

# Interventions for Childhood Conduct and Behavioral Problems





## Overview

In this introductory packet the range of conduct and behavior problems are described using fact sheets and the classification scheme from the American Pediatric Association.

Differences in intervention needed are discussed with respect to variations in the degree of problem manifested and include exploration of environmental accommodations behavioral strategies and medication.

For those readers ready to go beyond this introductory presentation or who are interested in the topics of school violence crisis response or ADHD we also provide a set of references for further study and as additional resources agencies and websites are listed that focus on these concerns.





# **Conduct and Behavior Problems: Interventions and Resources**



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## ***Classifying Conduct and Behavioral Problems: Keeping the Environment in Perspective as a Cause of Commonly Identified Psychosocial Problems***

- A. Rethinking How Schools Address Student Misbehavior & Disconnection**
- B. Labeling Troubled and Troubling Youth**
- C. Common Behavior Responses to Environmental Situations and Potentially Stressful Events**

A large number of students are unhappy and emotionally upset; only a small percent are clinically depressed. A large number of youngsters have trouble behaving in classrooms; only a small percent have attention deficit or a conduct disorder. In some schools, large numbers of students have problems learning; only a few have learning disabilities. Individuals suffering from true internal pathology represent a relatively small segment of the population. A caring society tries to provide the best services for such individuals; doing so includes taking great care not to misdiagnose others whose "symptoms" may be similar, but are caused by factors other than internal pathology. Such misdiagnoses lead to policies and practices that exhaust available resources in ineffective ways. A better understanding of how the environment might cause problems and how focusing on changing the environment might prevent problems is essential.





## Classifying Conduct and Behavioral Problems:

### Keeping the Environment in Perspective as a Cause of Commonly Identified Psychosocial Problems

#### ***A. Rethinking How Schools Address Student Misbehavior Disengagement***

The essence of good classroom teaching is the ability to create an environment that first can mobilize the learner to pursue the curriculum and then can maintain that mobilization, while effectively facilitating learning. The process, of course, is meant not only to teach academics, but to turn out good citizens. While many terms are used, this societal aim requires that a fundamental focus of school improvement be on facilitating positive social and emotional development/learning.

Behavior problems clearly get in the way of all this. Misbehavior disrupts. In some forms, such as bullying and intimidating others, it is hurtful. And, observing such behavior may disinhibit others. Because of this, discipline and classroom management are daily topics at every school.

Concern about responding to behavior problems and promoting social and emotional learning are related and are embedded into the six arenas we frame to encompass the content of student/learning supports (e.g., see Adelman & Taylor, 2006; Center for Mental Health in Schools, 2008). How these concerns are addressed is critical to the type of school and classroom climate that emerges and to student engagement and re-engagement in classroom learning. As such, they need to be fully integrated into school improvement efforts.

#### **Disengaged Students, Misbehavior, and Social Control**

After an extensive review of the literature, Fredricks, Blumenfeld, and Paris (2004) conclude: *Engagement is associated with positive academic outcomes, including achievement and persistence in school; and it is higher in classrooms with supportive teachers and peers, challenging and authentic tasks, opportunities for choice, and sufficient structure.* Conversely, for many students, disengagement is associated with behavior and learning problems and eventual dropout. The degree of concern about student engagement varies depending on school population.

In general, teachers focus on content to be taught and knowledge and skills to be acquired – with a mild amount of attention given to the process of engaging students. All this works fine in schools where most students come each day ready and able to deal with what the teacher is ready and able to teach. Indeed, teachers are fortunate when they have a classroom where the majority of students show up and are receptive to the planned lessons. In schools that are the greatest focus of public criticism, this certainly is not the case.

What most of us realize, at least at some level, is that teachers in such settings are confronted with an entirely different teaching situation. Among the various supports they absolutely must have are ways to re-engage students who have become disengaged and often resistant to broad-band (non-



personalized) teaching approaches. To the dismay of most teachers, however, strategies for re-engaging students in *learning* rarely are a prominent part of pre or in-service preparation and seldom are the focus of interventions pursued by professionals whose role is to support teachers and students (National Research Council and the Institute of Medicine, 2004). As a result, they learn more about *socialization* and *social control* as classroom management strategies than about how to engage and re-engage students in classroom learning, which is the key to enhancing and sustaining good behavior.

