Virtually every educator takes classes on behavior management or classroom management, yet teachers consistently cite student discipline and classroom management as primary areas of concern. It is clear that many teachers are not sufficiently prepared to manage even the most minor behavioral challenges posed by today’s students. The good news, however, is that the fields of classroom management, applied behavior analysis, and positive behavior interventions and supports offer powerful, evidence-based tools to help teachers prevent most student behavioral problems and to intervene effectively and efficiently when behavioral difficulties develop.

In this book, we draw on this body of research as it has culminated in the field of positive behavior supports. Positive behavior interventions and supports, or PBIS, is an umbrella term that refers to a wide array of individual and systemic strategies to teach and strengthen appropriate behavior and to reduce challenging behavior. Abundant research supports the effectiveness of these techniques with all types and ages of students in all types of situations. For the most part, these techniques are relatively easy to use, mesh seamlessly with instruction, can be used with minimal training, and can be expected to produce desirable outcomes when used correctly.

To best prepare readers of this text to be able to apply the concepts and techniques presented, we focus on the theoretical foundations of behavior and behavioral interventions as well as the actual day-to-day application of strategies. Our goal is to help educators and educators-to-be bridge the gap between theory and practice. We believe that it is critical for educators to understand the theoretical explanations for behavioral problems and the many teacher-controlled factors that contribute to those problems, and then be able to design research-based interventions that reflect those theoretical underpinnings. Thus, the book not only describes what to do for behavior management purposes, but also explains why. This will help teachers and others be better prepared to assess challenging classroom and individual student behavioral problems, select evidence-based interventions, and problem-solve if those interventions fail to produce the desired effects.

The No Child Left Behind Act of 2001 placed unprecedented emphasis on the use of scientifically based educational practices. School discipline and behavior management, perhaps more than any other area in education, has often suffered from a lack of reliance on evidence-based practices. To change that, educators must understand evidence-based practices and how to apply them in real-life situations. To that end, the positive behavior support strategies described in this book are based on extensive research that has evaluated their effectiveness for improving student behavior at the schoolwide, classroom, and individual student levels. We carefully explain the practices supported by this research base, but we also rely on our extensive experience in schools to give many real-life examples of PBIS concepts and strategies. Our personal experience enables us to provide realistic examples of how to apply the skills that we describe in this text, as well as deal with potential problems in their application.

The book explains how both undesirable behavior and desirable behavior are directly related to the contexts in which they occur. In addition, we also explain the many and varied functions that undesirable behaviors serve for students. And, most importantly for the classroom teacher, we focus on how to use this information to design effective preventive and management interventions.

To the extent that we can prevent inappropriate behavior in the first place, we can direct more of our energies to classroom instruction. For this reason, we devote several chapters in this text to antecedent strategies, or strategies for preventing challenging behavior and encouraging appropriate behavior. However, despite the wealth of preventive strategies available, teachers can rarely establish a classroom where no behavioral problems ever occur. Consequently, we must also be proficient in planning and implementing effective responses to those behavioral problems. These are not difficult skills to master, but they may require that educators learn to think differently about behavioral problems and perhaps change how they respond to student behavior. These efforts will ultimately
result in saving many hours of teacher time, because the ineffective strategies that many teachers use to respond to challenging behavior often fail to work and, in fact, frequently exacerbate the very behavior that they are trying to manage.

We were motivated to develop this book because, in our opinion, many classroom management books are insufficient for several reasons. Some texts describe effective strategies but do not provide the theoretical foundation needed to enable teachers to develop problem-solving skills for when those strategies do not work. Other books provide descriptions of effective strategies that are too sketchy for readers to generalize to actual classroom use. Many texts present a wide range of strategies without distinguishing which strategies have strong research support for schoolwide, classroom, or individual student behavioral interventions. Few books address the critical relationship between student learning and behavior and the role of the instructional environment on classroom behavior. And, although many classroom management texts describe functional behavioral assessment as a behavioral assessment tool, few texts extensively explain how to use functional assessment data to develop hypotheses and how to develop interventions that directly reflect these hypotheses. This book is our attempt to help remedy the problem of why teachers still cite discipline as a major concern, despite all that is known about keeping schools and classrooms safe, orderly, positive, and productive.

**NEW TO THIS EDITION**

- The text has been reorganized to more closely reflect the three-tiered model of behavior support, particularly Tiers 1 (universal supports) and 3 (individual supports).
- Throughout the text, we have included a focus on how the concepts and techniques presented in the text apply to students with autism spectrum disorders and other mental health disorders.
- We have made substantial revisions to more thoroughly explain school safety research and recent policies related to school discipline. This provides readers with a current and comprehensive perspective about school discipline challenges and how public policy related to school discipline is shifting.
- We provide new features, including “Toolboxes” and “Demonstrations.” Toolboxes are accessed by clicking on a link, which produces a pop-up image that can be printed. Toolboxes provide step-by-step instructions for implementing the techniques presented in the text. Demonstrations are also pop-up features that provide applied examples or illustrations of techniques discussed in the text.
- The majority of the chapters provide links to YouTube or other videos that further explain or illustrate the concepts and techniques presented in the text.
- We provide links to the online, multimedia learning modules available through the IRIS Center of Vanderbilt University. The IRIS Center offers many topical learning modules, including topics covered in our text. Each module provides comprehensive explanations of the topic in question, supplemented with videos.
- Significant updates have been made throughout the book to present current research, policies, and issues and to improve organization and clarity.

**ORGANIZATION OF THE BOOK**

This book is organized in a logical, sequential manner that mirrors how we approach classroom management and individual student behavior management. **Part I** provides introductory and background information that is relevant to positive behavioral interventions and supports and theoretical models to explain behavior. In this section, Chapter 1 delineates the types of student behavioral problems that teachers will likely encounter and describes the diversity of today’s classrooms, the implications for teachers, and the problems associated with traditional approaches to school discipline. We also provide introductory explanations of positive behavior interventions and supports (PBIS) and
compare PBIS and response-to-intervention (RTI). Finally, we describe nine assumptions about student behavior that reflect PBIS and that serve as the foundation for the remainder of the book. Chapter 2 explains theoretical models of behavior. Focusing on biophysical and behavioral models, we explain the theoretical assumptions, describe the intervention methods associated with these models, and summarize research that is pertinent to the models. We also discuss the relevance and usefulness of the theories and associated interventions for educators.

**Part II** focuses on creating proactive learning environments through universal-level interventions, including schoolwide positive behavior supports, and the critical elements of classroom management (i.e., structure, relationships, and instruction). Throughout this section, we provide many examples that reflect the application of the skills and concepts in elementary and secondary schools. Chapter 3 explains the application of positive behavior interventions and supports at the schoolwide level. This is an exciting movement in school disciplinary practices, and it is proving to be highly effective for improving student behavior. We define schoolwide positive behavior interventions and supports (SW-PBIS), explain the essential components and specific practices of SW-PBIS, and discuss SW-PBIS research. We also describe steps in planning and implementing SW-PBIS and provide many examples from schools that have been successful in implementing SW-PBIS. Chapters 4 through 6 focus on the critical elements of classroom management. Chapter 4 explains the importance of rules and procedures and how to develop and teach rules and procedures. In Chapter 5, we explain how to design the classroom schedule and how to organize the classroom in order to prevent behavioral difficulties. We also describe the classroom climate and give examples of the elements of classroom climate that contribute to a positive learning environment. This discussion addresses the important element of teacher-student relationships and the potential for positive relationships to serve as a protective factor for students who are at risk. The last chapter in this section, Chapter 6, describes the correlation between instruction and student behavior. We describe the characteristics of successful learners in comparison with students who have learning and behavioral difficulties. We also provide an overview of the stages of learning and the types of instructional arrangements and activities. Finally, we describe instructional strategies that are associated with academic achievement for students with learning and behavioral difficulties.

In **Part III** (Chapters 7 and 8), we focus on monitoring and assessment of behavior. Chapter 7 describes data collection techniques for assessing and monitoring student behavior. We explain behavioral data collection systems and how to use them in the context of busy classrooms. Chapter 8 explains functional behavioral assessment (FBA), including the Individuals with Disabilities Education Act (IDEA) mandates regarding FBA, the differences between functional behavioral assessment and functional analysis, and step-by-step instructions for how to conduct a functional assessment. We provide many forms for this purpose. In addition, this chapter describes how to use FBA data to develop hypotheses about challenging behavior and then how to use those hypotheses to develop behavioral intervention plans (BIPs). We provide several sample FBAs and BIPs in the form of case studies that are based on actual students.

**Part IV** of the text addresses targeted- and tertiary-tier interventions and supports to increase appropriate behavior and reduce inappropriate behavior in students who are not sufficiently responsive to universal supports. Chapter 9 explains social skills instruction, including types of socialization problems, how to teach social skills, and how to choose social skills curricula. Chapter 10 presents a discussion of reinforcement theory, including definitions, types of reinforcers, how to choose reinforcers, reinforcement schedules, and how to develop and implement reinforcement systems. Chapter 11 describes specific reinforcement applications and systems, including the Premack Principle, praise, token systems, contracts, and group reinforcement systems. We also explain self-management systems (i.e., self-monitoring, self-evaluation, self-instruction, and self-reinforcement) and how to use them to increase students’ self-control and independence. Finally, Chapter 12 describes behavior reductive and punishment systems to reduce or eliminate challenging behavior. In this chapter, we emphasize that a PBIS approach minimizes the need for punishment. We provide definitions of behavior reduction and punishment, and we
explain how to determine when a behavior reductive intervention is needed, citing IDEA disciplinary requirements and guidelines for the ethical use of behavior reductive procedures. Finally, we describe a hierarchy of interventions to reduce challenging behavior, including differential reinforcement, extinction, response cost, time-out, and presentation of aversive stimuli. Although we discuss aversive stimuli, we advise readers to avoid these techniques because of the problems associated with punishment and because other PBIS-based interventions should be sufficient for most behavior management needs.

FEATURES OF THE BOOK
To create a text that is user friendly and that readers are able to apply in the classroom, we have incorporated a variety of pedagogical features that are based on effective instruction. These features are designed to help readers organize material, translate theory into application, and get ideas for behavioral interventions for a wide range of purposes. Each chapter includes the following features designed for this purpose:

- “Big ideas” to introduce each chapter.
- Chapter objectives to guide the reader.
- Margin notes that summarize important concepts.
- Multiple vignettes in each chapter to illustrate the concepts being described. The vignettes include elementary, middle school, and high school applications.
- Dr. I. C. Everything, or Dr. ICE, is a consultant who helps educators improve their positive behavioral support techniques. Throughout the book, we present vignettes in which Dr. ICE works with one or more teachers to assess student behavioral problems and to design an intervention to address those problems. In addition, most chapters feature one or more substantial end-of-chapter vignettes featuring Dr. ICE that synthesize the concepts and skills from the chapter.
- The Toolboxes, Demonstrations, and links to videos described previously.
- Tables or figures to illustrate and expand on content.
- End-of-chapter summaries that review how each chapter objective was addressed.
- End-of-chapter learning activities so that readers can extend and apply the concepts presented in each chapter.
- Resources for each chapter, including websites, books, journal articles, reports, curricula, and materials.
- A self-assessment for readers to evaluate their own skills and knowledge level pertinent to the concepts presented in each chapter.

A FINAL NOTE
Both of us are passionate about using effective, positive behavioral intervention strategies and teaching others to use better strategies. Too many children suffer because their teachers and administrators are not fluent in using the best tools available to prevent challenging behavior or to efficiently manage it in its earliest stages. It is a joy to visit a classroom taught by a skilled teacher. Such teachers make behavior management look easy! We believe that behavior management is easy, but only if you use the right tools and use them correctly. We hope that this book will provide those tools for many current and future teachers and that those individuals will then teach others what they know.

ACKNOWLEDGMENTS
Writing a book is a journey that is filled with both rewards and challenges. The most exciting professional benefits are the requisite careful examination of a broad literature base and learning from many other experts. The challenges are the incredible time commitment required and the seemingly endless details. In our case, many people helped us meet those challenges. Our editor, Ann Davis, quite artfully and creatively guided our planning for this third edition. The task seemed daunting at first, but through Ann’s tactful and succinct questions and suggestions, it gradually unfolded into a manageable task.
Thank you, Ann, for your enthusiasm for this project, for your wisdom, and especially for your patience when we seemed baffled by how to conceptualize the changes that we wanted to make.

In addition to Ann, many other professionals contributed to bringing this project to fruition. We are indebted to the following individuals for their consummate professionalism, careful attention to detail, and mastery of their respective crafts. We recognize the extent to which their work elevates and enhances our work. Also, we are grateful for their unfailing patience with our schedules and questions. These individuals include Kerry Rubadue, Joe Sweeney, Chris Boyer, Robyn Alvarez, Jogender Taneja, Kristin Landon, and Emerson Probst.

The work of many outstanding teachers also contributed to this text. Through their knowledge and expertise, they have provided us with a wealth of effective practices that we are happy to be able to share with readers. Although there are too many to name, we wish to acknowledge their influence. We have learned much from these master teachers.

The book benefited from invaluable feedback from many reviewers who undoubtedly spent long hours to help improve our book. Our reviewers gave us excellent suggestions, and our book is significantly better for their assistance. They are Paula Travers, George Mason University; Jerome J. Ammer, University of San Diego; and Michael Humphrey, Boise State University.
PART One

FOUNDATIONS OF BEHAVIOR MANAGEMENT AND POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS

Chapter 1
Introduction to Behavior Management and Positive Behavior Interventions and Supports

Chapter 2
Theoretical Models to Explain Challenging Behavior
Introduction to Behavior Management and Positive Behavior Interventions and Supports
After reading this chapter, you will be able to do the following:
1. Describe the common types of school-based challenging behaviors.
2. Describe why the teacher may be the most important variable in students’ classroom behaviors.
3. Describe the diversity found in today’s classrooms and explain the implications of this diversity for behavior management.
4. Describe traditional disciplinary methods and the concerns associated with those methods.
5. Define and explain positive behavior interventions and supports.
6. Define response to intervention and how this concept relates to positive behavior interventions and supports.
7. Explain the nine Behavior Assumptions that form the foundation for managing behavior in school settings.

Big ideas in behavior management and positive behavior interventions and supports:
• All children exhibit undesirable behavior at times. Most children learn quickly what is and what is not allowed in particular settings; other children need more assistance to learn to exhibit appropriate, rule-following behaviors.
• A graduated model of increasingly more intensive supports, as needed, is an effective and efficient approach to increasing appropriate behavior and reducing challenging behaviors across all students in schools or other settings.
• Years of psychotherapy—for students or the teacher—are not the best way to manage unacceptable classroom behaviors! The most effective behavior management approaches are those that emphasize teaching and supporting desired behaviors.
• Teachers’ beliefs about student behavior may determine effectiveness in classroom management.
• Classroom management problems and challenging behaviors exhibited by individual students may result from teachers’ practices rather than students’ problems (i.e., something about the teacher’s behavior may be contributing to the situation). This is actually good news!
• Positive behavior interventions and supports represent the latest evolution in behavior management for individual student, classroom, and schoolwide applications.
• The extent to which all educators understand positive behavior interventions and supports and know how to use them in all types of school situations will make behavior interventions for all students more effective and efficient.

All children exhibit inappropriate behavior at times. Most undesirable behavior is a normal, expected part of growing up. Fortunately, most children learn fairly quickly which types of behaviors are tolerated and which are not, and when to stop inappropriate behaviors. They also learn that behavioral expectations vary among people, places, and circumstances, meaning that they know with whom and where they can be more rambunctious, silly, or noncompliant. By the time most children enter school, undesirable behavior is more or less controlled by traditional means: reminders to behave, relatively infrequent reinforcement, reprimands, time-outs, and parental contacts. Most children need to experience minor consequences once in a while throughout their school years, but for the most part, their behavior is appropriate and acceptable.

These strategies work for most children. However, anywhere from 10% to 30% of school-age children may not respond to methods that work for other children (Martella & Nelson, 2003; Office of Special Education Programs, 2010a). When faced with the behaviors of these children, educators often tend to view the child as the problem rather than view the behavior management system as failing to meet the needs of that child (Martella, Nelson, & Marchand-Martella, 2003). It is true that some children are less prepared than
Part 1 • Foundations of Behavior Management and Positive Behavior Interventions and Supports

their peers to meet both the behavioral and academic demands of school. Multiple individual, family, and societal factors, which we discuss in Chapter 2, play a role in children's behavior. However, teachers have control over many other school-based factors that impact behavior, including the design of classroom management and instructional systems. In fact, most teachers and parents believe that teachers have the power to positively influence student behavior (Public Agenda, 2004; Tillery, Varjas, Meyers, & Collins, 2012). This perception is supported by research that indicates that teachers' actions in their classrooms are highly influential on student achievement—as much as or more than school administrative and leadership policies (Marzano, 2003b). To achieve this positive influence, teachers need to plan classroom and individual behavior management systems with the goal of creating a meaningful, active instructional environment where rules and expectations are clear; where more attention is given to desired behavior than to inappropriate behavior; and where inappropriate behavior is dealt with systematically, consistently, and equitably.

Most of this text is devoted to explaining how to develop positive, proactive behavior intervention systems and plan instruction in ways that are most likely to produce the desired outcomes. The majority of the techniques that we describe for these purposes are based on the philosophy and practices of positive behavior interventions and supports (PBIS). According to the Office of Special Education Programs Technical Assistance Center on Positive Behavioral Interventions and Supports:

Positive behavioral support is a general term that refers to the application of positive behavioral interventions and systems to achieve socially important behavior change. . . . Positive behavioral support is not a new intervention package, nor a new theory of behavior, but an application of a behaviorally-based systems approach to enhancing the capacity of schools, families, and communities to design effective environments that improve the fit or link between research-validated practices and the environments in which teaching and learning occur. Attention is focused on creating and sustaining school environments that improve lifestyle results (personal, health, social, family, work, recreation, etc.) for all children and youth by making problem behavior less effective, efficient, and relevant, and desired behavior more functional. In addition, the use of culturally appropriate interventions is emphasized. (Sugai, Sprague, Horner, & Walker, 2000, pp. 133–134)

PBIS represents a fundamental shift in managing unacceptable behavior from reactive, punitive responses to challenging behavior to a proactive emphasis on the prevention of behavioral problems by using positive, instructional, research-based strategies to teach and encourage appropriate behavior and manage the learning environment. PBIS is the integrated application of (a) behavioral science, (b) practical interventions, (c) social values, and (d) a systems perspective (Office of Special Education Programs, 2010a) to design interventions at the individual, classroom, and schoolwide levels for the purpose of increasing success for all students. The techniques presented in this text reflect PBIS methods for preventing inappropriate behavior, teaching and encouraging appropriate behavior, and managing challenging behavior in all students, but particularly in students with mild to moderate disabilities, at the individual, classroom, and schoolwide levels.

The goal of encouraging appropriate behavior and preventing and managing inappropriate behavior is a demanding task because teachers are expected to successfully teach a wide range of students, including students who are not well prepared for the demands of school and students who are not highly motivated to behave appropriately and learn. The task is complicated by the fact that schools serve a diverse population of students from varied cultural, ethnic, and religious backgrounds who have a range of abilities and learning histories. But the good news is that teachers have the power to meet this challenge by using a wide array of research-based tools to support appropriate behavior, to prevent and manage behavioral problems, and to deliver instruction. We describe these tools, as well as the research to support their use with diverse populations of students, in the remaining chapters of this text.

To illustrate the many concepts and skills presented throughout this text, each chapter includes one or more classroom vignettes. These vignettes illustrate common classroom
management issues and concerns. Many of the vignettes feature our expert behavior management consultant, Dr. I. C. Everything, known to his friends as Dr. ICE. Dr. ICE got his nickname because he stayed cool during times of crisis. Dr. ICE began his work in the early seventies, when special education was just beginning to be implemented in all public schools across the country. Until then, many children with all types of disabilities did not go to school. Dr. ICE's university training was focused on learning about the characteristics of major disabilities, with only a couple of classes on basic reading and mathematics instruction. He took one class in behavior theory. Unfortunately, many of today's teachers are equally unprepared for the demands of teaching and classroom management (Darling-Hammond, 2005), as we discuss later in this chapter.

Dr. ICE found out by lunchtime on the first day of teaching that he was underprepared for classroom management. He was not able to make much progress in his lesson plans because his students controlled his classroom. He had a rocky first year, to say the least. He spent the summer researching the topic of classroom management and thinking of changes that he could make in his classroom to make it a better learning environment. The changes helped, and the second year was better. Still, Dr. ICE realized that he needed more training if he was to stay in this challenging profession. His efforts in the area of behavior management interested him a great deal, and he wanted to learn more. He has spent the rest of his career going to school to learn about behavior, teaching and observing in classrooms, and training children and adults.

**BEHAVIORS THAT TEACHERS MAY ENCOUNTER**

During their training, future teachers envision their classrooms as happy, productive environments where students are interested in learning and where they eagerly participate in lively discussions and exciting activities. Seldom do preservice teachers imagine classrooms that include students who do not do the assigned work, who show no interest in what is being taught, who talk back to teachers or defy teachers' instructions, who have difficulty making friends or who are the target of peers' taunts and derisive comments, who talk or move too much, who come to school every day without the necessary supplies, or who come from home environments where there is little support for the types of behaviors that are expected at school. Such students abound, however, and every teacher will encounter them. Failure to anticipate and prepare for such students' behaviors may leave teachers underprepared for the challenges of real-life classrooms.

