressing Opioid Misuse Through PBIS

School-wide Positive Behavioral Interventions and Supports (PBIS) is a systems-level framework for improving social and academic outcomes for students (Sugai & Horner, 2009). The framework approaches prevention from a public health perspective, with a continuum of preventive supports (e.g., tiers) that address student behaviors based on level of need (Walker et al., 1996). Implementation of PBIS is associated with reduced rates of substance use in high schools compared to schools below implementation criteria (Bastable, Kittelman, McIntosh, & Hoselton, 2015), providing some evidence that this framework can be leveraged to make a difference. PBIS also improves school climate (Bradshaw, Koth, Thornton, & Leaf, 2009), and positive school climate predicts social emotional health and reduced participation in risk behaviors such as substance abuse (Lester & Cross, 2015).

There is no one solution to address all these aspects, but strategies can be leveraged within a PBIS framework to address the unique needs that the opioid crisis presents. Schools should be aware that the availability of evidence-based programs and practices specifically to prevent and address opioid misuse is limited, meaning that some guidance is drawn from expert recommendation, practical problem-solving, and evidence-based approaches for broader substance abuse issues. The following recommendations describe how school personnel can address the opioid crisis through the structure of a PBIS framework.

### Teaming

Instead of creating a new team or implementing outside of existing systems, the school PBIS team can provide leadership and coordination to address this complex problem. School and district leaders can support teams by participating in decisions and providing resources to meet the needs identified by the team, including time, training, or additional personnel.

### Data

Although school teams can use discipline data to assess the problem reactively, some have begun to assess the prevalence of substance misuse through school-wide screening. When considering screener selection, school teams need to balance the amount of information they wish to collect, the privacy of the students whose information are collected, and the scope of supports that can reasonably be provided through the school or school-based referral. In addition, fidelity of implementation data should be collected on any interventions to guide action planning and assess effects.

### Practices

The PBIS framework focuses on creating a positive, predictable, safe learning environment and providing group and individualized supports to improve the access to and participation in the full school experience. As mentioned earlier, evidence of practices specific to opioids are limited but several promising practices are emerging.

Social-emotional skill instruction is increasingly popular as an approach to prevent drug abuse. A previous brief



outlined the utility and practicality of implementing evidence-based social-emotional programs within a PBIS framework (Barrett, Eber, McIntosh, Perales, & Romer, 2018). These types of programs may teach refusal skills, self-management, and regulation (Muratori et al., 2015) and have been shown to reduce the likelihood of future opioid misuse, especially in conjunction with programs addressing family risk factors (Griffin & Botvin, 2010).

A promising strategy for leveraging peer influence as a buffering mechanism against risky decision making is to make use of peer-led interventions or peer-to-peer supports. Although the use of strategically informed and trained students as peer leaders is still relatively

new, initial research has found that interventions incorporating this strategy can be effective in lowering the prevalence of tobacco, alcohol, and marijuana use, though not necessarily opioids (MacArthur, Harrison, Caldwell, Hickman, & Campbell, 2016).

Incorporating a trauma-informed lens into the school-wide PBIS framework is another important consideration in responding to the opioid crisis. The key principles of a trauma-informed approach focus on safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice, and cultural, historical, and gender issues. Many of these strategies are universal in application and are often present in a PBIS system for the benefit of all children (e.g., maintaining a typical routine). Supporting students who have endured trauma, at its foundation, means providing a safe, predictable, and positive environment.

### **Family and Community Engagement**

Explicit teaching of expectations and routines is one of the most important elements of PBIS for providing a supportive, predictable environment for students. Although schools may have long-established good practices, families are likely to benefit from the same foundational understanding and practices at home. Engaging families and empowering them to set home expectations for their children may be the simple strategy that helps families establish norms that prevent or buffer against opioid misuse. One method of supporting caregivers could include family nights that provide education on home strategies to reduce the availability of harmful legal substances in the home





(Johnson, & Shamblen, 2012). Schools can maximize this opportunity by pairing it with a prescription drug take back/disposal program. These types of programs have been shown to reduce the availability of prescription medications in the home by teaching parents how to set expectations related to the use of prescription opioids and secure or discard unused medication. Given that many adolescents who misuse opioids report that they received it from a family member (Center for Behavioral Health Statistics and Quality, 2016), this approach is likely to provide a low-cost, high-impact approach to preventing and addressing opioid misuse among youth. PBIS teams could measure effectiveness by counting the quantity and type of disposed prescription medications and assessing attitudes and behaviors following the trainings.