### Reacting to Misbehavior

When a student misbehaves, a natural reaction is to want that youngster to experience and other students to see the consequences of misbehaving. One hope is that public awareness of consequences will deter subsequent problems. As a result, a considerable amount of time at schools is devoted to discipline and classroom management.

An often stated assumption is that stopping a student's misbehavior will make her or him amenable to teaching. In a few cases, this may be so. However, the assumption ignores all the research that has led to understanding *psychological reactance* and the need for individuals to maintain and restore a sense of self-determination (Deci & Ryan, 2002; Deci & Ryan, 1985). Moreover, it belies two painful realities: the number of students who continue to manifest poor academic achievement and the staggering dropout rate in too many schools.

Unfortunately, in their efforts to deal with deviant and devious behavior and to create safe environments, too many schools overrely on negative consequences and plan only for social control. Such practices model behavior that can foster rather than counter the development of negative values and often produce other forms of undesired behavior. Moreover, the tactics often make schools look and feel more like prisons than community treasures.

In schools, short of suspending a student, punishment essentially takes the form of a decision to do something that the student does not want done. In addition, a demand for future compliance usually is made, along with threats of harsher punishment if compliance is not forthcoming. The discipline may be administered in ways that suggest the student is seen as an undesirable

person. As students get older, suspension increasingly comes into play. Indeed, suspension remains one of the most common disciplinary responses for the transgressions of secondary students.

As with many emergency procedures, the benefits of using punishment may be offset by many negative consequences. These include increased negative attitudes toward school and school personnel. These attitudes often lead to more behavior problems, anti-social acts, and various mental health problems. Because disciplinary procedures also are associated with dropping out of school, it is not surprising that some concerned professionals refer to extreme disciplinary practices as "pushout" strategies.

In general, specific discipline practices should be developed with the aim of leaving no child behind. That is, *stopping misbehavior must be accomplished in ways that maximize the likelihood that the teacher can engage/re-engage the student in instruction and positive learning.*

The growing emphasis on positive approaches to reducing misbehavior and enhancing support for positive behavior in and out-of-the-classroom is a step in the right direction. (See the exhibit on next page). So is the emphasis in school guidelines stressing that discipline should be reasonable, fair, and nondenigrating (e.g., should be experienced by recipients as legitimate reactions that neither denigrate one's sense of worth nor reduce one's sense of autonomy).

Moreover, in recognizing that the application of consequences is an insufficient step in preventing future misbehavior, there is growing awareness that school improvements that engage and re-engage students reduce behavior (and learning) problems significantly. That is why school improvement efforts need to delineate:

- efforts to prevent and anticipate misbehavior
- actions to be taken during misbehavior that do minimal harm to engagement in classroom learning
- steps to be taken afterwards that include a focus on enhancing engagement.



## Positive Behavioral Interventions and Supports

One reaction to negative approaches to discipline has been development of initiatives for using positive behavioral interventions and supports. For various reasons, the first emphasis on this in schools came in the field of special education. As noted by the U.S. Department of Education:

“Students who receive special education as a result of behavior problems must have individualized education programs that include behavior goals, objectives, and intervention plans. While current laws driving special education do not require specific procedures and plans for these students, it is recommended that their IEPs be based on functional behavioral assessments and include proactive positive behavioral interventions and supports” (PBS).

PBS encompasses a range of interventions that are implemented in a systematic manner based on a student’s demonstrated level of need. It is intended to address factors in the environment that are relevant to the causes and correction of behavior problems.