The students just described are present in almost every classroom in every school in the nation. In a 2009 survey of almost 900 teachers by the nonprofit group Public Agenda, 50% of respondents indicated that "too many kids with discipline and behavior issues" was a major drawback to the teaching profession, yet 55% of respondents described the working conditions of their school as "very good" in terms of order, safety, and respect (Yarrow, 2009). We are particularly encouraged by the fact that 59% of respondents indicated that student motivation is determined by teachers' instruction.

A number of approaches have been used to attempt to quantify behavior problems in American public schools. One comprehensive study compiled survey and incident data from a number of sources and reported that, in the 2009–2010 school year, the most frequently reported school discipline problems occurring in U.S. public schools at least once per week were bullying (23% of schools), student acts of disrespect (8.6%), and student verbal abuse of teachers (4.8%) (Robers, Kemp, & Truman, 2013). Gang activity (16.4% of schools) and cult activities (1.7% of schools) were reported as occurring, but less frequently than once per week. Other studies that have analyzed office discipline referrals have found generally consistent patterns: Disruptive or aggressive behaviors are the most common reasons for office referrals in elementary schools, and disrespect and attendance issues (tardies, truancy) were most common in secondary schools (Kaufman et al., 2010; Spaulding et al., 2010). Harrison, Vannest, Davis, and Reynolds (2012) surveyed a demographically representative sample of teachers to determine student behavior problems commonly reported by those teachers, and then analyzed results according to age (children versus adolescents) and topography of the behavior problem (internalizing, externalizing, academic). Table 1-1 lists these results. The good news for teachers is that
minor misbehavior is easily preventable and manageable using the techniques described throughout this text; more serious behaviors will need more intensive interventions, such as those described in Chapters 8 through 12 of this text. All students can benefit from the schoolwide or systems-level preventive techniques discussed in Chapter 3.

Of course, not all school misbehavior is minor. Serious problems that threaten student and staff safety can and do occur, and although these incidents are not widespread, they must be considered in any discussion of school discipline. According to the 2012 *Indicators of School Crime and Safety* report (Robers et al., 2013), during the 2009–2010 school year, 1,396 youth ages 5 to 18 were victims of homicide; 19 of these homicides occurred at school. Nonfatal victimizations are more common. In 2011, there were 1,246,000 reports of nonfatal victimizations of students ages 12 to 18 that occurred at school. These incidents included thefts and threats or injury with a weapon of some type. Other major discipline problems described in this report include fighting, use of illegal substances, bringing a weapon to school, and bullying. During 2009–2010, 85% of public schools indicated that one or more crimes had occurred at school, or a rate of approximately 40 crimes per 1,000 students. During that same period, 60% of public schools reported a crime to the police (15 reported crimes per 1,000 students). As a result of real and perceived threats to school safety, schools now commonly employ multiple measures to enhance school security. The most common safety precautions reported in schools (elementary and secondary) are restricting access to the building, prohibiting student use of cell phones, limiting access to Internet social networking sites, requiring staff to wear IDs, having an electronic warning system for schoolwide emergencies, and use of security cameras (Robers et al., 2013). Approximately 60% of high schools also report using dogs to detect drugs.

**Emotional/Behavioral Disorders in Children and Youth.** Most student behavioral problems present relatively minor challenges for educators. However, in 1999, U.S. Surgeon General David Satcher released a report estimating that as many as 20% of children ages 9 to 17 may have diagnosable mental or addictive disorders (U.S. Department of Health and Human Services, 1999). More recent estimates of the prevalence of mental health disorders in young people support the figures reported by the surgeon general (National Advisory Mental Health Council Workgroup on Child and Adolescent Mental Health Intervention Development and Deployment, 2001). For example, the National Alliance on Mental Illness (NAMI) reports that 3 to 5 million children ages 5 to 17 (or 5% to 9% of this population) in the United States are affected by serious mental disorders (National Alliance on Mental Illness, n.d.). Researchers from the National Institute of Mental Health report that 20% of children and youth are affected by a mental disorder that interferes with functioning, and 40% of those young people have more than one disorder (Merikangas et al., 2010). Many reports on the prevalence of childhood behavioral disorders state that 12% to 22% of children under age 18 are in need of services for emotional, mental, or behavioral problems (Center for Mental Health in Schools, 2003). A 2009 report from the National Research Council and Institute of Medicine states that most mental, emotional, and behavioral disorders of adults begin in childhood or adolescence, and that in any given year, 20% to 40% of children and youth have a mental, emotional, or behavioral disorder (National Research Council and Institute of Medicine, 2009). These disorders include diagnosable disorders, such as anxiety disorders or depressive disorders, as well as behavioral difficulties that may not meet formal diagnostic criteria.

---

### TABLE 1-1 Most Commonly Reported Disciplinary Problems

<table>
<thead>
<tr>
<th></th>
<th>Children</th>
<th>Adolescents</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Internalizing</strong></td>
<td>Anxiety (worrying about mistakes, general worrying)</td>
<td>Anxiety (self-doubt, perfectionism, worrying about what others think)</td>
</tr>
</tbody>
</table>
| **Externalizing** | Distractibility, poor concentration
Hyperactivity (excessive movement, rushing through tasks)
Disruptive behaviors (not following directions) | Distractibility
Hyperactivity (overactivity, rushing through tasks)
Silly or immature behavior |
| **Academic**    | Deficits in reading, math, spelling | Not following task directions
Careless errors |

*Source: Harrison et al. (2012).*
Children of all ages appear to be equally affected by mental health disorders, including preschool-age children (U.S. Public Health Service, 2000). Furthermore, comorbidity (two conditions present simultaneously) is common, particularly within the two categories of externalizing disorders and internalizing disorders. Table 1-2 lists mental health disorders that affect children and the prevalence of each as reported in the 2009 analysis from the National Research Council and Institute of Medicine, and the corresponding behavioral characteristics that may interfere with school performance.

The mental health disorders presented in Table 1-2 may manifest in a variety of symptoms, as the table indicates. Significant atypical behaviors such as threats, intimidation, fighting, talking back or defiance, noncompliance with rules and adult requests, excessive worrying or anxiousness, excessive activity levels, or observed patterns of victimization by other students should prompt educators to consider that the student may have a mental health disorder, particularly when those behaviors occur more frequently or intensely than in the majority of the student population. If a mental health disorder is suspected, educators should take appropriate steps, including consulting with school-based support personnel (behavior specialists, counselors, school psychologists) or initiating a referral for evaluation for special education services.

One particular disability that virtually all teachers will encounter is autism. The Centers for Disease Control and Prevention (CDC) estimates that approximately 1 in 68 children now have some form of autism (Baio, 2014). In the CDC’s sample, approximately one third of children with a diagnosis of autism spectrum disorder (ASD) were reported to have an IQ of 70 or less (intellectual disability range), 23% were in the borderline range (IQ of 71 to 85), and 46% had a reported IQ of average or above average (IQ above 85). The range of intellectual ability and severity of autism symptoms (Venker, Ray-Subramanian, Bolt, & Weismer, 2014) indicate that children with this disorder will be served in virtually every type of educational setting, including general education classes.

Although the behaviors just described pose significant challenges to educators, the techniques presented in this text will positively affect these student behaviors as well (Kerr & Nelson, 2006; National Research Council and the Institute of Medicine, 2009).

### TABLE 1-2 Mental Health Disorders in Children, Including Prevalence and Behavioral Characteristics

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence (Percentage of the School-Age Population)</th>
<th>Behavioral Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety disorders</td>
<td>8%</td>
<td>• Excessive worry</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Perfectionism</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Constantly seeking approval or reassurance</td>
</tr>
<tr>
<td>Unipolar depression</td>
<td>5.2%</td>
<td>• Extreme and pervasive sadness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Self-critical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Pessimistic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Problems concentrating</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lethargic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Irritable or hostile</td>
</tr>
<tr>
<td>Disruptive behavioral disorders</td>
<td>6.1%</td>
<td>• Persistent disobedience, defiance, or hostility toward authority figures</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Argumentativeness</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Temper easily lost</td>
</tr>
<tr>
<td>Attention-deficit hyperactivity disorder</td>
<td>4.5%</td>
<td>• High level of physical or verbal activity, excessive fidgeting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Difficulty concentrating or focusing attention</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Easily distracted</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• High level of impulsivity</td>
</tr>
</tbody>
</table>

In fact, the best hope for students with behavioral difficulties may well be a consistent, proactive, positive school environment that maximizes students’ academic and social success.

**DIVERSITY IN THE CLASSROOM**

Schools serve richly diverse student populations from varied ethnic, cultural, religious, linguistic, and socioeconomic backgrounds. As of the 2011–2012 school year, approximately 40% of the students in public schools (traditional and charter schools) are members of minority groups, and approximately 9% are English language learners (U.S. Department of Education, National Center for Education Statistics, 2015). In the 2011–2012 school year, almost 50% of all public school students in the United States were eligible for free or reduced-price lunch, a metric typically used as an indicator of the socioeconomic status of a school’s population (U.S. Department of Education, National Center for Education Statistics, September 2013). During the 2010–2011 school year, almost 13% of America’s public school students ages 3 to 21 received services for a disability under the Individuals with Disabilities Education Act (IDEA; U.S. Department of Education, National Center for Education Statistics, 2013a).

Although student populations are becoming ever more diverse, only about 17% of teachers are from cultural or ethnic minority groups, and 42% of our nation’s schools have no minority teachers at all (Strizek, Pittsonberger, Riordon, Lyter, & Orlofsky, 2006; U.S. Department of Education, National Center for Education Statistics, July 2013). Approximately 76% of all teachers are female; the percentage of female teachers drops to 58% of secondary teachers (U.S. Department of Education, National Center for Education Statistics, May 2015). Minorities are also underrepresented among school principals, who typically provide leadership in school disciplinary policy and decision making. In the 2003–2004 school year, only 16% of school principals were members of minority groups (Strizek et al., 2006).

Furthermore, evidence suggests inequities in access to qualified teachers. The U.S. Department of Education’s civil rights data (U.S. Department of Education Office for Civil Rights, March 2014) shows that students of color are more likely to have teachers who are underqualified for the subjects they are teaching, new to teaching, or paid less than colleagues in schools that serve predominantly White student populations. These trends tend to be most evident in schools where African American students make up a significant percentage of the student population.

This means that most students from diverse racial, ethnic, or cultural backgrounds will be taught by a teacher from a different cultural or ethnic group. This fact has implications for teacher–student relationships, teacher–family relationships, academic instruction, and behavior management. As we discuss later in this chapter, minority students, male students, and students with disabilities are disproportionately represented in school discipline practices. Skiba, Michael, Nardo, and Peterson (2000), Townsend (2000), and others recommend that one way to address this problem is teacher training in effective, culturally competent methods of classroom management. Teachers must take special care to understand the values, priorities, beliefs, and behavioral styles of all of the diverse groups represented in their classrooms. They must also know and be able to use instructional strategies that reduce the risk of learning and behavior problems resulting from the teacher’s poor understanding of the characteristics and learning needs of students from diverse backgrounds, or from misperceptions of student behavior. As part of this process, each teacher must understand his or her own perceptions about the diverse student groups in his or her classroom, and how those perceptions can subtly affect the teacher’s behavior. The Iris Center module on Classroom Diversity (Iris Center, n.d.) describes various types of diversity that teachers will encounter, how teachers’ perceptions of those areas of diversity can affect student outcomes, and strategies for enhancing student outcomes through responsive instructional supports and strategies. We encourage readers to study this module: Read the text, view the videos, and complete the activities. We believe that doing so will increase your effectiveness in working with diverse student populations.

To be effective with students from all backgrounds, teachers must understand their students’ lives. In terms of behavior management, teachers should always consider possible cultural explanations for behaviors (or lack of expected behaviors). This does not necessarily mean that teachers must overlook certain behaviors that are culturally influenced, but are unacceptable at school. This information should be used to guide the teacher in dealing with the behavior.
THE CRITICAL ROLE OF THE TEACHER

Polls of teachers, parents, and the public consistently cite discipline as a major concern (e.g., Langdon, 1999; Rose & Gallup, 2002, 2004). Unfortunately, most teachers receive insufficient training in research-based behavioral strategies that help prevent inappropriate behaviors or that allow educators to respond to challenging behaviors using positive educational approaches (American Federation of Teachers, 2003; Public Agenda, 2004). In a 2007 survey of first-year teachers, only 34% of the respondents reported that their teacher training coursework covered positive behavioral interventions as a method for classroom management (Public Agenda, 2007). Fortunately, as discussed in the previous section, most classroom behavioral problems are not serious; however, 85% of the teachers surveyed reported that, as new teachers, they felt completely unprepared to deal with student behavior (Public Agenda, 2004). Secondary teachers, in particular, report that their teacher training did not prepare them for the realities of adolescent behavior (Public Agenda, 2007). Reports in the popular media echo these findings, often highlighting teachers’ lack of preparation for the day-to-day demands of classroom management (e.g., Wingert, 2010).

The limited classroom management training provided in teacher preparatory programs may give teachers the basic tools needed to manage minor disciplinary issues but not chronic or serious behavioral challenges. Given ongoing reports that teachers feel unprepared for managing student behavior, it appears that new teachers may not be taught research-based, positive behavioral support methods for managing classroom and individual student behavior. This is unfortunate because, as you will learn from reading this text, we have the technology for preventing many behavioral problems and for managing all types of problems that do arise, from the minor to the more severe or chronic misbehaviors. Also, as you will learn in Chapter 6, the better managed the classroom, the more time teachers have to teach and the more students are likely to learn. Finally, the teacher’s role in classroom management is critical. Other factors, such as students who have learning and behavioral difficulties or who live in impoverished home environments, may make the task more demanding, but the teacher remains the most critical element in the overall management and organization of the classroom. Simply put, a teacher who is fluent in classroom and behavior management techniques will encounter fewer behavioral problems than one who is not.

Perhaps the most important component of any behavior management program is prevention. It is critical for educators to know and to be able to implement proactive strategies to prevent misbehavior. To illustrate the importance of prevention, consider the following areas of our society and how the practices listed for each area serve a preventive function:

**Public Health**
- Prenatal care for expectant mothers
- Well-baby checkups
- Vaccinations
- Annual physicals for adults
- Healthy diet and exercise

**Sports**
- Helmets, pads, and other protective gear
- Training and diet
- Clear rules and procedures for group sports

**Restaurants**
- Laws governing food storage and handling
- Regular inspections

**The Law**
- Contracts
- Prenuptial agreements
- Leases
Airports

- Public address system announcements about rules and consequences for violating those rules
- Clearly designated areas for lining up for security inspection and flight check-in
- Clear procedures, posted and announced (e.g., for moving through security, for arriving at the gate prior to departure, the number of bags allowed to be checked, and the number of pieces of carry-on luggage)

Prevention is important for classroom management in several ways. First, the less time teachers spend on disciplinary problems, the more time they have to teach (Public Agenda, 2004). Second, sometimes “un-treated” minor disciplinary problems escalate to more serious forms. The works of Alan Kazdin (e.g., Kazdin, 1987), Hill Walker (e.g., Walker, Ramsey, & Gresham, 2004), Kenneth Dodge (e.g., Dodge, 1993), Shep Kellam (e.g., Kellam, 2002), Gerald Patterson (e.g., Patterson, DeBaryshe, & Ramsey, 1989; Patterson, Reid, & Dishion, 1992), and many others have provided a clear picture of the development of antisocial behavior. Serious antisocial behavior in teenagers (e.g., chronic truancy, academic underachievement, chronic problem behavior) usually begins with low-level rule breaking (e.g., noncompliance). Left untreated or treated with ineffective interventions, these low-level challenges may gradually escalate over time to more problematic behaviors.

One particularly persuasive series of studies examined the effects of well-managed versus weakly managed first- and second-grade classrooms on a variety of long-term undesirable behaviors (Dolan et al., 1993; Kellam, Ling, Merisca, Brown, & Ialongo, 1998). First graders in the 18 schools involved in the Baltimore Prevention Program studies were rated in terms of several behavioral characteristics, including aggressiveness and shyness. Next, students were randomly assigned to one of two types of classrooms: (a) either those where teachers implemented a systematic management system called the Good Behavior Game (we describe the Good Behavior Game in Chapter 10), or (b) classrooms where no systematic classroom management system was in place. Students from these classrooms were then followed into middle school, where they were again evaluated in terms of aggression, shyness, and antisocial behaviors (e.g., smoking, substance abuse).

Children who ranked in the top 25% of the group in terms of aggression fared poorly as they got older if their first-grade classrooms were disorderly. Aggressive children from disorderly first-grade classrooms were 59 times more likely to exhibit aggressive behavior than the average child by the sixth grade! In comparison, other students from that top quartile who began school in first-grade classrooms where the Good Behavior Game was used were only 2.7 times more likely than other children to act out in the sixth grade. Other long-term benefits of the structured first- and second-grade classrooms were evident as well. Students from these classrooms who originally were rated as shy, based on social interactions, were significantly less shy in middle school and were significantly less likely to show symptoms of depression than their peers (Kellam, Rebok, Mayer, Ialongo, & Kalodner, 1994), and they had reduced mental health problems in early adulthood (Petras et al., 2008). In addition, students from the Good Behavior Game classes had reduced risk for tobacco, alcohol, and illicit drug use (Ialongo et al., 1999; Kellam & Anthony, 1998). All of these studies show that early exposure to positive, proactive classroom management plays an important role in preventing and managing immediate problem behaviors and has a positive effect on long-term outcomes as well. The results of this study are astounding and clearly underscore the power of teachers and schools in preventing serious behavioral problems.

Also, as you will learn in Chapter 3, approximately 80% to 90% of all students will respond successfully to a positive, proactive school environment that emphasizes teaching students how to behave and ensuring that attention is paid to appropriate behaviors rather than simply punishing inappropriate behavior (Office of Special Education Programs, 2010b). Another 5% to 15% of students will need more intensive, individualized interventions, such as those described in Chapters 8 through 12. Finally, approximately 1% to 7% of all students will need individualized, integrated services from multiple agencies. These compelling statistics should convince you of the importance of the teacher in preventing minor misbehaviors from becoming significant problems and managing behaviors effectively so that they do not escalate or become chronic problems.
CONCERNS REGARDING TRADITIONAL APPROACHES TO DISCIPLINE

Traditionally, educators have dealt with student misbehavior by responding to instances of challenging behavior with punishment (Gushee, 1984; Sugai & Horner, 2002). The term discipline has acquired the connotation of “punishment” because punishment has traditionally been the primary component of discipline. In fact, punishment and exclusion are the most common responses to challenging behavior, despite the fact that reactive responses such as reprimands, detention, and exclusion are unproductive behavioral change methods (Heumann & Warlick, 2001) and may even reinforce undesirable behaviors, as you will see in Chapter 8. Of course, traditional approaches also include a few proactive measures. Teachers are expected to establish classroom rules, most schools have designated consequences for breaking classroom or schoolwide rules, and most schools clearly define prohibited behaviors and consequences for those behaviors. However, a system consisting simply of rules and consequences for breaking those rules is apparently insufficient, given the widespread concerns about discipline and the fact that a relatively minor problem such as talking out during class is one of the most often cited disciplinary problems (see Table 1-1). Unfortunately, not only are traditional methods largely ineffective for the students who exhibit chronic behavioral problems, but these methods pose other problems as well, including the following issues:

1. **Traditional disciplinary methods are disproportionately applied to certain minority students.** One of the most pressing concerns with traditional, reactive approaches to discipline is that research has documented significant gender, racial, ability, and socioeconomic disparities in school discipline. Of particular interest is the fact that exclusionary disciplinary consequences are applied more often to minority students, particularly African American students, than to any other students. In 1975, a landmark study conducted by the Children’s Defense Fund produced several important findings. First, rates of suspension for Black students were two to three times higher than for White students at all grade levels. Second, a majority of the states suspended more than 5% of their Black student population, but only four states suspended an equivalent percentage of White students. Finally, African American students were more likely than White students to be suspended more than once (Children's Defense Fund, 1975).

   These findings have remained consistent in the decades following that 1975 study, documented in a recent report issued in 2014 by the U.S. Department of Education’s Office for Civil Rights. This exhaustive report presented results of school discipline collected from every public school in the United States during the 2011–2012 school year. The report documents disparities in school discipline practices, with students of color and students with disabilities being disproportionately involved in disciplinary actions across all grade levels. Some of the key findings from this report are:
   - African American students represented only 16% of the total enrollment, yet they represented 32% of students who received in-school suspensions, 33% of students who received out-of-school suspensions, and 34% of expelled students.
   - African American students were also overrepresented in encounters with law enforcement, representing 27% of students referred to law enforcement and 31% of students who were subjected to school-related arrests at school.
   - African American children make up 18% of the overall preschool enrollment, but almost half (48%) of the preschool children who have been suspended more than once.

   Other groups are also disproportionately affected by traditional disciplinary policies. Research shows that, in addition to minority students, low-income students and students with disabilities are more likely to receive exclusionary and more punitive consequences (e.g., corporal punishment, public reprimands) than are White, middle-class, or upper-class students (Leone et al., 2003; Skiba et al., 2000). Furthermore, within low-income subgroups, students of color still face more disciplinary consequences than do White students (Daresbourg, Perez, & Blake, 2010; Skiba et al., 2000; Taylor and Foster, 1986). Despite the disproportionate number of suspensions for minority students, no objective evidence suggests that students of color
Part 1 • Foundations of Behavior Management and Positive Behavior Interventions and Supports

As part of the larger discussion on discipline practices, the text highlights the disproportionate application of traditional disciplinary methods to certain minority students. It notes that African American students are referred to the principal's office more often, receive more severe punishments, and are referred more frequently for subjective behaviors (e.g., disrespect; see Leone et al., 2003; Advancement Project and the Harvard Civil Rights Project, 2000; Skiba et al., 2000).