Although few family-school programs have been tested specifically for the prevention of opioid misuse, involving families in prevention programs appears to make them more effective (Wilson et al., 2019). Effective programs have previously focused on middle school students and used intensive programming, such as sessions that include student and family member skill building followed by practice. These programs work by strengthening parental monitoring along with nurturing parenting strategies to increase reciprocal engagement between child and parent and to decrease

caregiver stress and ineffective parenting strategies (Spoth et al., 2013). Although this type of parenting program is often useful for a range of students, students facing the most challenges sometimes benefit

### **PBIS Opioid Vignette**

In one school district, the district team identified an increase in number of students misusing substances, as evidenced by their rates of office referrals and parent reports. The district reached out to community treatment agencies, who confirmed an increase in adolescents enrolled in their programs. The district suspected that the number of referrals they received were an underestimate of the number of students engaging in substance misuse. The school implemented a screener that identified student risk based on reported frequency of use for a variety of substances and sent a notice to parents indicating they would be including items related to substance abuse in a health screening conducted by the nurse during the year. With better awareness of community treatment resources and screening data, school staff were able to make more proactive referrals for substance misuse treatment, and began work identifying targeted interventions for students who reported risky substance use behavior.

more from family-based intervention. Thus, these more involved programs could be used universally or for students who are already at-risk due to prior involvement with alcohol, cigarettes, or marijuana.

### **Interagency Collaboration and Community-Academic Partnerships**

As school mental health continues to gain attention and funding, the use of Interconnected Systems Frameworks (ISF) is emerging as a means of connecting PBIS with school mental health efforts (Barrett, Eber, & Weist, 2013). Organizing these respective efforts so that data systems, decision-making teams, and



services are integrated is an important consideration for schools seeking to address the full spectrum of student behavioral health. Using the ISF model to include efforts in managing substance misuse may allow schools to better leverage school and community resources in addressing a need that spans both domains.

Students who attend schools that use school-university partnerships are less likely to use prescription opioids for non-medical reasons (Spoth et al., 2013). Often, these types of partnerships involve school personnel, university researchers, and other community stakeholders. PBIS is grounded in relationships with research, including the use of data-driven decision-making and technical assistance from universities. By coming together, they can use student data to identify areas of need and identify evidence-based programs that can target those needs. In the case of opioid use prevention, schools may assess students' attitudes and behaviors related to risk factors for opioid misuse, including whether they or their family members have misused prescription medications in the past (Nargiso et al., 2015) or perceptions of how peers view opioid use (Russell, Trudeau, & Leland, 2015).

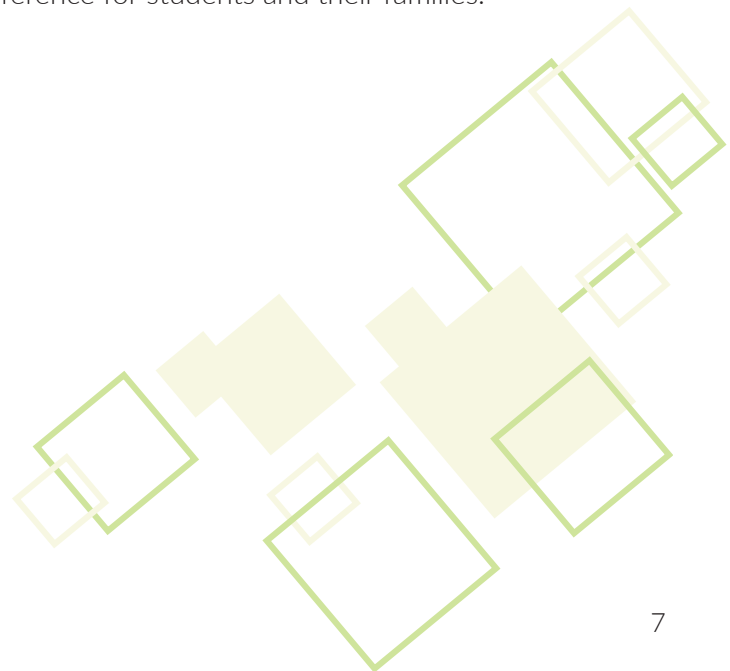
### **Emergency Response**

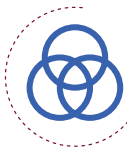
In preparation for the occurrence of an opioid-related overdose on school property, school teams can develop an emergency protocol outlining (a) how first

responders will be notified of an overdose and (b) how an opioid antagonist will be administered to reverse a suspected poisoning (Readiness and Emergency Management for Schools, 2016). The National Association of School Nurses (NASN) recommends that trained school nurses facilitate the administration of opioid antagonists (e.g., naloxone) when a suspected overdose occurs (National Association of School Nurses, 2015). However, state regulations and district policy will dictate whether school personnel are legally allowed to administer these drugs.

### **Conclusion**

Schools can play an important role in addressing the opioid crisis. Schools embedding prevention efforts within a PBIS service delivery model are well-positioned to leverage existing systems to prevent and address the opioid crisis among youth. PBIS can help all staff, students, and families identify which approaches to addressing opioid use are most needed and collect data to ensure the programs and approaches implemented are making a positive difference for students and their families.





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