While the focus was first on special education, the initiative has expanded into school-wide applications of behavioral techniques, with an emphasis on teaching specific social skills (Bear, 2008). In emphasizing use of School-Wide Positive Behavioral Support (PBS), including universal, indicated, and individual interventions, the U.S. Department of Education states:

“Research has shown that the implementation of punishment, especially when it is used inconsistently and in the absence of other positive strategies, is ineffective. Introducing, modeling, and reinforcing positive social behavior is an important part of a student’s educational experience. Teaching behavioral expectations and rewarding students for following them is a much more positive approach than waiting for misbehavior to occur before responding.”

“The purpose of school-wide PBS is to establish a climate in which appropriate behavior is the norm. A major advance in school-wide discipline is the emphasis on school-wide systems of support that include proactive strategies for defining, teaching, and supporting appropriate student behaviors to create positive school environments. Instead of using a patchwork of individual behavioral management plans, a continuum of positive behavior support for all students within a school is implemented in areas including the classroom and nonclassroom settings (such as hallways, restrooms). Positive behavior support is an application of a behaviorally-based systems approach to enhance the capacity of schools, families, and communities to design effective environments that improve the link between research-validated practices and the environments in which teaching and learning occurs. Attention is focused on creating and sustaining primary (school-wide), secondary (classroom), and tertiary (individual) systems of support that improve lifestyle results (personal, health, social, family, work, recreation) for all children and youth by making problem behavior less effective, efficient, and relevant, and desired behavior more functional.”

“The school-wide PBS process emphasizes the creation of systems that support the adoption and durable implementation of evidence-based practices and procedures, and fit within on-going school reform efforts. An interactive approach that includes opportunities to correct and improve four key elements is used in school-wide PBS focusing on:

- Outcomes: academic and behavior targets that are endorsed and emphasized by students, families, and educators.
- Practices: interventions and strategies that are evidence based.
- Data: information that is used to identify status, need for change, and effects of interventions.
- Systems: supports that are needed to enable the accurate and durable implementation of the practices of PBS.

“All effective school-wide systems have seven major components in common a) an agreed upon and common approach to discipline, b) a positive statement of purpose, c) a small number of positively stated expectations for all students and staff, d) procedures for teaching these expectations to students, e) a continuum of procedures for encouraging displays and maintenance of these expectations, f) a continuum of procedures for discouraging displays of rule-violating behavior, and g) procedures for monitoring and evaluation the effectiveness of the discipline system on a regular and frequent basis.”

With the growing emphasis on *Response to Intervention* (RtI) initiatives, efforts are being made to tie PBS and RtI together into a shared problem solving approach, with greater emphasis on prevention.



## Focusing on Underlying Motivation to Address Concerns About Engagement

Moving beyond socialization, social control, and behavior modification and with an emphasis on engagement, there is a need to address the roots of misbehavior, especially underlying motivational bases. Consider students who spend most of the day trying to avoid all or part of the instructional program. An *intrinsic* motivational interpretation of the avoidance behavior of many of these youngsters is that it reflects their perception that school is not a place where they experience a sense of competence, autonomy, and or relatedness to others. Over time, these perceptions develop into strong motivational dispositions and related patterns of misbehavior.

***Misbehavior can reflect proactive (approach) or reactive (avoidance) motivation.*** Noncooperative, disruptive, and aggressive behavior patterns that are *proactive* tend to be rewarding and satisfying to an individual because the behavior itself is exciting or because the behavior leads to desired outcomes (e.g., peer recognition, feelings of competence or autonomy). Intentional negative behavior stemming from such approach motivation can be viewed as pursuit of deviance.

Misbehavior in the classroom may also be *reactive*, stemming from avoidance motivation. This behavior can be viewed as protective reactions. Students with learning problems can be seen as motivated to avoid and to protest against being forced into situations in which they cannot cope effectively. For such students, many teaching situations are perceived in this way. Under such circumstances, individuals can be expected to react by trying to protect themselves from the unpleasant thoughts and feelings that the situations stimulate (e.g., feelings of incompetence, loss of autonomy, negative relationships). In effect, the misbehavior reflects efforts to cope and defend against aversive experiences. The actions may be direct or indirect and include defiance, physical and psychological withdrawal, and diversionary tactics.