2. **Traditional school discipline practices place students at risk for involvement in the juvenile or criminal justice systems.** The term “school-to-prison pipeline” is used to describe the patterns and ramifications of “get tough” school discipline practices based on a philosophy of zero tolerance for certain misbehaviors, or the use of law enforcement for school discipline purposes. Zero tolerance originally referred to applying uniform suspension and expulsion policies for serious school-based disciplinary infractions involving weapons, drugs, or violence (National Association of School Psychologists [NASP], 2001). However, over the years, zero-tolerance policies have been expanded to mandate harsh punishments (e.g., suspension or expulsion) for a wide range of rule infractions, sometimes even encompassing minor behaviors that are clearly not dangerous (Fabelo et al., 2011; NASP, 2001; Skiba, 2000). Zero-tolerance laws and policies require educators to administer these prescribed consequences, without allowing for administrators’ discretion in evaluating the incident, the student’s intent, or other mitigating factors. This type of policy rigidity has led to much-publicized incidents, such as a kindergarten student who was suspended for 30 days for bringing a broken plastic gun to school (“Girl Expelled,” January 31, 2013), or a high school girl who was expelled for taking an over-the-counter pain medication for a headache, which according to school officials, violated the school’s zero tolerance drug policy (“ACLU Files Lawsuit,” February 1, 2001).

Another pathway into the school-to-prison pipeline occurs when students are referred to law enforcement for school discipline problems, such as truancy, tardiness, or even in-school misbehavior. In many states, school or community police officers can arrest youth, even place them in handcuffs and transport them to youth detention facilities, for misbehavior at school (Aull, 2012). Some states also allow school police officers to issue students misdemeanor citations for low-level misbehavior such as disruptive behavior, disorderly conduct, and truancy (Fowler, 2011a, 2011b). Students who receive those citations are typically required to appear before a judge in a juvenile or adult court. Sanctions can include fines and community service and can result in a criminal record for the student (Fowler, 2010). As with other disciplinary actions, minority students and students with disabilities are disproportionately represented in disciplinary actions involving law enforcement (Fowler, 2011a, 2011b).

Still another, less obvious pathway into the pipeline develops when students are repeatedly suspended from school, often for minor misbehavior. In 2011, the Council of State Governments’ Justice Center published a groundbreaking report on discipline in Texas public schools, “Breaking Schools’ Rules.” In this study, researchers examined school discipline and academic records of nearly 1 million Texas secondary students (all seventh-grade students in 2000–2002) over a six-year period. In addition, researchers had access to youth juvenile justice records, allowing the researchers to trace the school history of youth who entered the juvenile justice system. The report documented the widespread use of in-school suspension, out-of-school suspension, and expulsion, primarily for minor misbehaviors, and disproportionately applied to minority students, males, and students with disabilities (Fabelo et al., 2011). Students who received disciplinary actions were more likely to be retained or to drop out of school. Furthermore, a suspension or expulsion predicted involvement in the juvenile justice system within one year.

The goals of these types of discipline policies are school order and safety. However, the evidence does not indicate that simplistic, “push-out” discipline policies that remove students from school achieve those goals effectively. On the contrary, such policies actually appear to do more harm than good, and more substantial evidence suggests that focusing on school climate, preventive strategies, and student engagement are more effective and efficient approaches to creating safe and orderly schools.
Most traditional disciplinary methods are reactive. Most traditional approaches to discipline, such as office referrals, detention, or calls to parents, are applied only after a problem behavior occurs. This means that the problem behavior must occur before an intervention is used to address that behavior. It is preferable to prevent misbehavior from occurring in the first place. Of course, some might argue that the threat of detention, office referral, or other interventions is preventive. This assumption, however, is not supported with data. In fact, most of the students who are the recipients of these disciplinary measures are “repeat offenders” (Public Agenda, 2004), indicating that, for these students, the discipline that they received did not prevent future occurrences of misbehavior. Consider this analogy: Drivers who exceed the speed limit do so, in part, because the potential for receiving a speeding ticket is an insufficient consequence to control their speed. Once they receive a ticket, people generally slow down for a while, but then they gradually resume their previous driving patterns. Likewise, the potential for receiving a jail sentence or hefty fines is insufficient to prevent some individuals from committing crimes.

Reactive measures are often time—and resource—intensive. Teachers and administrators spend an inordinate amount of time dealing with problems related to student behavior (Heumann & Warlick, 2001; Public Agenda, 2004; University of Vermont, 1999). Such resources would be better spent providing positive, supportive environments and effective instruction. Consider the time spent on office referrals alone. According to one source, each office disciplinary referral requires approximately 10 minutes of an administrator's time and 20 minutes of a student's time (Illinois PBIS Network, 2005). The teacher must first write the referral, often during class time. Then the assistant principal, or the designated administrator who handles disciplinary matters, must call the student to the office, wait for the student to arrive, talk with the student, determine a consequence (e.g., detention, home call), and then inform the teacher of the action taken. Then there is paperwork to be completed in order to document the referral and the outcome. Finally, the actual consequence must be carried out, which may involve time from other school personnel (e.g., a detention teacher) and more paperwork. Multiply this process by the number of students who receive office referrals, and you can see the excessive amount of time spent responding to behavioral problems. Again, this time could be spent more productively on instruction and implementation of proactive, preventive behavior management strategies.

Many disciplinary methods put educators in a position with students that is contrary to their reasons for entering the profession. Educators enter the field to teach, guide, and mentor students. These are very positive and optimistic goals. The ineffective aspects of traditional disciplinary methods, at best, create an environment that is unpleasant for all involved and is, at worst, hostile and adversarial (Public Agenda, 2004).

Studies show that the disciplining of students continues to be at the forefront of teachers' concerns and is one of the major reasons that teachers leave the profession. Teachers often cite lack of training in dealing with the realities of teaching as a factor that influences their decision to leave teaching (Hardy, 1999; McCreight, 2000; Public Agenda, 2004). When well-trained, experienced teachers leave the field, it is not only a significant loss for the field but also a waste of valuable resources.

Making schools more effective for all students

Mounting evidence indicates that traditional discipline strategies such as suspension and expulsion are overused, are disproportionately applied to certain groups of students, and place youth at risk for involvement in the juvenile or adult criminal justice system. In January 2014, as a response to the problems associated with traditional discipline...
methods, the U.S. Department of Education issued a school discipline resource package for educators, “Guiding Principles: A Resource Guide for Improving School Climate and Discipline.” Components of the discipline package are:

- A “Dear Colleague” letter, describing schools’ obligations to apply school disciplinary actions without discriminating on the basis of race, color, or national origin;
- “Guiding Principles,” which describe best practices for creating safe, effective, and orderly schools;
- A “Directory of Federal School Climate and Discipline Resources,” listing federal resources for technical assistance in school discipline and school climate;
- An online “Compendium of School Discipline Laws and Regulations” related to school discipline in each state, the District of Columbia, and Puerto Rico; and
- An “Overview of the Supportive School Discipline Initiative” that described federal efforts to improve school discipline and school climate practices.

The “Guiding Principles” document describes three overarching principles for improving school discipline practices: (1) Create positive climates and focus on prevention; (2) develop clear, appropriate, and consistent expectations and consequences to address disruptive student behaviors; and (3) ensure fairness, equity, and continuous improvement (U.S. Department of Education, 2014). Each principle is explained and includes detailed action steps for achieving the practice described in the principle. One of the action steps for achieving positive school climate and emphasizing prevention is to implement tiered systems of student support, such as the model known as positive behavior interventions and supports (PBIS).

PBIS refers to both a philosophy and an array of research-based practices that emerged as a result of concerns about aversive, punitive approaches for coping with challenging behaviors. The term positive behavior support is used in reference to practices that rely on “educational and systems change methods (environmental redesign) to enhance quality of life and minimize problem behavior” (Carr et al., 2002, p. 4). PBIS is conceptualized as a continuum of intervention levels that range from proactive, preventive strategies applied throughout a school or facility to comprehensive, intensive interventions developed for and applied to individuals who have significant behavioral needs (Walker et al., 1996). The overarching goal is prevention: preventing behavioral problems from developing, and preventing negative outcomes from those problems that do develop.

Walker and his colleagues (1996) proposed a three-tiered model of prevention/intervention approaches that reflects a public health model of prevention and intervention. In the public health model, primary-level prevention refers to universal strategies that are designed to prevent health problems (e.g., fluoridation of the public water supply to prevent cavities, recommendations to exercise and maintain a healthy diet in order to avoid heart problems). Secondary-level prevention strategies are designed to quickly and effectively respond to problems that develop despite primary prevention efforts. The goal is to catch problems early to prevent more severe problems. Public health examples include filling cavities to prevent further tooth decay and treating high blood pressure or high cholesterol levels to prevent heart disease. Finally, despite our best efforts at prevention, some serious health problems will occur. Treatment for such cases involves tertiary interventions that are designed to minimize the negative effects of problems. In the health field, tertiary treatments include root canals and other extensive dental repairs, and bypass and other surgeries to repair heart damage.

Educational applications of this three-tiered model address both academic and behavioral systems (see Figure 1-1). Primary prevention, also called universal-level academic approaches, includes reliance on evidence-based instructional methods and curricula for teaching reading, mathematics, and other academic subjects, and periodic screening to identify students who are not making the expected academic progress. Universal-level behavioral approaches include establishing and teaching schoolwide expectations, acknowledging rule-following behavior, and monitoring behavioral indicators to quickly identify students who are not responding to the universal-level strategies. Evidence suggests that when we implement comprehensive universal-level interventions, about 80% to 90% of the students will be successful. This means that we can expect universal interventions to result in about 80% to 90% of any student population—elementary or secondary—meeting academic and behavioral expectations.
Secondary-level academic interventions, also called targeted level prevention, might include small-group instruction in areas of deficit (e.g., reading fluency or writing), along with more frequent progress monitoring. Secondary-level behavioral interventions might include social skills instruction for identified students, or frequent reminders and feedback about expected behaviors. Approximately 10% to 15% of the students will be successful with these additional targeted interventions.

The remaining 1% to 5% of any given student population may need additional, more intensive, individualized supports, which are called tertiary level interventions. Tertiary-level academic interventions might involve individualized reading or mathematics instruction using a separate curriculum and specialized instructional methods. Tertiary-level behavioral interventions involve careful assessment of behavior, and comprehensive, individualized interventions that may include social services and/or mental health services in addition to school-based interventions.

Schools throughout the United States, and in other countries as well, are implementing academic and behavioral systems that are reflective of this tiered prevention model. Various terms are used to refer to these systems. The model, as it applies to academic interventions, is generally referred to as response to intervention (RtI). The behavioral three-tiered prevention model is often referred to simply as positive behavioral supports (PBS), positive behavioral interventions and supports (PBIS), schoolwide PBIS (SW-PBIS), and more recently, response to intervention for behavior, or behavior RtI.

Glen Dunlap and his colleagues recently provided a succinct historical perspective of positive behavior support, along with a discussion of PBS-related terminology (Dunlap, Kincaid, Horner, Knoster, & Bradshaw, 2014). In the 1980s researchers began using the term “positive behavior support” to emphasize a preference for nonaversive intervention techniques, particularly for children and youth with significant intellectual and behavioral disabilities, and to shift from a “behavior management” perspective to a “support for
positive behavior” perspective. About the same time as early research in PBS-based techniques was occurring, other research efforts were focused on expanding the principles of behavior support and applied behavior analysis from individuals to systems (Lewis & Sugai, 1999; Sugai & Horner, 1999). In the 1997 and 2004 reauthorizations of the Individuals with Disabilities Act, Congress included language that encouraged educators to consider positive behavioral interventions and supports to address student behavior that impeded his or her learning or the learning of others. Over the years, the term “positive behavior support” has evolved into multiple permutations, including positive behavioral support and positive behavior (or behavioral) interventions and supports. PBIS became synonymous with schoolwide applications of positive behavior support principles. We will use the phrases positive behavior interventions and supports, or positive behavior supports, or the acronym PBIS. As the title implies, this text focuses on the behavioral model and will focus primarily on the application of PBIS principles and practices to groups (small and large) and individual student behavior. The organization of the text generally reflects the three tiers of prevention and support: Part 2 reflects universal-level supports; Part 3, assessment and monitoring techniques that are typically associated with targeted and tertiary levels of support; and Part 4, targeted- and tertiary-level interventions.

ASSUMPTIONS ABOUT STUDENT BEHAVIOR

The material in this text is based on several basic assumptions about student behavior that we have found to be useful for helping educators adopt more positive and preventative behavior management practices. These assumptions are provided in Table 1-3 and are based on the large body of behavioral research (discussed throughout the text), as well as from our own experiences as teachers of children with challenging behaviors.

**Behavior Assumption 1: Changing Inappropriate Student Behavior Requires Changing the Teacher’s Behavior.** Typically, teachers respond to challenging behaviors by blaming the student or looking for student-centered explanations (Walker, 1995). For example, teachers may attribute a student's noncompliance to the student's family not enforcing limits or the family not teaching the student that he or she must follow teachers’ instructions. Given this attitude, it may be sobering to many of us to realize that we are often the catalyst for the escalation of undesirable classroom behavior. Of course, the opposite is also true: A teacher’s behavior facilitates appropriate behavior as well. The little things that we say to our students (or do not say), what we acknowledge (or ignore), the behaviors we smile at (or frown at), how we encourage (or discourage), and so on—all of these things have an impact on student behavior. A central premise of positive behavioral interventions and supports is that a teacher's behavior plays a central role in shaping a student's response: To achieve the goal of increasing appropriate student behavior, we must change aspects of our own behavior in the classroom.

**TABLE 1-3 Behavior Assumptions**

| Behavior Assumption 1: Changing inappropriate student behavior requires changing the teacher’s behavior. |
| Behavior Assumption 2: Some students require more time, attention, and structure than others. |
| Behavior Assumption 3: Students exhibit both desirable and undesirable behaviors for a reason. |
| Behavior Assumption 4: Many behavioral challenges reflect learning difficulties. |
| Behavior Assumption 5: Most inappropriate behavior is predictably linked to specific contexts and activities. |
| Behavior Assumption 6: It is more efficient and more effective to change student behavior by using positive strategies rather than punitive strategies. |
| Behavior Assumption 7: It is more efficient and effective to use proactive, preventive strategies rather than relying on reactive strategies after a behavioral problem has already developed. |
| Behavior Assumption 8: Students benefit when general educators and special educators work together to meet the needs of all students. |
| Behavior Assumption 9: Students benefit when educators maintain close communication with parents in order to share information and collaboratively plan educational and home programs. |
This is both good news and bad news. The bad news is that it is likely that a teacher's actions are contributing directly in some way to student misbehavior. That is, teachers often do things, typically with good intentions, that actually serve to foster and reinforce undesirable behavior. But the good news is that knowing that the undesirable behavior is related to something that we are doing is far preferable to learning that the misbehavior lies somewhere outside of our control. Perhaps most significant is the understanding that if we can identify our behaviors that contribute to the escalation of problem behavior, we can change them—and that is good news.

This principle is nicely illustrated in the experiences of Ms. Valadez, who taught biology at Winters High School. She knew her subject well, and her lesson plans were an excellent reflection of the state's curriculum. She had high expectations for her students in their academic endeavors and in their behavior, and she trusted that her students had been prepared for her class by their prior educational experiences. She also expected that students in the 10th grade would know how to behave in her classroom. The students who chose to act out were not welcome in her classroom. Ms. Valadez's classroom management system consisted entirely of sending students to the office for any behavioral infraction. Unfortunately, Ms. Valadez had the highest rate of office referral of all the teachers on that campus. Several of her students were repeatedly sent to the office for minor infractions.

Dr. ICE became involved when the leadership of the high school changed, as did the philosophy of the school district. Positive preventive approaches to classroom management were now expected at all levels. Teachers would be trained to implement these changes. Ms. Valadez was having a hard time buying into this new way of doing things.

Dr. ICE convinced her that if she made an effort to change her behavior, she would see dramatic changes in the behavior of her students. She agreed to make such an effort. First, Ms. Valadez worked with her students to develop rules for the classroom (we discuss in Chapter 4 how to use student input in developing rules). She designed the organization of the room so that she had better access to all of her students. She made it a point to praise her students and to give gentle corrections when she saw minor acting out.

When Ms. Valadez met with Dr. ICE six weeks later, she was smiling. She said that she smiled often these days. Her students followed her procedures, and her classes were well behaved. She seldom sent students to the office because she was able to stop poor behavioral choices before they got out of hand. She told Dr. ICE that she felt a new power in herself. In past years, she had no idea that she could have such a positive influence on her students' behavior. She was inspired to learn more and asked Dr. ICE to help her do so.

Behavior Assumption 2: Some Students Require More Time, Attention, and Structure Than Others. Children are different! Because of this, some children require considerably more resources than others. Some students need more time and attention from their teacher than their peers. Some students need more in the way of external control and support, more structure, or more frequent feedback about their behavior in order to regulate it. What this all means is really quite simple: What works for most students is often not effective or is insufficient for students who exhibit chronic behavioral challenges.

We define students with behavioral challenges as those students who require differential behavior management techniques, more structure, and possibly more individualized instruction—above and beyond what is effective for the majority of students—in order to bring their behavior into compliance with school or classroom rules and in order for them to achieve academic and social success. In the three-tiered model of positive behavioral interventions and supports described previously, these would be the students who need targeted or tertiary supports and interventions. Of course, within that group, some students may need very little in the way of additional support in order to be successful, whereas others will need more intensive supports. To minimize the number of students who need the most intensive supports, educators are well advised to rely on the research-based practices described in this text.

To illustrate this principle, consider the experiences of Ms. Peacock, who teaches an after-school arts and crafts class at Albert Elementary School. She wants her students
to enjoy her class and has created rules and procedures so that all of the materials can be used safely. All of her students have chosen to be in this extracurricular class. Ms. Peacock's students are an energetic group, and most of them listen and behave well with gentle verbal reminders. There are, however, three students who disrupt the class on a regular basis. Either they do not listen to directions and then ask endless questions about their project, or they succeed in getting everyone at their table off task. Ms. Peacock has worked with Dr. ICE on other occasions. She has asked him to help her identify strategies for helping these three students to be more successful in her class.

At this point, we wish to differentiate between classroom management and behavioral interventions for individual students. Effective teachers need to understand and know how to use both types of management systems. For most situations, especially for students with high-incidence disabilities, positive, proactive classroom management systems will be sufficient for maintaining an orderly, safe, and productive classroom environment. The strategies that we describe in Chapters 3 through 6 address behavior management of groups of students. However, some students need more intensive, individualized interventions above and beyond what is used for the group. For these students, the group system is insufficient to encourage appropriate behavior and discourage inappropriate behavior. For these situations, we describe strategies that are most appropriate for individual students, such as those presented in Chapters 8 through 12.

**Behavior Assumption 3: Students Exhibit Both Desirable and Undesirable Behaviors for a Reason.** There are usually one or more reasons for a child's undesirable behavior (Martella et al., 2003). If you are able to ascertain the reason(s) for the behavior, you are more likely to design intervention strategies to address that reason, increasing the likelihood of an effective intervention. This concept is a basic premise of positive behavior support. In Chapter 2, we describe how factors in a child's immediate environment contribute to most challenging behaviors, and in Chapter 8, we explain how to determine those environmental factors that exacerbate challenging behaviors, as well as other causes of unacceptable behaviors.

As a simple illustration of the principle that behavior occurs for a reason, let's consider Mikey, a fourth grader who made noises during transition times as if he were passing gas. Every time that he made these sounds, his classmates laughed. Mikey's teacher had told him numerous times to "stop making those sounds" and had even sent him to the principal's office on two occasions. However, Mikey persisted in exhibiting the misbehavior, largely because he liked being the center of attention. The laughter of his peers was reinforcing his behavior, and because of this, he would continue making the passing-gas sounds as long as his peers continued to laugh, despite the other negative consequences that the teacher used in an attempt to eliminate the behavior. A more suitable intervention for Mikey might be to teach him other more appropriate ways to make his peers laugh at more appropriate times.

Or consider Sam, a second-grade student at Random Elementary School. He often comes to school with a story about hurting himself while playing or getting into trouble at home and having his toys taken from him. He does not have any friends in class. In fact, he regularly makes other students angry by tattling or by calling them names. He continues to annoy others until they threaten him. His outbursts often bring the learning process to a grinding halt. Sam and his younger brother and sister live with their grandparents. His mother left the family when Sam was 4 years old. His grandparents reported that he seems to go out of his way to get into trouble at home. His grandmother says that Sam's grandfather works two jobs and she works in a nursing home four days a week. She says that she is tired and that raising three young children at her age is hard enough without Sam taking up most of her free time. Dr. ICE, understanding the principle that behaviors occur for a reason, assessed Sam's behavior (using the methods that we describe in Chapter 8) and concluded that much of it is to get attention from adults and peers. Dr. ICE is now working with Sam's educational team to plan interventions that will allow Sam to obtain attention through more appropriate means.
Chapter 1 • Introduction to Behavior Management and Positive Behavior Interventions and Supports

Behavior Assumption 4: Many Behavioral Challenges Reflect Learning Difficulties. Most students want to please, and they generally do the best that they can. Research has clearly shown that students who exhibit high levels of challenging behavior respond positively when provided with appropriate interventions, including interventions designed to aggressively remedy deficits in basic academic skills and interventions to teach students more appropriate alternatives to misbehavior (Kauffman, Mostert, Trent, & Hallahan, 2002, Walker, Ramsey, & Gresham, 2004). It is important for educators to understand that the more academic failure that exists in any given classroom, the greater the likelihood of undesirable behavior in that class (Kerr & Nelson, 2006; Martella et al., 2003; Scott, Nelson, & Liaupsin, 2001). Of course, the reverse typically is also true: The greater the level of academic success, the fewer undesirable behaviors will appear. A PBIS approach to managing behavioral problems requires that we consider all possible contributing factors to a student’s behavioral difficulties, including curricular and instructional variables. This is why we devote an entire chapter in this text to the discussion of effective instructional methods.

