

LEGISLATIVE REPORT

SUBJECT: Requesting Department of Education (DOE) and Department of Health (DOH) to jointly study the feasibility of integrating rehabilitation programs for students with anger problems.

REFERENCE: HCR 126, HD1, SD1
HR 108, HD1

ACTION REQUESTED: Report on the progress of the study including proposals for DOE anger management programs and projected costs.

DOE REPORT:

Introduction:

DOE and DOH are requested to jointly study the feasibility of establishing an anger management program modeled after substance abuse programs to provide students who commit acts of violence or harassment at their school with the tools they need to change their behavior.

Act 205, Session Laws of Hawaii 2006, developed screening procedures for students who were caught in violation of a Chapter 19 offense (Hawaii Administrative Rules) for alcohol and/or illicit drugs to determine if a referral for substance abuse assessment was warranted. Substance abuse rehabilitation programs were not developed with this legislation.

FINDINGS:

To model establishing anger management programs for students after the substance abuse model provisions of Act 205 is invalid. The issues related to the screening identification of substance use risks for alcohol and illicit drugs and establishing anger management programs are two (2) different diverse issues.

The screening instrument used in Act 205 to determine a referral for substance abuse assessment is a research validated tool. There are no national standards or research validated tools for identifying anger management. Anger is a very natural reaction to situations, but when expressed inappropriately, it can be destructive. Anger is a demonstrated manifestation and its root cause may be related to several factors such issues as anxiety, depression, grief and loss, relationships.

Research has demonstrated that simply grouping students for anger management classes has limited benefits. While students who receive anger management training showed decreased drug and alcohol usage, increased self-esteem, and decreased problem behaviors, the intervention did not change delinquent behaviors. Long-term

benefits of anger management training still need to be proven. (Skiba, Russell and McKelvey, Janet, Safe & Responsive Schools, Anger Management 2003)

Currently, services for students with anger management problems are available at individual schools. The first line of support would be a referral to the school counselor. If the problem escalates, additional intensive supports from school-based behavioral health services may be obtained. In addition, each school has a comprehensive student support that provides a student support process for addressing the social emotional needs of all students.

Taking a reactive crisis intervention approach to “anger” problems will only continue to plague the daily routines of students and the school processes. It is the investment in schoolwide and classroom prevention strategies that will produce long-term beneficial effects.

RECOMMENDATIONS:

The Department of Education and Department of Health, Alcohol and Drug Abuse Division, have conferred on the request to study the feasibility of establishing an anger management program modeled after substance abuse programs. Both Departments concur that it is not feasible to develop an anger management program based on a model of a substance abuse program.

The current model is delivered by a private provider through an RFP. Students must self-select to receive program services. In other words, they must recognize a problem and be willing and able to address that problem/behavior. In addressing student behavior that results in acts of anger that may impact the school/classroom climate and other students/adults on campus, the solutions must come from within the school, through its Comprehensive Student Support System (CSSS) array of services and supports.

Proactively, schools should routinely review and analyze their school-wide discipline data to identify needs and implement the appropriate action steps to address student who demonstrate anger or other disruptive behaviors. As the focus is on prevention and the classroom teacher is the primary link between the at-risk student and appropriate school-based intervention services, it is recommended that a series of professional development opportunities be provided to teachers in learning to identify at-risk students for externalizing and internalizing behaviors. Schools should annually review their array of supports and services/programs, to ensure that student needs are being addressed in an appropriate manner.

Annually, the staff in the Student Support Section provides professional development to approximately 90 schools annually. The sessions focus upon analysis of school-wide discipline data, identifying behaviors in at-risk students, classroom management techniques, and other interventions to assist student who present mild to moderate behavioral challenges. Similar sessions are scheduled for school administrators, at the

request of complex area superintendents. The Department remains committed to its goal to provide a safe, healthy environment that supports the learning of all students.