***Interventions for reactive and proactive behavior problems begin with major program changes.*** From a motivational perspective, the aims are to (a) prevent and overcome negative attitudes toward school and learning, (b) enhance motivational readiness for learning and overcoming problems, (c) maintain intrinsic motivation throughout learning and problem solving, and (d) nurture the type of continuing motivation that results in students engaging in activities away from school that foster maintenance, generalization, and expansion of learning and problem solving. Failure to attend to motivational concerns in a comprehensive, normative way results in approaching passive and often hostile students with

practices that instigate and exacerbate problems.

After making broad programmatic changes to the degree feasible, intervention with a misbehaving student involves remedial steps directed at underlying factors. For instance, with intrinsic motivation in mind, the following assessment questions arise:

- Is the misbehavior unintentional or intentional?
- If it is intentional, is it reactive or proactive?
- If the misbehavior is reactive, is it a reaction to threats to self-determination, competence, or relatedness?
- If it is proactive, are there other interests that might successfully compete with satisfaction derived from deviant behavior?

In general, intrinsic motivation theory suggests that corrective interventions for those misbehaving reactively requires steps designed to reduce reactance and enhance positive motivation for participation. For youngsters highly motivated to pursue deviance (e.g., those who proactively engage in criminal acts), even more is needed. Intervention might focus on helping these youngsters identify and follow through on a range of valued, socially appropriate alternatives to deviant activity. Such alternatives must be capable of producing greater feelings of self-determination, competence, and relatedness than usually result from the youngster's deviant actions. To these ends, motivational analyses of the problem can point to corrective steps for implementation by teachers, clinicians, parents, or students themselves (see references at end of this article).

## Promoting Social and Emotional Learning

One facet of addressing misbehavior proactively is the focus on promoting healthy social and emotional development. This emphasis meshes well with a school's goals related to enhancing students' personal and social well being. And, it is essential to creating an atmosphere of "caring," "cooperative learning," and a "sense of community" (including greater home involvement).

In some form or another, every school has goals that emphasize a desire to enhance students' personal and social functioning. Such goals reflect an understanding that social and emotional growth plays an important role in



- enhancing the daily smooth functioning of schools and the emergence of a safe, caring, and supportive school climate
- facilitating students' holistic development
- enabling student motivation and capability for academic learning
- optimizing life beyond schooling.

An agenda for promoting social and emotional learning encourages family-centered orientation. It stresses practices that increase positive engagement in learning at school and that enhance personal responsibility (social and moral), integrity, self-regulation (self-discipline), a work ethic, diverse talents, and positive feelings about self and others.

It should be stressed at this point that, for most individuals, learning social skills and emotional regulation are part of normal development and socialization. Thus, social and emotional learning is not primarily a formal training process. This can be true even for some individuals who are seen as having behavior and emotional problems. (While poor social skills are identified as a symptom and contributing factor in a wide range of educational, psychosocial, and mental health problems, it is important to remember that symptoms are correlates.)

***What is Social and Emotional Learning?*** As formulated by the Collaborative for Academic, Social, and Emotional Learning (CASEL), social and emotional learning (SEL) “is a process for helping children and even adults develop the fundamental skills for life effectiveness. SEL teaches the skills we all need to handle ourselves, our relationships, and our work, effectively and ethically. These skills include recognizing and managing our emotions, developing caring and concern for others, establishing positive relationships, making responsible decisions, and handling challenging situations constructively and ethically. They are the skills that allow children to calm themselves when angry, make friends, resolve conflicts respectfully, and make ethical and safe choices.”

CASEL also views SEL as “providing a framework for school improvement. Teaching SEL skills helps create and maintain safe, caring learning environments. The most beneficial programs provide sequential and developmentally appropriate instruction in SEL skills. They are implemented in a coordinated manner, school-wide, from preschool through high school. Lessons are reinforced in the classroom, during out-of-school activities, and at home. Educators receive ongoing professional development in SEL. And families and schools work

together to promote children’s social, emotional, and academic success.”