Vance’s situation illustrates this principle nicely. Vance is an 11th-grade student at Western High School. He reads on a fourth-grade level and is in a special education resource class. His teacher, Mr. Brice, is organized and consistent in both academics and classroom management. Mr. Brice has to choose the tasks that he gives Vance very carefully. A task that is too easy is quickly finished, and then Vance usually disrupts the learning environment by telling jokes and pulling as many peers off task as possible. When Mr. Brice gives Vance a consequence, he often talks back and announces that all he gets is baby work. When Vance is given a task that he determines is too hard, he puts his head down and refuses to work or to talk to Mr. Brice.

Mr. Brice has reported that he has several students in each of his resource classes who present challenging behaviors. He has asked Dr. ICE to observe and to help him develop specific academic and behavioral plans for these students.

Behavior Assumption 5: Most Inappropriate Behavior Is Predictably Linked to Specific Contexts and Activities. Students seldom misbehave “out of the blue.” Challenging behavior is not a random act that just happens: It typically occurs in the presence of certain predictable environmental events. These events may be external to the student (e.g., working in small groups, transitions, working independently) or internal to the student (e.g., hunger, fatigue, illness). Like Guiding Principle 5, the concept that behavior is influenced by the context in which it occurs is a critical element of positive behavioral interventions and supports. In Chapter 2, we explain this concept more thoroughly, and in Chapter 8, we describe data collection procedures to help identify when and where problem behavior is likely to occur and why. These data then assume a major role in the subsequent development of preventive behavior management strategies. For example, one of our former students was generally pleasant and cooperative until he was given a task that involved extensive writing, which he disliked. At that point, he usually responded by complaining about the task, saying that it was too hard. From there, he typically escalated to refusing to do the work, usually accompanied by cursing and sweeping the materials off of his desk. This behavior occurred under the very specific circumstances of being given a writing task. Knowing this, we were able to design interventions to target both the conditions under which the behavior was likely to occur and the reasons for the behavior.

Another example of this principle is Juan, who is an eighth grader at Wilcher Middle School. He receives language arts instruction in a special education resource class. His reading is almost at grade level, but his writing is several grade levels below his grade placement. Juan has been getting into trouble in his general education history class. His friends are into passing notes, but he will not do this because of his low writing ability. His friends have begun to tease him for not joining in. They do not know that he cannot write well, however, and he is afraid that they will soon find out. In order to draw their attention away from the notes, he has begun to entertain them by making jokes about Ms. Newsom, their history teacher. When they are laughing at their teacher, they are not thinking about his writing or teasing

Being alert to the environmental variables that may be contributing to a student’s misbehavior can be an important first step in designing interventions to change that misbehavior.

When faced with a student who exhibits high rates of misbehavior, educators should determine whether academic skill deficits might be a contributing factor to that misbehavior.
Behavior Assumption 6: It Is More Efficient and More Effective to Change Student Behavior by Using Positive Strategies Rather Than Punitive Strategies. The results of research indicate that focusing on school and classroom management strategies that promote positive social behavior and academic success for all students is essential to preventing disciplinary problems (Nelson, 1996; Nelson, Martella, & Marchand-Martella, 2002). As we have indicated, responding to inappropriate behavior requires much teacher time. The extent to which inappropriate behavior can be prevented gives teachers more time to teach and students more time to learn.

As discussed earlier, given the ever-increasing knowledge base about the efficacy of positive, proactive approaches, there is a steady trend toward greater reliance on positive behavioral interventions and supports as the preferred method for school discipline. The 1997 reauthorization of the Individuals with Disabilities Education Act (IDEA ’97) increased awareness of the concept of positive behavioral intervention and supports by requiring that behavioral intervention plans based on positive behavioral supports be developed for students who exhibit behaviors that interfere with their own learning or the learning of others. Before IDEA ’97, PBIS was primarily viewed as a comprehensive array of interventions for individuals with developmental disabilities and severe behavioral challenges (Garr, Horner, et al., 1999; Sugai & Horner, 2002). As discussed previously, PBIS has moved beyond its original concept as a tool for individual student application to use with entire schools—even entire school districts—in the form of schoolwide positive behavioral supports. Research has demonstrated the efficacy of PBIS for students of all ages and ability levels, and for schoolwide use as well as individual student applications. We describe schoolwide PBIS in Chapter 3.

Over the past two decades, much attention has been paid to the concept of resiliency, or the mediating effect of protective traits on risk factors (Garmezy, 1985; Leone et al., 2003). Resiliency may explain why some children prevail over difficult life circumstances (e.g., poverty, abuse, poor parenting practices, family alcohol or drug abuse) that place them at high risk for developing antisocial behaviors. Interest in resiliency factors has led to an emphasis on the assessment of strengths in order to identify student traits that may help to reduce the risk factors in a child’s life (Epstein & Sharma, 1998; Leone et al., 2003). Inherent protective traits may be targets for interventions designed to enhance and strengthen those traits, in addition to reducing and remediating maladaptive behaviors. We believe that the strong personalities of many children with challenging behaviors can be a protective factor; interventions should teach students how to use their strong personalities in positive ways, perhaps even in leadership roles. This approach, focusing on the positive, protective behavioral traits of students as opposed to simply trying to eliminate the behaviors that cause problems in school, reflects PBIS philosophies and practices.

Behavior Assumption 7: It Is More Efficient and Effective to Use Proactive, Preventive Strategies Rather Than Relying on Reactive Strategies After a Behavioral Problem Has Already Developed. As you learned in our discussion earlier, most of our classroom and behavior management efforts should be geared toward preventing behavioral problems. Some educators may think that they shouldn’t have to do anything special to prevent disciplinary problems; they may think that a teacher’s job is simply to teach and not worry about behavior management, and that students who do not behave should be removed from the classroom.

Although this may be a tempting attitude, it is nonetheless an unrealistic and ineffective one. As you have learned from our discussion of disciplinary concerns reported by teachers, all teachers must be prepared to deal with disciplinary problems. Teachers and other educators have two choices: they can wait until those problems develop and then use traditional, reactive, usually punitive responses, or
they can anticipate problems and implement proactive strategies in an effort to prevent those problems. The former approach is seldom effective for students who exhibit chronic or challenging behaviors. The latter approach not only is effective for most students, but also is associated with higher levels of teacher satisfaction, teacher perceptions of efficacy, and improved school climate (Center for Positive Behavioral Support at the University of Missouri–Columbia, 2009; Rentz, 2007).

The schoolwide model of positive behavioral interventions and supports—and, by extension, the application of this model to classroom management—is based on a preventive approach to discipline. As you have learned, this approach can prevent significant behavioral difficulties in the majority of the student population.

**Behavior Assumption 8: Students Benefit When General Educators and Special Educators Work Together to Meet the Needs of All Students.** By definition, special education teachers are expected to work with other educators on individualized educational program (IEP) teams to conduct functional behavioral assessments (FBAs), develop behavior intervention plans (BIPs) (see Chapter 8), and plan and implement inclusive educational programs for students. A special education teacher who teaches in isolation will not be as effective for his or her students as a teacher who is part of the mainstream of the school setting and who interacts regularly with other teachers and students in the school. Research shows that all students, both those with disabilities and their peers without disabilities, benefit when special and general education teachers collaborate (Ripley, 1997). Special education teachers are professionals who have much to offer general education teachers and other educators (e.g., administrators, counselors, social workers); they also can learn much from these individuals. To be effective in collaboration with other professionals, we offer the suggestions listed in **Toolbox 1-1**.

**Behavior Assumption 9: Students Benefit When Educators Maintain Close Communication With Parents in Order to Share Information and Collaboratively Plan Educational and Home Programs.** Individuals who are preparing for a career as a teacher undoubtedly give much thought to the appeal of working in the school environment, helping students succeed academically and socially, acting as a mentor and role model for youngsters, and simply being a part of one of the most significant aspects of children’s development—education. However, being a teacher, especially a special education teacher, also involves another important role that new teachers are often underprepared for—that is, working collaboratively with families. Both IDEA and No Child Left Behind mandate specific types of family involvement in their children’s school experiences. So it could be said that knowing how to facilitate collaborative relationships with families is important because it is required by law. However, family involvement is also important because having parents work closely with school personnel increases the effectiveness of educational programs for children with disabilities. For example, parental involvement has been shown to positively affect grades (Keith et al., 1998), attendance (Kube & Ratigan, 1991), and challenging behavior (Morrison, Olivos, Dominguez, Gomez, & Lena, 1993). Attaining these positive outcomes requires careful attention to developing relationships with parents and other primary caregivers to involve them in every aspect of their child’s education. Attendance at the annual IEP meeting is important, but close collaboration with parents should also involve more frequent contact. In this section, we provide ideas for maintaining close contact with parents and focusing on strategies for collaborating with parents in areas related to behavior management.

It is important for teachers and future teachers to understand the impact of a child with special needs on the family, and the many roles that parents of children with disabilities play. Although a thorough discussion of this topic is beyond the scope of this text, many excellent publications are devoted to that subject (see Resources at the end of this chapter). However, without a basic understanding of the factors that impact families of children with disabilities, teachers may find it difficult to have empathy, and possibly even respect, in their relationship with parents.
For this reason, we present a brief overview of the important dynamics of families of children with disabilities, particularly as these dynamics potentially affect behavior management in the classroom.

Many parents of children with disabilities describe having experienced various stages of emotional reaction to having a child with a disability that are similar to the stages of mourning associated with death (Blacher, 1984; Ferguson, 2003). The stages most commonly reported are listed in Table 1-4, along with possible behaviors that may be indicative of each. Please note that these stages are simply what parents have reported experiencing and are not intended to be used by teachers to “diagnose” parents. Furthermore, it is not a given that all parents will experience these stages as listed; individuals may experience these stages at different times, with different intensity, or not at all.

Effective collaboration with families requires awareness of the diversity represented by students and their families. Antunez (2000) describes possible barriers that teachers may face in attempts to collaborate with families from diverse backgrounds, including language skills, work schedules, lack of trust in the school system, and the belief that educators are the experts and do not need parental involvement. Teachers must understand potential barriers and take steps to ensure that they do not prevent collaboration with families.

Not only do strong parent-teacher relationships contribute to more positive outcomes for students, collaborative relationships with parents can make your job as a teacher easier and more pleasant. Like most aspects of classroom and behavior management, your relationships with parents should not be left to chance. Rather, you should actively implement strategies that are designed to encourage strong, collaborative relationships with parents. We present some of these strategies in Toolbox 1-2. Of course, there are teacher behaviors that potentially interfere with productive relationships with families. Some of these are as follows:

- Acting authoritatively with parents, always providing information and recommendations without listening or soliciting information or the parents’ ideas.
- Avoiding contacting parents because of lack of time, a dislike for parents, a dislike for parent-teacher conferences, or other reasons.

### TABLE 1-4 Emotional Responses to Having a Child With a Disability

<table>
<thead>
<tr>
<th>Stage</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Shock, denial, disbelief on learning that the child has a disability</strong>—For many children with disabilities (e.g., learning disabilities, behavioral disorders), the disability may not be identified until middle childhood. At first, parents may deny that there is a problem or feel that the problem stems from something that can be fixed (e.g., giving the child more attention, identifying a medical problem).</td>
<td>Searching for a definitive answer to questions about the child’s problems; visiting many different types of professionals in search of answers and help. Parents may decline services because, in their mind, there is no problem.</td>
</tr>
<tr>
<td><strong>Guilt, anger, depression, rejection, or overprotectiveness of the child</strong>—Parents believe that they are responsible for their child’s problems (e.g., mother drank a few glasses of wine during pregnancy), and/or if they work hard enough, they can fix the problem. They want someone to be held responsible for their child’s problems; anger or blame may be directed at family members (perhaps at a spouse), doctors, or teachers. They may experience immense sadness over the realization that the child is not going to be cured and may be pessimistic about the future.</td>
<td>Parents may take extreme measures to correct the “mistakes” they believe they’ve made. They may spend inordinate amounts of time and money to “fix” their child, sometimes to the point of neglecting other family members or family obligations. Ongoing dissatisfaction with the child’s educational program; multiple complaints about the school and teacher that seem to have no solution; nonspecific complaints; inability to come to agreement on IEPs or BIPs. Lack of involvement with the school; apparent disinterest in the child’s program. Actively involved in the child’s educational program; works collaboratively with educators.</td>
</tr>
<tr>
<td><strong>Acceptance or coping</strong>—Parents have a realistic understanding of their child’s disability, strengths, needs, and future.</td>
<td></td>
</tr>
</tbody>
</table>
Chapter 1 • Introduction to Behavior Management and Positive Behavior Interventions and Supports

- Failing to make parents feel welcome at school and/or failing to make it easy for parents to contact the teacher.
- Contacting parents only when there is a problem.
- Regularly sending students home because of behavioral problems at school.

We strongly believe that school problems should be handled at school, although in collaboration with the parents. If school personnel do not know how to manage a behavioral problem, they have access to many available resources. We believe that sending students home as a consequence for challenging behavior is problematic for several reasons. First, if the function of the challenging behavior is avoidance, sending the student home may actually cause the behavior to get worse (see Chapter 8). Also, sending students home does not teach appropriate replacement behaviors. Finally, sending students home means that students lose instructional time. As discussed previously, because behavioral problems often go hand in hand with learning problems, students who exhibit chronic challenging behavior can ill afford to miss school. In fact, students’ instructional needs should be examined as a possible factor in the problem behavior.

Summary

These are interesting times for educators. We are under intense public scrutiny to raise academic standards and improve student outcomes. Yet, at the same time, teachers and administrators are challenged to serve children with multiple and complex needs: children who come to school ill prepared for even basic learning tasks, children with significant behavioral problems and learning disabilities, children with serious but untreated emotional conditions, and children from diverse backgrounds and family situations. These children respond positively to clear, predictable, and well-planned environments. But studies consistently reveal teachers’ opinions that they do not have the training needed to address these students’ disciplinary and behavior management needs. Teachers and administrators quickly exhaust all of their traditional tools with these students, but to no avail.

But there is hope! Research over the past 40 years has produced a wealth of knowledge about effective prevention and intervention strategies for even the most difficult-to-manage students. The challenge now is to apply this knowledge, on a large scale, to ensure that every teacher and administrator has knowledge of effective behavioral prevention and intervention strategies, knows how to apply these strategies under varying conditions, and can use systematic problem solving to adjust techniques when needed.

The objectives for this chapter and how they were addressed are as follows:

1. Describe the common types of school-based challenging behaviors.

Students exhibit a variety of unacceptable behaviors. Most of these are minor, but a few are serious and can result in significant impediments to learning, or even interfere with school order and safety. Furthermore, evidence suggests that 20% to 40% of school-age children may have a mental, emotional, or behavioral disorder that affects learning and classroom behavior.

2. Describe why the teacher may be the most important variable in students’ classroom behaviors.

Research shows that teachers’ behaviors are predictive of student behavior. Teachers who exhibit certain preventive behaviors (e.g., recognizing appropriate student behavior) and engage in preventive practices (e.g., scheduling to ensure high levels of student engagement) typically have fewer classroom management problems than teachers who do not do so.

3. Describe the diversity found in today’s classrooms and explain the implications of this diversity for behavior management.

We presented data that document the rich diversity of today’s classrooms. Given that the majority of teachers are White and female, we explained the implications for teachers, and the impact of this discrepancy on behavior management and discipline. It is critical for teachers to understand students’ cultural, ethnic, religious, and other areas of diversity and to engage in culturally competent methods of classroom management.

4. Describe traditional disciplinary methods and the concerns associated with those methods.

In this chapter, you learned that a major problem with traditional disciplinary methods is that some students, particularly minority students, male students, and students of low socioeconomic status, are more likely to be the recipients of exclusionary disciplinary practices and other punitive forms of discipline. Traditional disciplinary methods are also reactive rather than proactive and, for this reason, are not as effective at preventing behavior management problems. In addition, traditional disciplinary approaches are time intensive, especially for the outcomes produced, and such approaches appear to leave teachers unprepared for the demands of classroom management.

Take specific steps to facilitate collaborative relationships with parents.
5. Define and explain positive behavior interventions and supports.

The term positive behavior interventions and supports (PBIS) refers to a proactive instructional approach to behavior management for individuals, groups, and entire schools. PBIS emphasizes prevention, environmental clarity and predictability, the teaching of desired behaviors, and reliance on research-based methods in a tiered model of increasingly intensive and individualized supports.

6. Define response to intervention and how this concept relates to positive behavior interventions and supports.

Response to intervention, or RtI, is the term used to refer to a tiered system of academic interventions. Schoolwide PBIS is sometimes referred to as “RtI for behavior.”

7. Explain the nine Behavior Assumptions that form the foundation for managing behavior in school settings.

We described nine Behavior Assumptions that summarize much of the knowledge base in the area of behavioral research. We suggested that adhering to these Behavior Assumptions as the foundation for thinking about student behavior will better prepare teachers to solve the problems associated with classroom or individual behaviors by using interventions.

In Table 1-5, we provide a self-assessment form for readers to reflect on their own philosophies and beliefs about the concepts discussed in this chapter. Additional self-assessments are provided in the remaining chapters for the topics covered in each chapter. To use the self-assessments, respond to each statement by indicating the frequency with which you engage in the behavior described. Any statements rated as less than 4 may suggest a practice that, if incorporated to become a more regular part of your teaching repertoire, may enhance the effectiveness of your classroom management and teaching efforts.

<table>
<thead>
<tr>
<th>TABLE 1-5</th>
<th>Introduction to Positive Behavior Interventions and Supports Self-Assessment Form</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never</td>
</tr>
<tr>
<td>1.</td>
<td>1</td>
</tr>
<tr>
<td>I believe that discipline means punishment.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>1</td>
</tr>
<tr>
<td>I feel comfortable knowing that I will often need to change my behavior in order to change my students’ behavior.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>1</td>
</tr>
<tr>
<td>I understand that some of my students will require more of my time in order to have good overall classroom management.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>1</td>
</tr>
<tr>
<td>I understand that there is a reason for most student behavior problems.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>1</td>
</tr>
<tr>
<td>I am aware that students in today’s classrooms reflect much diversity, and why it is important for teachers to understand student diversity.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>1</td>
</tr>
<tr>
<td>I understand that many behaviors can be linked to specific contexts.</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>1</td>
</tr>
<tr>
<td>I believe that it is more effective to change behavior by using positive strategies.</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>1</td>
</tr>
<tr>
<td>I understand that it is more effective and a better use of my time to use proactive, preventive strategies than to react to challenging behavior.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>1</td>
</tr>
<tr>
<td>I plan to work with my students’ general education teachers to plan for my students’ best educational experience.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>1</td>
</tr>
<tr>
<td>I have the desire to work with my students’ parents, as members of their child’s educational team.</td>
<td></td>
</tr>
</tbody>
</table>

Learning Activities

1. Interview one novice and one experienced teacher. Ask each what types of behavioral challenges students exhibit in their classrooms and how they are expected to deal with problems related to those challenges. Ask the novice teacher if classroom management is easier or more difficult than he or she imagined and why. Ask the experienced teacher how classroom management needs have changed since he or she began teaching.

2. In small groups, discuss the effects of higher academic standards and public scrutiny of school performance on discipline.

3. In this chapter, we argue that changing student behavior usually requires that teachers change something about their own behavior. How do you feel about this? If you knew that this would improve student behavior, would you be willing to make changes in your interactions with students? Discuss these questions with a classmate.

4. In a small group, discuss primary prevention, secondary prevention, and tertiary interventions as they relate to managing student behavior. Give examples of each term.

5. Find examples from your own experiences or the experiences of friends or family members for each of the Guiding Principles presented in this chapter.

6. Describe how you will begin to establish a positive relationship with the following individuals:
• Administrators
• Office staff
• Teachers
• Paraprofessionals
• Custodians
• Cafeteria workers
• Bus drivers

7. Read the cases that follow. Then describe the problems and how you will address them with all of the individuals involved.

CASE STUDY OF AN ELEMENTARY SCHOOL STUDENT

Sam is a fourth-grade student in your class. He has stopped turning in his homework, but he is passing his tests. He does not really act out, but he is not as involved in class activities as he has been in the past. Now that you think about it, Sam has worn the same clothes for the past three days. In addition, when he looks at you, his face shows almost no emotion. You have talked briefly with his mother in the past, but only to convey information about

resources, links to other sites, research, examples of PBIS applications, and much more.

The Substance Abuse and Mental Health Services Administration (SAMHSA), a branch of the U.S. Department of Health and Human Services: Provides a comprehensive array of information pertaining to mental health, including treatment, promising programs, locating services, and a mental health hotline.

National Center on Response to Intervention: Provides information, resources, training, and tools related to response to intervention; funded by the Office of Special Education Programs, U.S. Department of Education.

Center for Effective Collaboration and Practice: Provides information related to all aspects of emotional and behavioral problems in areas such as education, families, mental health, juvenile justice, child welfare, early intervention, school safety, and legislation. Includes downloadable booklets, manuals, and other materials; PowerPoint presentations; case studies; training modules; interactive discussions; and much more.

The Safe and Responsive Schools Framework: A model demonstration and technical assistance project funded by the U.S. Department of Education. Provides publications, fact sheets, and resources related to school safety and violence prevention that stresses comprehensive planning, prevention, and parent–community involvement.

The Council for Children with Behavioral Disorders, a division of the Council for Exceptional Children: Provides information related to advocacy, intervention, and conferences.

Children and Adults with Attention Deficit/Hyperactivity Disorder: A nonprofit organization for children and adults with ADHD and their families: Provides resources, information on research and public policy, online discussions, and “Ask the Expert” sessions.

The IRIS Resource Locator on the Website of the IRIS Center for Training Enhancements: Provides case studies, an online dictionary, training modules, and other materials on the following topics: accommodations, behavior, collaboration, diversity, response to intervention, differentiated instruction, and disability.

The National Threat Assessment Center, United States Secret Service, 2002 Secret Service Safe School Initiative: Provides information and tools related to school safety.

8. What are your greatest concerns regarding discipline and classroom management?

CASE STUDY OF A SECONDARY SCHOOL STUDENT

Mary is in the seventh grade. She often acts very silly in class. She seldom takes responsibility for her behavior but instead offers excuses or blames others. Recently, she has been cursing in class, a behavior that is new for Mary. Your first step in dealing with the problem is to talk to Mary. She giggles and says that the adults on her bus (the bus driver, other drivers who talk to that driver, and monitors) curse. You ask, “Do they curse at you or when they speak to one another?” She says that they often use bad words when they talk to each other.

8. What are your greatest concerns regarding discipline and classroom management?
Theoretical Models to Explain Challenging Behavior
Chapter 2 • Theoretical Models to Explain Challenging Behavior

After reading this chapter, you will be able to do the following:
1. Describe the major theories of behavior and the research base and usefulness of each theory for teachers.
2. Describe the basic assumptions and principles of the behavioral model.
3. Describe applied behavior analysis (ABA) and the relationship between ABA and positive behavior interventions and supports.
4. Describe antecedent, skill deficit, and consequence explanations for inappropriate behavior.

Big ideas in theories about challenging behavior:
• Insisting on research-based practices will improve your effectiveness as a teacher and will help you better meet the expectations of the Elementary and Secondary Education Act of 1965 (its current reauthorization is the No Child Left Behind Act of 2001) and the Individuals with Disabilities Education Act of 2004.
• For any theory of challenging behavior to be relevant to educators, it should offer associated assessment and intervention practices that can be used by educators and that are efficient and effective.
• The teacher’s theoretical perspective will drive decisions about assessment and interventions.

One of the most common questions that educators and parents have when faced with a challenging behavior is, “Why does he (or she) do that?” Most of us, perhaps without even realizing it, have formed opinions about the driving forces behind atypical behavior. The authors of this text often encounter comments from concerned teachers, parents, and others about children who exhibit challenging behavior. We hear comments such as the following:

• MS. HUNTER: “I'm so frustrated with Kayla’s behavior. I just can’t get her to pay attention. I think that she might need medication.”
• MR. WHEELER: “I just don’t know what to do when Ben tries to avoid work. Getting him to do his independent work is a major struggle: He does everything that he can to avoid it.”
• MS. LONG: “I don’t see how I can make any headway with Terry—I get no support from his parents!”
• MR. WAYNE: “A.J. is so distrustful—his family has abandoned him, and he is just not able to form attachments at school. How can I help him?”

These comments reveal much about the speaker’s perspective on what has caused those behavioral concerns. One’s beliefs with regard to the causes of challenging behavior will influence decisions about interventions. It is important that educators understand their own beliefs about the causes of challenging behaviors; acknowledge how those beliefs influence decisions made in the classroom; and know whether those beliefs are, in fact, supported by research on the etiology of challenging behavior. This chapter provides an overview of major explanatory theories for challenging behavior, a brief review of the research base for each, and a summary of the usefulness of each for classroom teachers. Because it is well beyond the scope of this text to present a thorough discussion of each theory, the majority of the attention is paid to the biophysical and behavioral models for explaining challenging behavior. Our rationale for focusing on these two models is that the biophysical model offers documented evidence of biological causes and medical treatments for behavioral disorders. The field of positive behavior supports acknowledges the role of biological factors in behavior (Center on Positive Behavioral Interventions and Supports, 2004).
However, the biological model is limited in terms of utility for educators, unlike the behavioral model. Behavioral interventions have a long history of well-documented effectiveness with a wide range of behaviors, for all ages of students, and in all types of environments, as you will discover when we discuss strategies in later chapters. Furthermore, behavioral interventions are the most practical, available, and expedient options for educators. Used correctly, these interventions have a high probability of reducing many of the inappropriate behaviors that interfere with student success and establishing new, more adaptive behaviors. Finally, positive behavior interventions and supports grew out of, and draw heavily on, behavioral strategies and procedures. The behavioral model provides the core technology for positive behavior interventions and supports.

**MAJOR THEORIES OF BEHAVIOR AND THEIR USEFULNESS IN EDUCATIONAL SETTINGS**

“What makes individuals behave in certain ways?” is one of the most intriguing questions for professionals in education and human services. The beliefs that we hold about behavior affect how we respond to behavior and the interventions that we choose for addressing atypical behavior (Fogt & Piripavai, 2002; Wood, 1978). Over the years, numerous theories that explain the origins of behavioral patterns have been put forth. These theories of behavior are known as theoretical models of behavior or philosophical belief systems about atypical behavior. In this text, we are primarily concerned with the science of behavior and scientifically proven behavioral interventions. For this reason, it is important to take into account the extent to which the assumptions and interventions associated with different theoretical models are supported by scientifically based evidence. Furthermore, because this text is designed for educators, we must consider the usefulness of each model for educators.

**WHAT CONSTITUTES “SCIENTIFIC EVIDENCE”**

Marketing companies have long used phrases such as “scientifically based,” “research based,” and “proven” as a promotional tool to convince consumers that a particular product is superior to others. Unfortunately, these phrases are also widely used to convince educators to buy certain products or services, or to adopt certain techniques for use in schools. But are all products that claim to be “research based” truly so?

The question of what constitutes research took on new importance with the passage of the No Child Left Behind Act of 2001 (P.L. 107-110; hereinafter referred to as NCLB). Originally the Elementary and Secondary Education Act of 1965, NCLB requires that schools adopt practices that are backed by “scientifically based research” (Report on Scientifically Based Research Supported by the U.S. Department of Education, 2002). Table 2-1 gives an expanded definition of scientifically based evidence according to NCLB, which defines scientifically based evidence as “research that involves the application of rigorous, systematic, and objective procedures to obtain reliable and valid knowledge relevant to education activities and programs” (Beghetto, 2005).

We support the high standard for evaluating research claims that is established by this definition because, too often, education has been vulnerable to adopting unproven interventions based on current fads or whims (Scheuermann & Evans, 1997). As much as possible, we have tried to adhere to this standard in choosing interventions to be included in this text. However, not all practices that are widely recommended for preventing or treating challenging behavior have evidence bases that meet the standards of NCLB. It is always important that educators be skilled at monitoring the effectiveness of interventions, but particularly so when we use interventions that lack independent, rigorous research support.

The goal of research is to demonstrate a functional relationship between independent variables (e.g., the intervention) and dependent variables (e.g., the behavior...
TABLE 2-1  U.S. Department of Education Definition of Scientifically Based Research

<table>
<thead>
<tr>
<th>Scientifically Based Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>employs systematic, empirical methods that draw on observation or experiment;</td>
</tr>
<tr>
<td>involves rigorous data analysis that is adequate to test the stated hypotheses and justify the general conclusions drawn;</td>
</tr>
<tr>
<td>relies on measurements or observational methods that provide reliable and valid data across evaluators and observers, across multiple measurements and observations, and across studies by the same or different investigators;</td>
</tr>
<tr>
<td>is evaluated using experimental or quasi-experimental designs in which individuals, entities, programs, or activities are assigned to different conditions and with appropriate controls to evaluate the effects of the condition of interest, with a preference for random-assignment experiments, or other designs to the extent that those designs contain within-condition or across-condition controls;</td>
</tr>
<tr>
<td>ensures that experimental studies are presented in sufficient detail and with sufficient clarity to allow for replication or, at a minimum, to offer the opportunity to build systematically on their findings; and</td>
</tr>
<tr>
<td>has been accepted by a peer-reviewed journal or approved by a panel of independent experts through a comparably rigorous, objective, and scientific review.</td>
</tr>
</tbody>
</table>


that is the target of the intervention). To evaluate whether a functional relationship exists, researchers must design a research study to evaluate whether the independent variable does, in fact, produce a change in the dependent variable. There are two major types of research design for this purpose: group design and single-subject design. **Group designs** evaluate the effectiveness of an intervention on a group of individuals (e.g., a class of students, all fifth graders in a district, a sample of students with learning disabilities), often comparing the performance of individuals within the group who received a particular intervention with the performance of those in a similar group who did not receive the intervention. **Single-subject designs** evaluate the effects of the independent variables on individual students. Conducting group design research for educational purposes is not always feasible, particularly when evaluating interventions with individuals with autism, developmental disabilities, or other disabilities. For this reason, many researchers rely on single-subject designs to evaluate educational and behavioral interventions. The U.S. Department of Education accepts single-subject designs for research that focuses on special populations (*Scientifically Based Evaluation Methods*, 2005). Either group or single-subject design research was the basis for evaluating most of the techniques described in this text.

The highest standard for research is that which involves randomized controlled trials (U.S. Department of Education, Institute of Education Sciences, 2003). A randomized controlled trial means that study participants are randomly assigned to a group that receives intervention (a treatment group), or a group that receives no treatment (a control group). Each group is measured on one or more dependent variables, and the effects of the intervention are evaluated based on the extent to which the intervention group fares better than the control group.

The U.S. Department of Education (2003) differentiates between “strong” and “possible” evidence of effectiveness of interventions (educational practices, strategies, curricula, or programs) using criteria that relate to the extent to which a study uses randomized, controlled trials in which one or more similar groups receive the intervention and one or more similar groups do not. Also, the extent to which the intervention research is conducted across multiple implementation sites affects the strength of the evidence basis. Much of the intervention research for students with severe challenging behaviors is a type
of research known as single-subject design. Quality indicators also exist for single-subject design research (e.g., Kratochwill et al., 2010). Consumers can have a degree of confidence in results from group or single-subject design research studies that incorporate rigorous research design elements.

**MAJOR THEORETICAL MODELS**

The origins of atypical behavior have long been of interest to researchers, academicians, physicians, psychologists, and others who study human behavior. Of course, interest in the etiology of atypical behavior isn’t restricted to professionals who pursue formal study in this area. Anyone who has encountered an individual who exhibits unusual or out-of-the-ordinary behavior has probably wondered, “What causes him/her to behave that way?” Whether an individual exhibits mildly atypical behavior, such as a child who is mildly noncompliant or who has unusual interests that set him apart from his peers, or seriously abnormal behavior, such as self-injurious behavior, aggression, or psychotic talk, we wonder how such unusual behaviors develop.

Over the years, various theoretical models have been developed to explain the origins of atypical behavior and the factors that maintain such behavior over time. These models vary dramatically in their proposed origins of unusual behavior, and each model uses unique terminology, concepts, assessment methods, and treatment procedures. While a study of the origins of abnormal behavior would reveal numerous theoretical models, the most common models are those identified by Rhodes and Tracy (1974) in their classic text, *A Study of Child Variance, Volume 1: Conceptual Models*. In this seminal work, Rhodes and Tracy discuss six models that explain emotional disturbances in children: the biophysical, behavioral, psychodynamic, sociological, ecological, and counter theory models. The first five models have remained the most common models used to explain abnormal behavior. In this chapter, we discuss the biophysical and behavioral models, and highlight the critical elements of the psychodynamic and ecological models, as well as another model that offers interventions sometimes used by educators: the cognitive model.

While the etiology of atypical behavior is interesting, it is important to distinguish between the following two questions: (a) What are the origins of atypical behavior (i.e., what causes such behavior to develop in the first place?), and (b) What maintains atypical behavior over time? Some of the models presented in this chapter focus on the origins of atypical behavior, whereas others focus primarily on factors that maintain the behavior. Even a cursory study of the etiology of abnormal behavior will lead one to conclude that there are no simple explanations for something as complex as human behavior. Atypical behavior most likely originates from the complex interplay of multiple elements, including biological, environmental, developmental, and sociological factors. However, in our opinion, the origins of atypical behavior are not a critical question for us as educators. Even if we could identify one or more causes of atypical behavior, that information may be of little use in fixing the problems that result from the atypical behavior.

The more significant question to us as educators is the second question that we posed: What maintains atypical behavior over time? What are the ongoing environmental or other factors that cause a student to exhibit continued noncompliance, or that cause a student to repeatedly engage in self-injurious behavior, for example? As educators, a theoretical model that helps us identify the ongoing contributors to problematic behavior is by far the most useful. Behavioral research provides the technology for identifying current environmental and other factors that maintain problematic behavior, and for using that information to develop effective interventions to expand an individual’s repertoire of socially appropriate and functional behaviors and to minimize behaviors that interfere with the individual’s academic, social, and vocational success.

Table 2-2 provides a summary of the main points of the psychodynamic, ecological, and cognitive models. The remainder of this chapter is devoted to discussion of the biophysical and behavioral models.
### Table 2-2 Summary of Psychodynamic, Ecological, and Cognitive Models

<table>
<thead>
<tr>
<th>Model</th>
<th>Basic Assumptions</th>
<th>Interventions and Treatments</th>
<th>Research Support</th>
<th>Usefulness for Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Psychodynamic Model</strong></td>
<td>Atypical behavior results from internal psychological events and motivational forces.</td>
<td>Counseling, psychotherapy, psychoanalysis, play therapy, dream interpretation, or other forms of therapy.</td>
<td>There is no scientific verification for the existence of psychological stages and conflicts.</td>
<td>Low, because teachers are not usually trained in psychodynamic techniques.</td>
</tr>
<tr>
<td></td>
<td>Psychological disturbances and behavioral problems result from an individual’s failure to successfully complete developmental stages or to resolve the psychological conflicts that accompany each stage.</td>
<td>Providing supportive environments (including classrooms) that place few demands on the child.</td>
<td>Some research suggests that psychotherapy for children and youth is more effective than no treatment (Casey &amp; Berman, 1985; Kazdin, 1993; Prout &amp; DeMartino, 1986).</td>
<td>Accountability for student academic performance and demands on teachers’ time may preclude the use of time-intensive psychodynamic techniques.</td>
</tr>
<tr>
<td></td>
<td>The best-known psychodynamic theory is Freud’s psychoanalytic theory.</td>
<td><strong>Life Space Interview</strong> (LSI), a therapeutic approach that uses verbal mediations (the Life Space Interview) to guide individuals through emotional/behavioral crises with the short-term goal of “emotional first aid on the spot” or the long-term goal of “clinical exploitation of life events” (Morse, 1963; Redl, 1959b).</td>
<td>Research consists primarily of clinical impressions and case studies (Wicks-Nelson &amp; Israel, 1984), which are less convincing than controlled studies.</td>
<td>Psychodynamically oriented thinking (e.g., behavioral problems are attributed to negative early life experiences) may interfere with teachers’ use of immediately useful assessment and intervention methods (e.g., the methods described in this text).</td>
</tr>
<tr>
<td><strong>Ecological Model</strong></td>
<td>Atypical behavior is the result of an interaction between the individual and the environmental influences (e.g., family violence, neglect, transient family members, poor-quality educational programs, troubled neighborhoods) present in the various <strong>ecosystems</strong> in which the individual functions.</td>
<td><strong>Ecological assessment</strong>, the process of gathering information about a child’s behaviors and the ecosystems in which the child functions.</td>
<td>LSI has been questioned because of lack of research and concerns such as disproportionate attention being paid to unacceptable behavior, and the time-intensive nature of LSI (Coleman &amp; Webber, 2002; Gardner, 1990).</td>
<td>Studies have shown positive results for youth who received Project Re-ED services (Weinstein, 1974), and short-term (Lewis, 1988) and long-term (Hooper, Murphy, Devaney, &amp; Hultman, 2000) maintenance of treatment outcomes.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Match students to teachers who have a high tolerance for the student’s behavioral characteristics</td>
<td></td>
<td>Low, unless teachers have access to the type of interagency (e.g., mental health, social services) collaborative efforts found in ecological programs (Center for Effective Collaboration and Practice, 1998; Duchnowski, Johnson, Hall, Kutash, &amp; Friedman, 1993).</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>Project Re-ED</strong> (Re-Education of Emotionally Disturbed Children and Adolescents), a network of schools and facilities for students with emotional/behavioral disorders based on an ecological model (Hobbs, 1966).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Continued)


<table>
<thead>
<tr>
<th>Model</th>
<th>Basic Assumptions</th>
<th>Interventions and Treatments</th>
<th>Research Support</th>
<th>Usefulness for Teachers</th>
</tr>
</thead>
</table>
| **Cognitive Model**      | **Reality therapy**
(Glasser, 1965): therapeutic interactions between adults and children with behavior problems are designed to help the child identify errors in thinking, and engage in more reality-based thinking.  
**Choice theory**
(Glasser, 1998a): the basis for Glasser’s schoolwide program, Quality Schools (Glasser, 1998b); behavior is voluntary, but driven by basic needs for survival, love, belonging, power, freedom, and fun.  
**Rational emotive behavior therapy**
(REBT; Ellis, 1962): problem behavior stems from irrational thinking in response to antecedent stimuli. | **Interventions focus on verbal interactions, designed to help the child identify thinking errors or irrational thoughts, and learn new, reality-based thinking.**  
**Reality therapy and choice theory rely primarily on case studies and testimonials.**  
**A meta-analysis of REBT research found positive outcomes for students involved in REBT interventions (Gonzalez et al., 2004).** | **In our opinion, reality therapy and choice theory are based on appealing philosophies, but offer little in the way of effective day-to-day tools for preventing and managing problem behavior in busy classroom environments.**  
**Zions (1996) suggests that REBT may be used as part of a school-based mental health or counseling program. Kaplan and Carter (1995) provide interesting REBT applications for teachers, but also recommend behavioral interventions as part of an overall management plan.** |

**THE BIOPHYSICAL MODEL**

The biophysical model, also called the medical model, is based on the assumption that atypical behavior is a result of biological predisposition or some type of organic (usually neurological) dysfunction that is inherent in the individual (Sagor, 1974). There is evidence to support the biological bases of aberrant human behavior, despite the fact that this is a young and emerging field (Human Genome Project, n.d.). However, according to Sullivan, Daly, and O’Donovan (2012), most psychiatric conditions are called “disorders,” or “illnesses that disrupt normal function” (p. 537) rather than “diseases,” which have known biological bases or factors, because of the fact that there are so few definitive answers about biological bases for these conditions. Although there are many ways to categorize biophysical contributors to psychiatric conditions, we have organized our discussion around five major potential sources.

**Genetic Disorders**

Advances in genetic research have revealed that certain behavioral disorders may be associated with genetic variances. For example, a substantial body of research has indicated specific genetic contributions to disorders such as schizophrenia (National Institute of Mental Health, 2009b; Ripke et al., 2013; Sullivan et al., 2012), autism (Eapen, 2011; National Research Council, 2001; Sullivan et al., 2012), attention-deficit hyperactivity disorder (ADHD) (Goodman & Stevenson, 1989; National Institute of Mental Health, 2003; Sullivan et al., 2012), depression (Klein & Last, 1989; Sullivan et al., 2012), reading disorders (Olson, Wise, Conners, Rack, & Fulker, 1989), and bipolar disorder (National Institute of Mental Health, 2009a; Rice et al., 1987; Sullivan et al, 2013). Chromosome abnormalities such as Trisomy 21, which results in Down syndrome because of the presence of an extra copy of chromosome 21, or Trisomy 18 or Trisomy 5, may also influence behavior. Some evidence
suggests that specific genes contribute to, but do not fully explain, antisocial behavior (Baker, Jacobson, Raine, Lozano, & Bezdjian, 2007; Raine, 2008; Rosenhan & Seligman, 1989). The more likely scenario is a complex causal sequence that starts with the presence of certain genes. Raine (2008) states, “Specific genes result in structural and functional brain alterations that, in turn, predispose antisocial behavior” (p. 323).

However, the results of these studies also showed that genetics alone could not account for the antisocial behavior in the subjects studied; environmental influences also played a role. Recently, the work of the Human Genome Project has shed additional light on the role of genes in human behavior, including both how genetics and the interaction of genetic and environmental factors influence personality (Human Genome Project, n.d.).

**Neurochemical and Biochemical Disorders**

Biochemicals, particularly neurotransmitters such as serotonin, dopamine, and norepinephrine, have long been acknowledged in the etiology of various forms of behavioral disorders. Researchers are now studying the specific roles of biochemicals in particular psychiatric disorders and the complex interplay among a host of neurotransmitters, functional circuitry in critical regions of the brain, and cellular-level operations that influence neurotransmitter functioning. Such highly specialized research has important implications for treatment and pharmacological research. For example, discoveries of the influences of the neurotransmitter GABA (gamma-aminobutyric acid) in affective disorders (e.g., depression, bipolar disorder, anxiety disorder) and schizophrenia have led to the use of psychotropic medications that act on GABA, such as valproate, for treatment of these disorders (Macritchie & Blackwood, 2013).

Other biochemicals besides neurotransmitters have been identified as possibly influencing challenging behaviors. Some evidence suggests that endogenous opiates, which play a role in reducing stress-induced pain and physical pain, may be lower in individuals who engage in nonsuicidal self-injury (Stanley et al., 2010), and that self-injury may release those opiates, which in turn may have a positive effect on mood (Bresin & Gordon, 2013).

**Temperament**

**Temperament**, which refers to a basic disposition or personality style, appears to be both biologically based and also susceptible to influences from the environment (Coleman & Webber, 2002). Although the etiology of individual personality styles is still uncertain, landmark studies in the 1960s have taught us much about personality. In an attempt to explain the development of challenging behavior, Thomas, Chess, and Birch (1969) studied a large sample of children, starting in infancy and continuing throughout adulthood. In this sample of children, the researchers identified nine indicators of temperament that were present at birth and were stable throughout the children’s lives. From these nine indicators, Thomas and his colleagues then documented three basic temperaments (see Table 2-3) (Thomas & Chess, 1977, 1984). These three categories accounted for the majority, but not all, of the temperaments of the children studied. Also, the three temperaments were not perfectly predictive of behavioral problems. For example, children in the “difficult child” category were more likely to develop behavioral problems, but not all children in this category did so. Thus, Thomas and Chess hypothesized that certain personality traits are biological and are present at birth, but these personality traits are also responsive to environmental influences. In particular, Thomas and his colleagues believed that parent-child interactions and parenting styles were important variables in the eventual development of undesirable behavior (or lack thereof).

**Prenatal, Perinatal, and Postnatal Influences**

Various events before, during, and after birth can affect neurological development, potentially resulting in emotional or behavioral disorders later in childhood. Known and suspected prenatal risk factors for emotional and behavioral development range from the more familiar such as maternal substance abuse, nutrition, viral infections, and exposure to toxic substances (Alberto & Troutman, 2006) to maternal stress (Niederhofer & Reiter, 2004) and maternal emotional problems (Allen, Lewinsohn, & Seeley, 1998). Prenatal influences on child development include low birth weight, anoxia (oxygen deprivation), and brain hemorrhage during birth (Cullinan, 2003; Raine, 2002). Postnatal influences are discussed in the next section.
TABLE 2.3 Thomas and Chess’s Indicators of Temperament and the Three Temperaments

<table>
<thead>
<tr>
<th>Indicators of Temperament</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Activity level</td>
</tr>
<tr>
<td>2. Regularity of biological functioning (e.g., eating, sleeping)</td>
</tr>
<tr>
<td>3. Style of responsiveness to new stimuli (e.g., positive or negative responses)</td>
</tr>
<tr>
<td>4. Adaptability</td>
</tr>
<tr>
<td>5. Amount of stimulation required to provoke a response</td>
</tr>
<tr>
<td>6. Intensity of the reaction</td>
</tr>
<tr>
<td>7. Quality of the mood (e.g., pleasant, irritable)</td>
</tr>
<tr>
<td>8. Distractibility</td>
</tr>
<tr>
<td>9. Attention span and persistence</td>
</tr>
</tbody>
</table>

The Three Temperaments

1. The easy child
2. The difficult child
3. The “slow to warm up” child

Environmental Contributions

Research has identified possible environmental factors that have a negative impact on biological makeup and, ultimately, behavior, learning, and other areas of functioning. Although no studies have definitively proven that environmental factors cause aberrant behavior, much research has identified possible contributing environmental factors for a wide range of atypical conditions. For example, environmental factors have been associated with schizophrenia (National Institute of Mental Health, 2009b); ADHD (National Institute of Mental Health, 2005); autism (Centers for Disease Control and Prevention, 2006); intellectual disabilities (Landrigan, Lambertini, & Birnbaum, 2012); and general learning and behavioral disabilities (Healthy Children Project, n.d.). Generally, environmental factors include environmental toxins such as heavy metals (e.g., lead, mercury), chemicals (e.g., dioxins, flame retardants), solvents (e.g., benzene), pesticides (e.g., Dursban, lindane), molds, carbon monoxide, and air pollution (U.S. Environmental Protection Agency, 2003).

Without a doubt, the issue of possible relationships between exposure to environmental toxins and childhood behavior disorders is intricate and difficult to detect with certainty because of the complex interplay of multiple variables, such as timing and duration of exposure, genetics, temperament, parenting practices, and delay between exposure and manifestation of neurobehavioral problems (Landrigan et al., 2012; National Research Council, 2000; Tatsuta et al., 2012). However, a number of researchers express concern over this matter, calling for more research on potential toxicity and neurodevelopmental consequences of widely used environmental chemicals, and greater awareness of risks associated with exposure to environmental toxins. Referring to the pervasive use of chemicals for which few safety data exist, Landrigan et al. (2012) draw a comparison with the “silent epidemic” of lead poisoning in the 1940s to 1980s, in which millions of children were exposed to lead in paint and gasoline and experienced intellectual impairments as a result (Grosse, Matte, Schwartz, & Jackson, 2002).

Interventions Derived from the Biophysical Model

Psychopharmacology, or the use of medication to treat mental, emotional, and behavioral disorders, is a primary treatment associated with the biophysical model. Psychiatric medications, also called psychotropic or psychotherapeutic medications, are widely used in the treatment of a range of emotional and behavioral disorders, including hyperactivity, inattention, aggression, self-injurious behavior, depression, bipolar disorder, anxiety disorders, schizophrenia, and Tourette syndrome (Konopasek & Forness, 2014; McClellan & Werry, 2003; MTA Cooperative Group, 1999; National Institute of Mental Health, 2002). Medications for treatment of emotional and behavioral disorders are
Chapter 2 • Theoretical Models to Explain Challenging Behavior

generally classified into four groups: stimulants and nonstimulants for treatment of ADHD (e.g., Ritalin, Concerta, Focalin, Strattera, Kapvay); antidepressants (e.g., Prozac, Lexapro, Luvox, Wellbutrin, Effexor, Lithium, Symbyax); antipsychotics (e.g., Clozaril, Zyprexa, Seroquel, Risperdal, Abilify, Haldol, Orap); and antianxiety medications (also known as anxiolytics) (e.g., Xanax, BuSpar, Librium, Klonopin, Ativan).

Psychopharmacology has increased steadily over the past 25 years for all types of emotional and behavioral disorders, in all age groups (Konopasek & Forness, 2014). ADHD is generally considered one of the most common behavioral diagnoses (Chirdkiatgumchai et al., 2013; National Institute of Mental Health, 2012), and stimulant medications, widely used to treat ADHD, are among the most commonly prescribed psychotropic medications used with children (Chirdkiatgumchai et al., 2013). An estimated 9.5% of the childhood population ages 4 to 17 years take stimulant medications (Zuvekas & Vitiello, 2012).

Unlike stimulant medications, very few psychotropic medications are approved for pediatric use (McClellan & Werry, 2003; Thomas, Conrad, Cassler, & Goodman, 2006). Despite this fact, psychotropic medications are increasingly prescribed for young people (Thomas et al., 2006). Vitiello and colleagues estimated that 1.4 million children and adolescents received antidepressant medications in 2002 (Vitiello, Zuvekas, & Norquist, 2006). Use of antipsychotic drugs in children ages 19 and younger increased 73% between 2001 and 2005, compared with a 37% increase in adults (Medco, 2006). Furthermore, from 2001 to 2005 there was a 103% increase in prescriptions of antipsychotics for girls and a 61% increase for boys. In children ages 2 years to 5 years, use of psychotropic medication peaked in the period from 2002 to 2005, and then returned to pre-2002 levels (Chirdkiatgumchai et al., 2013). According to Mojtahdi and Olsson (2010), polypharmacy, or using a combination of two or more psychotropic medications for treatment of psychiatric disorders, has increased since 1996, with over half (58.9%) of psychiatric office visits for children and adolescents resulting in prescriptions for two psychotropic medications, and a third (33.2%) resulting in prescriptions for three or more medications.

A third or more of the pediatric population with autism spectrum disorders and developmental disabilities is thought to be receiving medication for treatment of behavioral issues (Coury et al., 2012; Rosenberg et al., 2010), especially risperidone (Risperdal) and aripiprazole (Abilify) for aggression, self-injury, and repetitive behaviors (Gordon, 2002, 2003; McClellan & Werry, 2003; McPheeters et al., 2011).

Among students with disabilities, the highest use of psychotropic medications is among youth ages 10 to 14 years (Office of Special Education Programs, 2003). As in the general population of children, stimulant medications are the most commonly prescribed behavioral medications for children and youth with disabilities. Antidepressants and antianxiety medications are used in all age groups but are most common in adolescents (Office of Special Education Programs, 2003). ADHD and behavioral disorders are found in some students in every disability category specified in the Individuals with Disabilities Education Act (IDEA), and the prescribing of medication for behavior control purposes is found among students in every IDEA disability category (Office of Special Education Programs, 2003).

The use of stimulant and psychotropic medications for the treatment of behavioral disorders in children and adolescents has generated much controversy, including questions about the safety of certain types of antidepressants for children (Brent, 2004; Vitiello & Swedo, 2004). In 2003, the United Kingdom issued a warning strongly advising against the use of any antidepressant except for fluoxetine (Prozac). In 2004, the U.S. Food and Drug Administration (FDA) issued a warning about certain types of antidepressants possibly contributing to a worsening of symptoms in both children and adults with major depressive disorder (Bostwick, 2006; U.S. Food and Drug Administration, 2004). However, it appears that those concerns were the result of confusing misinformation rather than any scientific evidence of risk (Bostwick, 2006). In 2004, the FDA also asked drug manufacturers to add a warning to antipsychotic medications that describes an increased risk of hyperglycemia and diabetes in patients taking those medications (U.S. Food and Drug Administration, 2004). Although the prescribing of medications as a treatment for serious behavioral disturbances in children is a legitimate intervention, any child who is taking psychotropic medications should be closely monitored by a physician and mental health professionals. In addition, although educators are not typically directly involved in the decision to medicate, they can play an important role in monitoring the effects of medication. Educators are often asked to
provide feedback to the parent or guardians about the child’s progress while taking medication, including any changes in behavior or possible side effects. Sometimes, educators are asked to complete behavioral checklists for the physician (with the parents’ consent).

Other interventions derived from the biophysical model target prenatal maternal risk factors and postnatal environmental influences on child development. David Olds’ Nurse Home Visitation Program is an example of a comprehensive program designed to reduce prenatal risk factors (Olds et al., 1999). Registered public health nurses visit participating mothers-to-be regularly; visits continue until the infant reaches 2 years of age. During this time, the nurses provide a range of instructional, support, and case management services. The program has demonstrated strong, positive results in terms of improving the desired long-term outcomes for both the children and families involved in the program, as well as a substantial long-term cost–benefit savings (Olds et al., 1999).

The biophysical model, perhaps more so than any other theoretical model, also includes many interventions that are touted as improving or eliminating behavioral disorders or learning problems but that have little or no scientific evidence backing those claims. Examples of unproven interventions are as follows:

- **Dietary interventions**—One well-known example is the Feingold Diet. Dr. Benjamin Feingold, a medical doctor who specialized in pediatric allergies, speculated that ADHD was the result of food allergies (Feingold, 1975). As treatment, he recommended a highly restrictive diet that was designed to eliminate artificial food colorings and flavorings, food preservatives, and naturally occurring salicylates (Feingold, 1976). A large body of research has failed to support either the theory of food allergies as a cause of behavioral difficulties or the Feingold Diet as an effective treatment for ADHD (Cruz & Bahna, 2006; Pescara-Kovach & Alexander, 1994). Despite this, some professionals contend that research has produced inconsistent results and argue that further study is needed to identify possible interactive effects between food additives and conditions (biological and environmental) that may predispose children for negative behavioral outcomes from exposure to food additives (Buka, Osornio-Vargas, & Clark, 2011).

- **Biofeedback**—Biofeedback involves the use of biological measures of muscle tension or brain wave activity as indicators of arousal levels; children are taught self-calming techniques and are instructed to use those techniques to maintain levels of brain wave activity or muscle tension within a predetermined low range (Xu, Reid, & Steckelberg, 2002). Although biofeedback is often promoted as an intervention for ADHD (Baron-Faust, 2000), the studies supporting its use for educational purposes are methodologically flawed to the point that it is premature to recommend biofeedback as an intervention (Xu et al., 2002).

- **Sensory integration therapy**—The neurobiological theory behind this therapy postulates that the challenging behaviors associated with autism, ADHD, learning disabilities, and other conditions are a result of the failure of the central nervous system to organize and integrate the sensory feedback that typically occurs as part of a normal developmental process (Ayers, 1972). Interventions are designed to restructure and integrate sensory input using techniques targeted to specific sensory systems, such as proprioceptive or vestibular systems (through the use of swings, scooters, or weighted vests and blankets) and tactile systems (through the use of deep skin brushing) (Shaw, 2002). Although there are many case studies and testimonials about the effectiveness of sensory integration training, no scientific studies have proven that it is an effective intervention for challenging behaviors (Shaw, 2002; Werry, Scaletti, & Mills, 1990). In a comprehensive review of sensory integration interventions for children with autism spectrum disorders, Lang and his colleagues (2012) concluded that this treatment produced no consistently positive effects.

### Research Support and Usefulness for Teachers

According to McClellan and Werry (2003), the efficacy of stimulant medications for the treatment of ADHD is well documented, and they are considered an acceptable form of treatment. In general, however, the evidence base for pediatric psychotropics is limited and generally focused on effects of single medications, not medications used in combination (Ryan, 2012).
Although the pace of pediatric psychopharmacology research is increasing, there is still a great deal that is unknown, particularly in relation to polypharmacy (Ryan, 2012). Furthermore, every medication has known risks, and therefore the benefits of pediatric psychotropics and the decision to medicate must be weighed against the potential, and often significant, negative side effects that these medications produce (Andrade et al., 2011; McPheeters et al., 2011).

For the most part, the biophysical model has limited direct usefulness for teachers beyond providing a better understanding of challenging behavior. Of course, this is an important benefit. The more educators understand the possible biological predispositions for challenging behavior, the more likely it is that they will be motivated to provide environments that are designed to help the student overcome these biological influences. Research shows that even when behavioral disorders are attributable to biological influences, the most effective treatment programs are those that include interventions beyond medically based treatments, and therefore, educators should always consider behavioral interventions and supports, such as those described in this text, for students who are receiving medication for behavioral control (Forness & Kavale, 2001).

In Demonstration 2-1, we provide a scenario that illustrates the biophysical model from a teacher’s perspective.

**THE BEHAVIORAL MODEL**

The behavioral approach is based on the fundamental assumption that all voluntary behavior, both typical and atypical, is learned as a result of the consequences associated with various behaviors. The behaviorist is concerned with observable, measurable behaviors, not underlying psychological causes, for the simple reason that such constructs cannot be observed. In addition, behaviorists are concerned with antecedents, environmental influences on behavior, and how environmental events can be manipulated to effect changes in behavior.

A specialized application of the behavioral model is applied behavior analysis (ABA). ABA is a more scientific approach to behavior change than the behavior change approaches that were formerly known as behavior modification, in part because ABA requires proof that behavior change interventions are responsible for behavior change—that observed changes are not simply coincidence or a result of other variables (Alberto & Troutman, 2006). ABA was first defined by Baer, Wolf, and Risley (1968) as “the process of applying sometimes tentative principles of behavior to the improvement of specific behaviors and simultaneously evaluating whether or not any changes noted are indeed attributable to the process of application” (p. 91). The word *applied* in *applied behavior analysis* means that the behaviors that are targeted for intervention are socially significant behaviors or are behaviors that are critical to success in school and in other environments, such as at home, in the community, or at work (Cooper, Heron, & Heward, 2007). ABA relies on single-subject design research to demonstrate the effectiveness of interventions.

ABA is built on several basic assumptions as described in Table 2-4. The Guiding Principles presented in Chapter 1, although based on these assumptions, are broader in that they describe a general philosophy of behavior. The assumptions presented in Table 2-4 are more specific to behavior change efforts. As is true for any complex subject, there are many misconceptions about ABA. Generally, these misconceptions, a few of which explained in Table 2-5, reflect an overly narrow understanding of ABA.

Behavioral interventions are based on one or more of the seven basic principles of applied behavior analysis. These principles are explained in Table 2-6, along with examples of each principle.

It is critical to note that these principles apply to all forms of behavior, both appropriate and inappropriate. That is, careless, unsystematic application of positive reinforcement can increase undesirable behavior, as well as desirable behavior. Extinction can eliminate both appropriate and inappropriate behaviors; this means that teachers must take care not to inadvertently cause the extinction of desirable student behaviors. Children may learn both correct and incorrect forms of behavior through modeling. This fact is both good and bad news: Inappropriate behavior is repeated because it is, in some way, reinforced; however, knowing this, if we can identify and control the source of the reinforcement, we may be able to reduce or eliminate the behavior. This is a crucial concept that we will discuss in later chapters.
TABLE 2-4 The Assumptions of Applied Behavior Analysis (ABA)

1. A person’s past learning and biological makeup affect current behavior. “Past learning” refers to what a child has learned to do in order to satisfy his or her needs (e.g., gets what he or she wants by screaming or avoids disliked tasks by biting). “Biological makeup” means that some children are genetically, biochemically, or neurologically predisposed to certain conditions such as hyperactivity, inattentiveness, and self-stimulatory or self-abusive behavior. However, ABA procedures are effective even when a child exhibits well-established patterns of behavior as a result of past learning or biological conditions.

2. All voluntary behavior, both appropriate behavior and inappropriate behavior, is governed by the same principles. All behavior can be explained in terms of one or more of the basic principles that we describe in this chapter (e.g., stimulus control, reinforcement, punishment). Being able to identify the principle(s) at work when inappropriate behavior occurs will help you to more effectively manage that behavior. For example, consider a child who dislikes sitting close to other children and is allowed to move away from peers because she hits herself when peers sit next to her. Understanding that the basic principle at work here is negative reinforcement (i.e., she is reinforced by being allowed to escape the disliked situation) will help you to design an intervention to effectively reduce this behavior and increase her tolerance for sitting close to peers.

3. Behavior serves a purpose. Most children learn appropriate ways in which to meet their needs, such as using words to express wants and dislikes. Children who have a limited repertoire of appropriate behaviors, especially communicative behaviors, must rely on inappropriate behaviors in order to meet their needs. Functional behavioral assessment (see Chapter 8) is used for deciphering the purpose, or function, that an inappropriate behavior serves for a student; FBA is an important step in developing interventions to address that behavior.

4. Behavior is related to the environment in which it occurs. The environment is one of the antecedents to behavior and can be external (e.g., a crowded room, a room that is too cold or too hot, being presented with a task that is disliked, experiencing social initiations by a teacher or peer) or internal (e.g., physical states such as hunger, discomfort, illness, sleepiness). For example, a student may exhibit self-stimulatory behavior as a response to the high noise levels of the cafeteria, bus-loading area, or hallways. Simply applying a behavior reduction strategy to eliminate that self-stimulatory behavior probably would not be very effective. Effective behavior intervention plans always consider the role of environmental antecedents and whether those antecedents can be modified in a way that will positively affect the target behavior.

Positive Behavior Interventions and Supports and Applied Behavior Analysis

Positive behavior interventions and supports (PBIS), as discussed in Chapter 1, are founded on behavioral principles, including ABA. PBIS extends behavioral science to broader applications for all types of behaviors and environments, from individualized interventions to systems-change strategies (Sugai & Horner, 2002). Furthermore, PBIS research applies the scientific practices of ABA in real-life situations, such as schools, classrooms, homes, and community settings, and emphasizes team-driven decision-making based on valid and relevant data. In Chapter 3, we describe the application of PBIS at the systems, or schoolwide, level, with the goal of reducing student discipline problems and improving student behavior throughout the school. In Chapters 4 and 5, we explain how to apply principles of PBIS to help prevent challenging behavior in classrooms. And finally, in Chapters 9 through 12, we describe PBIS and ABA techniques for addressing maladaptive behavior in individual students.

As you can see, behaviorists acknowledge biological influences on behavior. Behaviorists do not, however, use these influences as justification for providing no intervention. Because behaviorists also believe that behavior serves a purpose, one of the first steps in developing an intervention plan for a challenging behavior is to attempt to determine the environmental influences on the behavior and the function (i.e., the purpose) that the behavior may serve for the child. This information is determined through a process called
### Theoretical Models to Explain Challenging Behavior

#### TABLE 2-5 Misconceptions about Applied Behavior Analysis

<table>
<thead>
<tr>
<th>Misconceptions</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Applied behavior analysis is a program for students with autism.</strong></td>
<td>The effectiveness of ABA in producing the desired outcomes for students with autism (National Research Council, 2001) and the fact that ABA is widely recommended as the basis for treatment interventions for individuals with autism (National Institute of Mental Health, 2008) have led to the common misconception that ABA was “invented for,” or is only used for, children with autism. Actually, ABA originated in clinical settings with the work of John B. Watson, B. F. Skinner, and others (Cooper et al., 2007). Ivar Lovaas was one of the first researchers to demonstrate the effectiveness of ABA techniques for students with autism (Lovaas, Koegel, Simmons, &amp; Long, 1973), and his work has served as the foundation for ABA-based autism interventions. However, the field of ABA extends far beyond autism. For example, the Association for Behavior Analysis International (ABAI) includes more than 30 special interest groups that focus on areas for the application of ABA, ranging from animal behavior to sports and fitness.</td>
</tr>
<tr>
<td><strong>ABA is a curriculum.</strong></td>
<td>ABA is a scientific approach to changing behavior that relies on empirically proven techniques and procedures. These techniques and procedures can be used to teach or strengthen, or reduce or eliminate, virtually any voluntary behavior. ABA is not a prescribed curriculum or set of skills that must be taught. In fact, ABA methods may be used in almost any curriculum (e.g., mathematics, life skills, vocational skills, writing, language arts, behavior).</td>
</tr>
<tr>
<td><strong>Only ABA “therapists” can provide ABA interventions.</strong></td>
<td>The field of ABA offers a credentialing process for certifying that individuals have completed a formal course of study in ABA and have demonstrated specific ABA competencies. However, certification as a behavior analyst is not required for implementing the ABA techniques. We do strongly urge anyone who will be using ABA techniques to take courses or other forms of advanced training in ABA. ABA techniques are easily implemented by educators, but they must be implemented correctly.</td>
</tr>
<tr>
<td><strong>ABA involves only individual work with the student in isolated settings, teaching discrete nonfunctional skills such as touching the nose, clapping the hands, or pointing to objects.</strong></td>
<td>Although ABA techniques are often used to establish basic learning skills in one-on-one teaching sessions, they can also be applied in groups, and in natural settings such as classrooms, hallways, buses, cafeterias, playgrounds, and vocational settings. In fact, as you will learn in Chapter 3, many of the schoolwide positive behavior interventions and supports (PBIS) interventions that are applied to all students in a school, in all areas of the school, are practices that are rooted in ABA.</td>
</tr>
<tr>
<td><strong>ABA works only with young children.</strong></td>
<td>ABA-based interventions can effectively change behavior in adults as well as in children. In fact, one of the special interest groups within ABA is Behavioral Gerontology, the application of ABA in elderly populations.</td>
</tr>
<tr>
<td><strong>Functional behavioral assessment (FBA).</strong></td>
<td>FBA is an essential tool for planning interventions for students who require tertiary-level interventions and supports in a three-tier PBIS model. We explain how to conduct an FBA in Chapter 8.</td>
</tr>
<tr>
<td><strong>The A-B-C Model (The Three-Term Contingency)</strong></td>
<td>All of the instructional and behavior management techniques of applied behavior analysis can be categorized in an easy-to-understand format called the A-B-C model or the three-term contingency (Cooper et al., 2007), which is illustrated as follows:</td>
</tr>
</tbody>
</table>

An antecedent (A) is an event (or more than one event) that occurs before behaviors and that may cue or set the stage for certain behaviors; the behavior (B) is the behavior of concern (or a deficit in an adaptive behavior that is reflected in a problem behavior); and consequence (C) refers to the event or events that follow a behavior and...
**TABLE 2-6 Principles of Applied Behavior Analysis**

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explanation</th>
<th>Examples</th>
</tr>
</thead>
</table>
| **Positive reinforcement** | A procedure that maintains or increases a behavior as the result of consequences experienced following the behavior. Our behavior is largely determined by positive reinforcement. If appropriate behaviors are sufficiently reinforced, we learn to engage in those behaviors; if inappropriate behaviors are positively reinforced (it happens a lot—see Chapter 8), those behaviors become well established in our behavioral repertoire. | • A child who screams and cries for a toy in the checkout line of the supermarket, and who then gets that toy, is likely to scream and cry each time she wants a toy or other desired object.  
• A teacher who is praised for her accurate paperwork is likely to take care with documents in the future.  
• When your caller identification shows a friend's name, you answer the phone; because you like talking to your friend, you are positively reinforced by answering the phone and will likely continue to answer her calls in the future. |
| **Negative reinforcement** | A procedure that maintains or increases behavior because the individual avoids or escapes negative conditions as a result of the behavior. We can all find examples of negative reinforcement in our lives. Educators must identify negative reinforcement contingencies that are influencing students' behaviors (see Chapter 8).                                                                                     | • A student is disruptive during independent work. As a result, he is sent to the office, thus escaping the disliked task of independent work. He is likely to continue the disruptive behavior during independent work in the future.  
• A teacher chooses not to go to the teacher's lounge at a certain time of day because he wishes to avoid a colleague who likes to complain about "lazy and disrespectful kids" in her classes.  
• When your cell phone displays the name of someone who talks incessantly, you may choose not to answer your phone. The reinforcing aspect of avoiding the call increases the likelihood that you will often ignore this person's calls in the future. |
| **Punishment**     | A process by which a behavior is weakened, reduced, or eliminated because of a consequence that follows the behavior. Unfortunately, many adults rely on punishment as the primary means for managing children's behavior. In Chapter 12, we discuss problems associated with punishment.                                                                                       | • A principal reprimanded a teacher who was habitually late to school. The teacher felt bad about the reprimand and after that, began arriving on time.  
• Peers laughed when Josh answered a question incorrectly. That experience was embarrassing to Josh, and as a result, he stopped volunteering to answer questions.  
• Your cell phone bill was extraordinarily high because you vastly exceeded your allotted data usage. The punishing consequences of having to pay a lot of money resulted in you spending less time on apps that use your cellular data. |
| **Extinction**     | A condition by which a behavior is weakened, reduced, or eliminated because it is no longer reinforced. Unfortunately, as you will learn in Chapter 12, sometimes appropriate behavior is reduced through the use of extinction.                                                                                                                                                     | • Little Jack used to make silly noises that his friends laughed at. His friends soon tired of the noises and stopped laughing. It didn’t take long for Jack to stop making the noises.  
• Ms. Tindal has made multiple attempts to initiate a collaborative teaching project with Ms. Clark, but Ms. Clark always has an excuse for not accepting the offers. Ms. Tindal has stopped asking Ms. Clark to work with her on the project.  
• Carter asked Monica for a date several times, but Monica kept turning him down every time. Carter has now stopped asking! |
| **Stimulus control** | A predictive relationship between a specific antecedent or class of antecedents and a specific behavior or class of behaviors. An antecedent is a stimulus (e.g., a request, activity, task, event) that immediately precedes a particular behavior and that may cue that behavior. Stimulus control means that a specific behavior is likely to occur in the presence of a particular antecedent. This relationship is established because that behavior has been reinforced when it followed the specific antecedent, whereas other behaviors have not. Our goal is for naturally occurring environmental antecedents (posted, rules, verbal instructions, task presented to be completed) to effectively prompt an appropriate response. | • When you approach a red light above an intersection while driving, you apply the brakes. If you encountered a similarly placed purple light, you would do nothing. The behavior of stopping is negatively reinforced (you avoid an accident or a ticket), but because you have no experience with purple lights, you have learned no associated behavior.  
• When your cell phone rings, you answer it (assuming you want to talk to the person whose name appears in the caller ID!). You typically don’t pick up your phone and say “hello” unless you first hear it ring.  
• A student may behave well in your class but not in other classes. That student has learned that appropriate behavior is reinforced in your class, but not in other classes. In fact, he has learned that inappropriate behavior is reinforced (gets attention or gets him out of the class) in those other classes. |
Chapter 2 • Theoretical Models to Explain Challenging Behavior

<table>
<thead>
<tr>
<th>Principle</th>
<th>Explanation</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modeling</td>
<td>Demonstrating a behavior for the purpose of encouraging others to imitate the behavior. Albert Bandura (1969) demonstrated that much behavior is learned through modeling, or imitating the behavior of others. Modeling is the basis for most academic and social instruction. Children also learn inappropriate behavior through modeling (Kauffman, 2005; Walker, Ramsey, &amp; Gresham, 2004). Aggression, in particular, may be partially attributable to exposure to aggression in others (e.g., family members, friends, media portrayal of violence). One of the earliest demonstrations of aggression as a learned behavior was offered by Bandura (1973), who demonstrated that children will imitate aggression after observing a model exhibiting aggressive behavior.</td>
<td>• Teachers demonstrate a new skill that they want students to learn: how to serve a volleyball, solve a math problem, use a microscope, or write a paragraph. • Ms. Pruitt points out appropriate behavior in her students as a way to both positively reinforce the student exhibiting the behavior and to show the child’s behavior as a model for other children to imitate.</td>
</tr>
<tr>
<td>Shaping</td>
<td>Teaching a new behavior by reinforcing increasingly more accurate attempts at the behavior. This is an important concept when working with children who exhibit extremely disruptive challenging behaviors. Sometimes, we must shape the desired behavior gradually, rather than expecting the child to all of a sudden stop engaging in the challenging behavior and start using more socially acceptable behaviors.</td>
<td>• When Reagan first learned to write, her teacher praised all attempts. Now, Reagan must keep her letters within the lines, and they must be correctly formed, in order to receive a happy face sticker for good writing. • Teachers at Center High School allow for some tardies among the ninth graders during the first month of school. These adolescents are new to high school and are still learning their way around the large school. By the second month, however, students are expected to be on time to class, and tardies receive a consequence.</td>
</tr>
</tbody>
</table>

that determine whether the behavior will be repeated (i.e., reinforced) or not (i.e., punished). The arrows indicate that both antecedents and consequences affect behavior. This is an important concept; it means that we need to assess how antecedents may be contributing to behavior, and we should consider modifying antecedents in order to increase the desired behavior and reduce the inappropriate behavior. Many of the chapters in this text are devoted to managing antecedents, such as rules and procedures, classroom organization, and instruction. Table 2-7 presents sample antecedent and consequence interventions that are described later in this text.

Research Base and Usefulness for Teachers

Behaviorism, by definition, is the science of behavior (Baum, 1994). Behavioral techniques are well founded in decades of scientific proof, which means that, used correctly in behavior change programs, such techniques have a high probability of success. Behavioral techniques are also highly teacher friendly. Because behavioral strategies can be applied to any form of behavior (e.g., social, academic, language), the behavioral model is especially appropriate for educational applications. In fact, the instructional strategies that we present in Chapter 6 are founded on behavioral theory and practice. Furthermore, behavioral techniques are familiar to teachers: Most teachers have some concept of how to use positive reinforcement or modeling, for example. The goal is to ensure that educators understand behavioral theory sufficiently so that they correctly apply behavior change techniques.

Unfortunately, and perhaps because many behavioral strategies are widely used, they sometimes are misunderstood or are used incorrectly and, thus, may not produce the desired changes. A good example of this is the time-out: Time-out is often recommended for use by teachers and parents as a consequence for a child’s inappropriate behavior. Used correctly, time-out is an effective behavior reduction technique. Used incorrectly,
TABLE 2-7  Sample Antecedent and Consequence Interventions

<table>
<thead>
<tr>
<th>Antecedent Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Setting and teaching rules and expectations.</td>
</tr>
<tr>
<td>• Establishing and implementing procedures.</td>
</tr>
<tr>
<td>• Ensuring successful engagement in academic tasks.</td>
</tr>
<tr>
<td>• Developing positive teacher–student and peer relationships.</td>
</tr>
<tr>
<td>• Providing dynamic, engaging academic instruction and meaningful and interesting academic tasks.</td>
</tr>
<tr>
<td>• Teaching appropriate behaviors.</td>
</tr>
<tr>
<td>• Teaching appropriate communication skills.</td>
</tr>
<tr>
<td>• Using behavioral tools such as stimulus control and modeling correctly and in a systematic, planned way.</td>
</tr>
<tr>
<td>• Addressing behavioral functions (such as desire for attention or escape) through techniques such as choices, Check In/Check Out (we discuss this technique in Chapter 3), behavioral momentum, and precorrection.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consequence Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Providing positive reinforcement for desired behaviors:</td>
</tr>
<tr>
<td>• Praise and social attention</td>
</tr>
<tr>
<td>• Token economy</td>
</tr>
<tr>
<td>• Contracts</td>
</tr>
<tr>
<td>• Group reinforcement contingencies</td>
</tr>
<tr>
<td>• Using differential reinforcement to increase desired behaviors while reducing undesirable behaviors.</td>
</tr>
<tr>
<td>• Using punishment to reduce undesirable behaviors:</td>
</tr>
<tr>
<td>• Reprimand</td>
</tr>
<tr>
<td>• Time-out</td>
</tr>
<tr>
<td>• Response cost</td>
</tr>
</tbody>
</table>

It may actually increase the challenging behavior for which it is used. Effective use of time-out requires that the educator understand the theory underlying the technique as well as correct use of the procedure.

This text is based on the behavioral model, and the techniques presented throughout the text reflect behavioral theory and principles in the forms of PBIS and ABA. In explaining the techniques, and in our examples, we always try to illustrate the underlying theory behind the technique. The extent to which educators are well versed in theory will help to ensure the correct use of the techniques and will facilitate problem solving if a strategy does not produce the desired outcome.

**BEHAVIORAL EXPLANATIONS FOR CHALLENGING BEHAVIORS**

As the title implies, the purpose of this chapter is to explain different theories as to why children exhibit problem behavior. In the behavioral model, functional behavioral assessment (FBA) and functional analysis (FA) are the tools that help professionals determine the reasons for misbehavior. Grounded in behavioral theory, FBA and FA are based on the assumptions that (a) antecedents affect behavior; some antecedents, called motivating operations, may be distant in time and place from the behavior, and some antecedents immediately precede the behavior of concern; (b) sometimes problem behavior reflects a failure to learn a more appropriate alternative way in which to behave or communicate; and (c) behavior serves a purpose. In the remainder of this chapter, we explain each of these assumptions and give examples to illustrate their application in school settings.
Antecedents

The A in the A-B-C model refers to antecedents, or the environmental events that might set the stage for specific behaviors. The following is a list of common setting events and immediate antecedents for problem behaviors in the classroom.

Motivating Operations  Sometimes events or conditions that are not immediately or directly connected in time and place to the behavior in question may affect the behavior; such conditions are known as motivating operations (Laraway, Snyderski, Michael, & Poling, 2003). Motivating operations (MOs) influence behavior by affecting (increasing or reducing) the value of reinforcers or punishers that follow the behavior. Motivating operations are typically labeled according to the effect they produce on a behavior in question, either an evocative effect, for those MOs that increase the value of reinforcers and therefore result in increases in a target behavior, or abative effects, for those MOs that result in a decrease in response. For example, a student who has a cold may be more irritable and less compliant than usual—even the usual opportunities to earn reinforcers do not help to motivate the student. In this case, the cold is an MO with an abative effect on compliance. It is important for educators to try to identify MOs that affect behavior of children in their care. With that knowledge, it may be possible to take steps to mediate MOs that produce undesirable results. For example, if you know that the presence of a substitute teacher serves an abusive effect for compliance in your students, you may establish a plan to reinforce students for appropriate behavior when a substitute is in your class. Likewise, if you understand that a student who is feeling ill is less likely to comply with work requests, you might offer more desirable tasks on those days. The following are descriptions of a few MOs that teachers can control.

Lack of Clarity and Predictability in Expectations.  In classrooms that are chaotic, the behaviors that are expected or allowed, as well as those which are not allowed, are seldom clearly defined, and this lack of clarity invites unacceptable behavior. Just as it is easier for adults to perform well on a new job when the expectations for the job are made clear, children behave more appropriately when the rules and expectations are well defined and clearly communicated. When behavior problems occur, one of the first steps is to ensure that students know and understand what is expected of them and how they can meet those expectations.

Low Levels of Task Engagement, Successful Academic Performance, or Lack of Meaningful and Dynamic Instruction.  Most people, children especially, will choose to have fun rather than be bored. Children who are actively participating in meaningful learning tasks should not be bored. Thus, it is important that teachers plan and deliver interesting lessons that keep all students engaged in learning activities most of the time.

Mr. Silsby’s biology class illustrates the importance of task engagement. Mr. Silsby teaches chemistry and physics. However, this year, he has also been asked to teach a class in biology, a subject that he has never taught. It has been difficult for Mr. Silsby to add preparation for another class to his already busy schedule, and it is difficult to get his lab ready for the one biology class each day. As a result, Mr. Silsby is often poorly prepared for class and ends up having students simply read and then answer questions from their text for most of the class period. This is causing problems because students often use this class to catch up on assignments from other classes, talk, or even sleep.

Likewise, the extent to which students are successful in academic tasks may correlate to challenging behaviors (Sutherland & Wehby, 2001b). Students who are successful most of the time have little need to exhibit inappropriate behavior. However, students who frequently fail at academic tasks, or who are often frustrated with academic work that is too difficult, may communicate this frustration through their behavior. A signal that this may be an issue is if the student is exhibiting misbehavior that is associated with certain academic subjects or tasks (e.g., the student disrupts the class during reading, or when asked to write, or during independent work).

Poor Teacher–Student Relationships.  Most students want to please their teachers, and they want their teachers to like and take an interest in them. Positive teacher–student


Chapter 2  •  Foundations of Behavior Management and Positive Behavior Interventions and Supports

relationships are one important factor in motivating children to behave appropriately. When this relationship is not yet well established, or when the teacher–student relationship is mostly negative, students may be less motivated to follow the rules and do what is expected of them. In fact, if the relationship is characterized by high rates of negative comments, reprimands, or other forms of punishment, students may even skip class or exhibit inappropriate behavior in the hope that they will be removed from class.

As an example of the importance of the teacher–student relationship, consider Sam and his 11th-grade English teacher. Sam is the first person in his family to go this far in school. His mother died when he was 8 years old, and his father has worked two jobs to keep Sam and his sisters fed and sheltered. As a result, Sam is often in charge of taking care of his sisters. Because he sometimes doesn’t get to start on his homework until quite late, he is frequently sleepy when he gets to Mr. Anderson’s last-period English class; sometimes, he even falls asleep in class. Mr. Anderson thinks that Sam is just lazy. Yesterday, Mr. Anderson confronted Sam, accusing Sam of staying out all night and asking Sam if his mother and father knew what he was up to. Sam, who was hurt by this accusation, just said, “Man, you don’t know what you’re talkin’ about,” and walked out of the classroom. Mr. Anderson was not upset to see him go and simply continued teaching the class. Clearly, if Mr. Anderson had followed even a few of the recommendations that we present in Chapter 5 for establishing good teacher–student relationships, he would have known more about how Sam’s difficult home life affects his school performance. We do not mean to imply that Mr. Anderson should simply overlook Sam’s sleepiness; however, if Mr. Anderson had a good relationship with Sam, he might better be able to identify the source of the problem and help Sam identify ways in which to address it.

Physical Discomfort. As you have learned, students who exhibit chronic behavior problems may lack important social and self-control skills. These skill deficits may be especially evident when the student is hungry, does not feel well, or is tired. Most of us find it harder to concentrate, perform difficult tasks, pay attention, or do work we dislike when we are in physical discomfort. But we typically have the skills to either communicate our needs or take care of them ourselves. There may be little teachers can do if they suspect physical discomfort as an MO for problem behavior, especially if the problem is medically based (e.g., illness, allergies, injury), aside from temporarily reducing the demands on the student. However, an awareness of the situation is important, as is teaching the student self-awareness and self-advocacy skills in order to handle these conditions.

Antecedents. Some antecedent stimuli may predictably result in a particular behavior. For example, Steven argues each time that he is told to correct his work. Michelle exhibits unacceptable physical contact, including hitting and pushing, toward peers during almost every transition. Table 2-8 includes some of the potential antecedents for students who exhibit inappropriate behavior.

Behavior

The B in the A-B-C model refers to behavior. Sometimes, undesirable behavior occurs because the student has not yet learned a more appropriate way in which to behave or to satisfy his or her needs. This failure to learn more adaptive behaviors creates a setting event condition that increases the likelihood that undesirable behaviors will occur. Common skill deficits that are related to problem behaviors include the following:

Deficits in Academic Skills. Students who lack the academic skills to fully engage in the learning tasks of a classroom will often choose to misbehave rather than ask for help or admit that they do not know how to do the work. Think about how you felt at a time when you were put on the spot to perform a task that you did not feel fully prepared to do, such as answer a question for which you were uncertain of the correct response. Deficits in academic skills may not be readily apparent, but it is a factor that should be considered, especially when undesirable behavior predictably occurs in conjunction with specific academic tasks or subjects.
TABLE 2-8 Potential Antecedents to Inappropriate Behavior

<table>
<thead>
<tr>
<th>Some students, particularly students who exhibit higher levels of challenging behavior, may exhibit challenging behaviors when</th>
</tr>
</thead>
<tbody>
<tr>
<td>• asked to do something that they do not want to do or something that is difficult, especially academic tasks;</td>
</tr>
<tr>
<td>• asked to do certain forms of work, such as written work or oral reading, that they perceive as difficult, perhaps due to a history of low levels of success with the task;</td>
</tr>
<tr>
<td>• expected to work with peers, share materials, take turns, or engage in other interpersonal cooperative behaviors;</td>
</tr>
<tr>
<td>• asked to correct errors on assignments;</td>
</tr>
<tr>
<td>• asked to stop doing a preferred activity (especially if that activity is followed by a less preferred activity);</td>
</tr>
<tr>
<td>• transitioning from one activity or place to another, especially if the transitions are not well structured;</td>
</tr>
<tr>
<td>• participating in activities with low levels of structure;</td>
</tr>
<tr>
<td>• participating in activities that are highly exciting or stimulating; or</td>
</tr>
<tr>
<td>• feeling frustrated, angry, or upset about a real or perceived event.</td>
</tr>
</tbody>
</table>

An eighth-grade student we once worked with engaged in off-task or disruptive behavior every time that he was asked to write more than a couple of sentences. This student was on grade level in all subjects except language arts. Writing was difficult for him, almost painful to watch. He struggled with both the mechanics (e.g., spelling, punctuation, sentence formation) and the content, and his handwriting was almost illegible. However, when we suggested a few modifications, such as using voice recognition software to get his thoughts into a word-processing program, providing him with a personal spelling dictionary (Scheuermann, McCall, Jacobs, & Knies, 1994) to help him spell the words he frequently used, providing him with an editing checklist, and using a timer to delineate work periods interspersed with short breaks, his off-task behavior during this time decreased dramatically.

Deficits in Self-Control and Self-Management Skills. Some students, especially young students, lack the self-control skills demanded of them in social and classroom settings in school. School demands much from students in the way of self-control: Walk, do not run, in the hallways; raise your hand before answering; take turns when drinking from the water fountain or when using playground equipment or classroom materials; get to class on time by resisting distractions; and refrain from physical expressions of anger or frustration. Much of what we adults take for granted in terms of controlling impulsive behaviors are actually newly learned and, as yet, imperfect skills for children. And, of course, there are some children who are biologically predisposed to have more difficulty learning self-control (e.g., children who have ADHD). Even with medication, these students must be taught self-control skills (see Chapters 9 and 11 for how to teach self-management and self-control skills).

Deficits in Social Skills. For many reasons, some children fail to learn the basic social skills that will enable them to get along well with peers and adults or participate successfully in classroom and school activities. Deficits in social skills are particularly troubling because of the negative immediate and long-term ramifications of poor social skills. Children who have poor peer relationships, have few friendships, and do not adjust well to school are at significant risk for antisocial behavior, delinquency, and problems with adult emotional health and social situations (Hersh & Walker, 1983; Kupersmidt, Coie, & Dodge, 1990; Parker & Asher, 1987).

School demands much in the way of social skills in order for children to interact effectively with adults and peers. Most children learn these skills informally from observing behavior modeled at home and in other environments and through trial and error (e.g., parents scold their child for exhibiting a socially inappropriate behavior and, thus,
the child learns not to engage in that behavior). When children fail to learn these skills from modeling, they must be taught, which we discuss in Chapter 9.

To illustrate the need for students to know how to use peer-related social skills, consider Ms. Stocks’ class. Ms. Stocks has structured her class to include time each day for student study groups to meet and work on group projects. Jake moved to this school during the middle of the semester. Working with a group toward a common goal involved social skills that Ms. Stocks had been teaching since the first day of class. She assumed that Jake would catch on by watching the other students in his group. She was wrong. Jake was often not prepared with regard to his part of the project, and lately he had picked fights with other group members. He talked too loudly and often interrupted others. Because of Jake, his group was in danger of not finishing their project on time. Ms. Stocks now has a decision to make: She can continue the group work with no changes, which will be problematic for all of the students in Jake's group. She can allow Jake to work independently, which does nothing to help Jake. Her other choice is to assess why Jake is often unprepared, teach Jake the skills that he needs in order to participate in the group activities, and reinforce him for applying those skills during group tasks. We explain how to teach new skills in Chapters 6 and 9.

Deficits in Communication Skills. Challenging behavior may sometimes serve as a form of communication, particularly for students with low cognition, autism, or other developmental disabilities (Carr & Duran, 1985; Ostrosky, Drasgow, & Halle, 1999; Prizant & Wetherby, 1987), and emotional/behavioral disorders (Nelson, Benner, & Cheney, 2005). When students lack adaptive ways of communicating wants, needs, and emotions, maladaptive behavior may serve that purpose. For example, if a student with autism is tired of working but has no appropriate way in which to express that feeling, she may begin hitting her head, screaming, or trying to bite the teacher as a way of saying, "I'm tired. I don't want to work anymore." A student with emotional/behavioral disorders who lacks the self-control and language skills to appropriately express frustration may express this emotion through inappropriate behaviors (ripping up a paper, hitting, throwing, cursing, etc.). If it is suspected that the behavior is for the purpose of communication, intervention should involve teaching appropriate forms of communication and reinforcing the student when she uses the alternative communicative method. For example, our student with autism might be taught to point to a picture card that represents "I am tired. No more work." When she points to this card, she may stop working. The student who expresses frustration impulsively might be taught self-control techniques such as deep breathing or counting to 10, and language skills, such as saying, "I'm really mad right now. Can you help me?"

Consequences

The C in the A-B-C model refers to the consequences that follow inappropriate behavior, which can be examined in order to identify the functions, or purposes, for the behavior. Given the assumption that behavior serves a purpose (i.e., the function), we can evaluate what happens when those behaviors occur in order to develop hypotheses about the purposes that the behaviors might be serving for the student. Common purposes are to get something or to avoid something, as discussed in the following section.

TO GET SOMETHING Some inappropriate behavior results in the student getting something that he or she desires: attention, control, status, sensory stimulation, and so forth. This is positive reinforcement, which means that the inappropriate behavior will continue unless we provide the child with an alternative, appropriate way of obtaining the same outcome. We discuss positive reinforcement and its application in school settings in Chapters 10 and 11.

Attention. Research shows that teacher attention is a powerful tool that will increase a given behavior (Gunter & Jack, 1993; Sutherland, 2000). Of course, if more attention is paid to a challenging behavior than to an appropriate behavior, the likely outcome is that the challenging behavior will continue at a high rate. Likewise, students with behavior
problems who receive low levels of positive teacher attention are less likely to exhibit the desired behaviors (Alber, Heward, & Hippler, 1999; Van Acker, Grant, & Henry, 1996).

An example of how inappropriate behavior may be related to teacher attention is seen in the case of Juan, a 4-year-old prekindergarten student. Each morning, Mr. Harris conducted a group lesson with the students as they sat in rows on the carpet. Juan was in the last row, on the corner, far away from Mr. Harris. Juan enthusiastically waved his hand when Mr. Harris asked questions, but he was seldom called on. After about 10 minutes, Juan would begin scooting closer to Mr. Harris or even standing up. Mr. Harris still didn’t call on him, but when Juan began turning somersaults, Mr. Harris took him by the hand to the time-out chair. Sadly, this individual attention from Mr. Harris only after high levels of misbehavior ensured that Juan would continue turning somersaults!

Of course, peer attention may also be a source of positive reinforcement for inappropriate behavior. One of the authors once worked with a teacher regarding a second-grade student who was disrupting class with barking noises. The student had no medical condition that might cause this behavior. However, when the student barked, his peers laughed. Observations of the behavior suggested that the barking was positively reinforced by his peers’ laughter. Based on this hypothesis, the intervention consisted of two parts: The student could earn time to tell the class a joke or an animal story (using joke books and other materials that he found in the library) if he completed his work during the day with no barking. In addition, at the end of the week, the entire class could participate in a fun activity if this student had less than a certain number of barks during the week (thus encouraging his peers not to laugh at the barks). The barking disappeared, supporting our hypothesis of peer attention as the maintaining factor.

**Power and Control.** Some children and youth who have diagnosed emotional/behavioral disorders appear to be strong-willed, overly assertive, determined, and not intimidated by traditional authority figures or social conventions (e.g., do what the teacher or parent tells you to do). Educators often describe the function of the inappropriate behaviors exhibited by these students as “power” or “control.” However, because power and control are not observable outcomes of a behavior, they are not functions (Iovanonne, Anderson, & Scott, 2013). Rather, power and control are descriptors, and therefore we must ask additional questions to identify the specific and observable outcomes that the child obtains or avoids as a result of the behaviors said to be motivated by power or control. For example, consider a youngster who uses his physical size to intimidate peers (by standing too close to peers and speaking menacingly) into letting him cut in the lunch line. At first glance, we may describe the function of this student’s behavior as power (e.g., power over his peers). However, by asking the question suggested by Iovanonne and her colleagues, “How do you know that the function is power?” (p. 4), we can more accurately identify the function as obtaining access to a desired activity (getting close to the front of the lunch line). We know that students who exhibit high levels of misbehavior such as noncompliance or intimidation influence the behavior of others, often in negative ways (Coe & Kupersmidt, 1983; Walker et al., 2004). When faced with a student who talks back to the teacher, especially if the teacher has little training in effective strategies for managing difficult behavior, the teacher may respond by sending the student to the office. Behavior that some may describe as a “power struggle” may actually serve the function of avoiding a disliked class. Similarly, students who use misbehavior (e.g., rude noises, off-task talking, inappropriate comments to peers) to stop the progress of learning in the classroom may be obtaining peer attention (e.g., peers laugh) or avoiding work. When developing intervention plans for these students, it is critical to identify the actual functions of their behavior—that is, observable outcomes that the students get or avoid as a result of the behavior. These outcomes can then be the basis for developing effective intervention plans (see Chapter 8).

**TO AVOID SOMETHING** Sometimes misbehavior serves a negative reinforcement function: As a result of the misbehavior, the student escapes or avoids an unpleasant situation or task (Carr, Newsom, & Binkoff, 1980; Nelson & Rutherford, 1983) (see Chapters 8 and 10 for further explanation). Unless the reason for the avoidance or escape is addressed,
the inappropriate behavior is likely to continue. Following are descriptions of a few common situations that students may escape or avoid as a result of challenging behavior.

**Work or Disliked Situations or Tasks.** Sometimes misbehavior occurs predictably during a specific class (e.g., physical education, algebra, language arts), academic task (e.g., oral reading, writing), or situation (e.g., independent work or group work, transitions, lunchtime, recess). When this is the case, the context that is associated with the misbehavior should be carefully assessed to identify why it might be more reinforcing for the student to escape or avoid that situation: Is the work too difficult or too easy? Does the student have the prerequisite academic and/or social skills to successfully handle the situation? Is the class boring? Does the class lack clear structure and organization? Chandler and Dahlenquist (2002) recommend considering the student’s perspective in these situations: Just because teachers think that it is punitive to be sent to the principal’s office does not necessarily make it so. It may be that going to the office, where the student receives individual attention from office staff and administrators, is preferable to whatever is happening in the classroom. Likewise, a student who lacks the self-control and peer interaction skills to successfully manage the rather chaotic playground environment (and continually gets into trouble on the playground) may be happier to sit and watch or remain in the classroom and read a book; missing recess may seem to be punitive to teachers, but to this student, it is reinforcing.

**People.** Sometimes students misbehave in order to avoid people, either teachers or peers. As you will see in Chapter 5, positive relationships are an important factor in preventing behavior problems. A neutral or, worse, a negative relationship with a teacher may predispose a student to behavior problems in that class. Students who have poor interpersonal skills may resort to misbehavior in order to get away from people that they do not like, or teachers whom they perceive as unfair.

**Embarrassment, Frustration, Fear of Failure.** As with our prior discussion of power and control, if embarrassment, frustration, or fear of failure are offered as explanations for a student’s misbehavior, we must inquire more closely to identify the observable outcomes—something that the student is getting or avoiding—to accurately determine the function. For example, a student who has lower academic skills than her peers may misbehave in order to escape the academic demands of the classroom, such as reading in front of the group. When the problem behavior is frequently associated with academic situations, it is important to assess both the academic demands of the situation (e.g., the reading level of the materials, how long the student is expected to work independently, the type of materials used, how much and what type of help is available) and the skills of the student that are relevant to those demands.

**LACK OF CONSEQUENCES FOR MISBEHAVIOR** Sometimes misbehavior occurs because students are allowed to get away with it: There are either no effective consequences for misbehavior, or consequences are applied sporadically; the lack of consequences may serve as reinforcement for the inappropriate behavior. Consider your own behavior as an example: Most of us occasionally exceed the speed limit when we drive, and we do so, in part, because we can get away with it. When we receive a speeding ticket, we usually slow down afterwards (or at least when we are driving in the area where we received the speeding ticket!). Undoubtedly, if we were ticketed every time that we exceeded the speed limit, we would be much more diligent about adhering to the speed limit.

Consider a classroom that has the rules and procedures posted (which is important, as you will see in Chapter 4). As the teacher conducts the lesson, he is often interrupted by off-task comments. In addition, a few students are passing notes, and one is sleeping. The teacher sometimes responds conversationally to the off-task comments, and usually ignores the note-passing and sleeping. Compare this with a classroom in which all students are on task and are participating in the lesson. What is the difference? Most likely, the difference is that students in the second class have learned what is and is not allowed because the teacher consistently applies meaningful consequences to off-task behaviors such as passing notes, making off-task comments, and sleeping. Students quickly learn
Chapter 2 • Theoretical Models to Explain Challenging Behavior

the allowable limits for behavior from one class to the next by how teachers respond to unacceptable behavior.

For example, Ms. Cohen teaches eighth-grade art. Her classes are loud and unfocused, largely because Ms. Cohen is not well organized, and her students often have to wait for 10 minutes or more with nothing to do while Ms. Cohen gathers the needed materials. She feels guilty about wasting the students’ time, so she allows them to talk and leave their tables, even though she has posted rules that instruct them to quietly wait in their assigned seats. Although students like Ms. Cohen’s class, they do little work, even once Ms. Cohen gives instructions for the day’s tasks.

Thus, an important consideration when assessing problem behavior is to consider to what extent consequences have been consistently and effectively applied in the past. If consequences have been lacking or have been applied inconsistently, the first step is to develop fair and logical consequences and apply them consistently. In Chapter 12, we discuss evidence-based consequences, and how to apply these correctly.

Summary

As the title implies, the purpose of this chapter is to explain various theories as to why children exhibit problem behavior. The objectives for this chapter and how they were addressed are as follows:

1. Describe the major theories of behavior and the research base and usefulness of each theory for teachers.

We discussed two theories of behavior: the biophysical and behavioral theories, and provided an overview of three additional models: the psychodynamic, ecological, and cognitive models. Of these, the behavioral model offers the greatest research support and the most usable tools for educators. Most of this text is devoted to behavioral interventions, which are the basis for PBIS.

2. Describe the basic assumptions and principles of the behavioral model.

We described seven principles of the behavioral model that serve as the basis for understanding all typical and atypical forms of voluntary behavior. In addition, these principles are the foundation for positive behavior support-based interventions such as those described throughout this text.

3. Describe applied behavior analysis (ABA) and the relationship between ABA and positive behavior interventions and supports.

ABA is the scientific application of behavioral principles to change socially significant behavior. We described the four assumptions that are the foundation for ABA, as well as misconceptions about ABA. ABA is the basis for many of the practices and procedures used in positive behavior supports.

4. Describe antecedent, skill deficit, and consequence explanations for inappropriate behavior.

We described how antecedents, skill deficits, and consequences affect behavior and introduced the practice of functional behavioral assessment as a tool to pinpoint the environmental influences on behavior.

The conceptual models described in this chapter are illustrated in the following classroom vignettes. The Learning Activities for this chapter will help you to better understand the model depicted in each vignette.

Mr. Perry’s Inclusion Kindergarten Class

Mr. Perry was a veteran special education teacher in a very new teaching assignment—an inclusion kindergarten class, co-taught by a general education teacher. Of the 22 students in the class, 8 were receiving special education. These students had varying degrees of disability. Two students had Down syndrome, two had autism, three had moderate speech impairments, and one had Smith-Magenis syndrome.

Mr. Perry used what spare time he had to learn about the disabilities of his young students. He remembered the biophysical model from his college courses and chose to read in that area, given the medical nature of some of his students’ conditions. But as he read about genetics and biochemistry, he didn’t think that this would help when his students became upset and self-abused or lashed out at other students.

Mr. Perry finally called in an old friend who specialized in classroom management, Dr. I. C. Everything, or Dr. ICE to his friends. Dr. ICE reminded him that a consistent environment is important for most students, especially students with behavioral problems, even if those problems have an organic basis. This was a helpful reminder for Mr. Perry. And even though Mr. Perry’s readings did not help him much in terms of day-to-day interventions in the classroom, he acquired the vocabulary that was used for each disability, and he knew what medical treatments his students might be receiving. It meant a great deal to the parents of Mr. Perry’s students, who had read everything that they could find regarding their child’s condition, to know that the teacher was knowledgeable about their child’s condition as well.
Mr. Ace’s Behavior Class

Dr. ICE was called to USA High School to work with a special education behavior class teacher who was in contractual difficulty. This teacher, Mr. Ace, had been told that the law requires him to ensure that his students have access to general education classes and activities and that he needs to follow the general education curriculum as much as possible. To prepare his students for success in general education environments, Mr. Ace was told to teach the appropriate social and academic behaviors and to work on reducing his students’ disruptive behaviors.

Mr. Ace believed that his students had suffered so much abuse in their early lives that they were incapable of changing their behavior until they learned to express their true feelings. In order to help them, Mr. Ace held many small group sessions for sharing feelings. Then the students were given a choice of creative assignments to help express their feelings. These activities took up much of their academic day.

Ms. Scott’s Behavior Class

Ms. Scott taught in a self-contained classroom for students with behavioral and social skill problems. Her students had many types of disabilities. Ms. Scott used strategies that were based on a behavioral approach to successfully address each student’s needs.

Ms. Scott’s classroom was a model of consistency. Her students had been taught classroom rules and procedures and could explain them to a visitor. Ms. Scott modeled the behaviors that she expected from her students, such as using polite words, giving compliments, and apologizing. Their academic day was carefully planned, and the schedule was clearly posted. The students knew when a certain activity would happen because they knew the classroom routines. They knew what activities were allowed in each area of the room because each area was assigned one or more specific activities and no others.

There were individual reinforcement systems targeted toward each student’s behaviors that needed to be improved, plus there was a group reinforcement system to encourage the class to work together. Each student could tell you what reward he or she was working toward and the behavior that was expected in order to earn it.

Ms. Scott used positive reinforcement as the basis for her behavioral intervention program. This was evident not only in the reward system, but also in the praise given and in the positive teacher–student interactions. Sometimes, however, she would also use negative reinforcement. This was especially helpful for increasing the homework completion rate. The students did their work in order to avoid weekend homework. In the past, one student had come in each morning with an excuse as to why his homework was not completed. Ms. Scott calmly told him that any homework that was not turned in by 8:00 A.M. must be completed during the morning break. As soon as the homework was completed, the student could join in on the break activities if there was any time left. Of course, after missing morning break two days in a row, that student began doing his homework at night and proudly turned it in first thing in the morning.

Ms. Scott made a point at the beginning of the year of telling her students that her classroom was a safe place—there was to be no violence! She enforced this rule by awarding points for verbal and physical composure and for exhibiting appropriate ways of expressing feelings, and by enforcing negative consequences if a violent behavior occurred.

Ms. Scott had learned much about behavior over the years. Some of what she learned was obvious, and some was not. For example, early in her career, she had awarded points for exhibiting appropriate behavior during math. One student would often ask to go to the restroom during this class, but it took a while for Ms. Scott to recognize the pattern. This student was earning enough points to obtain a reinforcer while avoiding 10 to 15 minutes of math class on most days. Ms. Scott decided to gradually reduce the time allowed in the restroom and added reinforcement for completed and correct math class work. In time, the student was taking a restroom break before math class, staying in the classroom for the entire period, and completing more of his math assignments on time.

Ms. Scott enjoyed the success that she experienced while using behavioral techniques. The techniques were easy to learn. It was her students who were complex, and so she had to use good problem-solving skills to assess and modify the interventions that were not working. Her work was challenging but interesting and very rewarding.

Learning Activities

1. Read each classroom vignette and then identify the conceptual model depicted in each. Discuss the cues that led you to your conclusions.

2. Choose an educational product that claims to be research based. Examine some of this research and decide whether it meets the NCLB standards for scientifically based evidence.
Was this product evaluated with group design or single-subject design research?

3. Read medical information on conditions such as depression, ADHD, Rett syndrome, or others. What information did you learn that would be helpful for the classroom teacher?

4. Discuss in small groups ways that the applied behavior analysis method can be used to teach writing as well as behavior.

5. Read “Ms. Scott’s Behavior Class,” the scenario that illustrates the behavioral model. List the techniques that Ms. Scott used that reflect the seven principles of the behavioral model.

6. Write an example of how you could use each of the seven principles of the behavioral model in your classroom.

7. Discuss in small groups the relationship between ABA and positive behavior supports.

8. Interview an educator about his or her perceptions about the causes of student behavioral problems. Next, identify the theoretical model or models reflected in the educator’s response.

9. Watch this entertaining video (www.youtube.com/watch?v=J96Fba-WH4) that highlights basic behavioral principles. One of the behavioral terms used in this video is used incorrectly. That is, the term used in the video is not the correct term for the principle being described. Identify the term that is used incorrectly. What is the correct word for the principle?

Resources

The Association for Behavior Analysis International (ABAI) is a professional organization for individuals interested in ABA. This website provides a wealth of information about behavior analysis, including research, accreditation in behavior analysis, membership in ABAI, and more.

The Council for Exceptional Children’s Division for Research website provides Practice Alerts, which are concise summaries of research on popular topics/practices. Each Practice Alert is rated as “Go For It” or “Use Caution,” according to the quality and quantity of the related research.

The U.S. Department of Education’s website provides several publications to help consumers evaluate claims of product effectiveness, including Identifying and Implementing Educational Practices Supported by Rigorous Evidence: A User-Friendly Guide.

HealthyPlace, America’s Mental Health Channel provides consumer information on mental health, including conditions, treatment, medication, and more. Includes interactive tutorials.

The What Works Clearinghouse, a division of the Institute for Education Sciences, U.S. Department of Education, is a clearinghouse for educational research that meets the NCLB definition of “scientific evidence.” Provides reviews of research on curricula and interventions for academic content areas (e.g., reading, math), behavioral issues, and other areas. This site is continually updated as new reviews are completed.

The National Association of School Psychologists (NASP) Center provides a variety of resources related to school success in the areas of behavior, social skills, mental health, discipline, reading, assessment, diversity, and more.

MedlinePlus, a service of the U.S. National Library of Medicine and the National Institutes of Health, provides a comprehensive array of information about medical conditions, medication, medical terminology, clinical trials, health resources, and information about children’s behavior disorders and specific childhood behavior problems (e.g., aggression, fighting, refusal to attend school).

The Human Genome Project website provides information on all aspects of the comprehensive effort to map human genes and identify the behavior associated with a specific gene.

PSYweb.com is the name of a website that provides information on mental health conditions, diagnosis, treatment, medication, brain functioning, studies, and more.

The American Re-EDucation Association is an organization that is dedicated to the principles and practices of Re-ED.

The website of the Albert Ellis Institute provides information on rational emotive behavior therapy, training, research, publications, a chat room, referral services, and more.

The Journal of Applied Behavior Analysis (JABA) is the flagship research journal for the field of behavior analysis. Many of the articles published in JABA are available through the journal’s website.

The website of the Office of the U.S. Surgeon General provides information about all aspects of physical and mental health, access to the surgeon general’s reports, and links to resources.

The Public Broadcasting System (PBS) has a website for parents, PBSParents. One section of this website, titled “Challenging Behavior,” offers information about challenging behavior and explanations of PBS in easy-to-understand lay language.

The William Glasser Institute website provides information about training and consultation in choice theory, quality schools, reality therapy, and other programs.