Because of the scope of SEL programming, the work is conceived as multi-year. The process stresses adult modeling and coaching and student practice to solidify learning related to social and emotional awareness of self and others, self-management, responsible decision making, and relationship skills.

***Natural Opportunities to Promote Social and Emotional Learning.*** Sometimes the agenda for promoting social and emotional learning takes the form of a special curriculum (e.g., social skills training, character education, assets development) or is incorporated into the regular curricula. However, classroom and school-wide practices can and need to do much more to (a) capitalize on *natural* opportunities at schools to promote social and emotional development and (b) minimize transactions that interfere with positive growth in these areas. Natural opportunities are one of the most authentic examples of “teachable moments.”

An appreciation of what needs more attention can be garnered readily by looking at the school day and school year through the lens of goals for personal and social functioning. Is instruction carried out in ways that strengthen or hinder development of interpersonal skills and connections and student understanding of self and others? Is cooperative learning and sharing promoted? Is counterproductive competition minimized? Are interpersonal conflicts mainly suppressed or are they used as learning opportunities? Are roles provided for all students to be positive helpers throughout the school and community?

The Center’s website offers specific examples of natural opportunities and how to respond to them in ways that promote personal and social growth (see <http://smhp.psych.ucla.edu/schoolsupport.htm> )

***The Promise of Promoting Social and Emotional Learning.*** Programs to improve social skills and interpersonal problem solving are described as having promise both for prevention and correction. However, reviewers tend to be cautiously optimistic because so many studies have found the range of skills acquired are quite limited and so is the generalizability and maintenance of outcomes. This is the case for training of specific skills (e.g., what to say and do in a specific situation), general strategies (e.g., how to generate a wider range of interpersonal problem-solving options), as well as efforts to develop cognitive-affective orientations,



such as empathy training. Reviews of social skills training over several decades conclude that individual studies show effectiveness, but outcome studies often have shown lack of generalizability and social validity. However, the focus has been mainly on social skills training for students with emotional and behavior disorders.

Recent analyses by researchers involved with the Collaborative for Academic, Social, and Emotional Learning (CASEL) suggest that “students who receive SEL programming academically outperform their peers, compared to those who do not receive SEL. Those students also get better grades and graduate at higher rates. Effective SEL programming drives academic learning, and it also drives social outcomes such as positive peer relationships, caring and empathy, and social engagement. Social and emotional instruction also leads to reductions in problem behavior such as drug use, violence, and delinquency” (CASEL, 2007).

### Promotion of Mental Health

Promotion of mental health encompasses efforts to enhance knowledge, skills, and attitudes in order to foster social and emotional development, a healthy lifestyle, and personal well-being. Promoting healthy development, well-being, and a value-based life are important ends unto themselves and overlap primary, secondary, and tertiary interventions to prevent mental health and psychosocial problems.

Interventions to promote mental health encompass not only strengthening individuals, but also enhancing nurturing and supportive conditions at school, at home, and in the neighborhood. All this includes a particular emphasis on increasing opportunities for personal development and empowerment by promoting conditions that foster and strengthen positive attitudes and behaviors (e.g., enhancing motivation and capability to pursue positive goals, resist negative influences, and overcome barriers). It also includes efforts to maintain and enhance physical health and safety and *inoculate* against problems (e.g., providing positive and negative information, skill instruction, and fostering attitudes that build resistance and resilience).

While schools alone are not responsible for this, they do play a significant role, albeit sometimes not a positive one, in social and emotional development. School improvement plans need to encompass ways the school will (1) *directly facilitate* social and emotional (as well as physical) development and (2) *minimize threats* to positive development (see references at end of this article). In doing so,

appreciation of differences in levels of development and developmental demands at different ages is fundamental, and personalized implementation to account for individual differences is essential.

From a mental health perspective, helpful guidelines are found in research clarifying normal trends for school-age youngsters’ efforts to feel *competent, self-determining, and connected with significant others* (Deci & Ryan, 2002). And, measurement of such feelings can provide indicators of the impact of a school on mental health. Positive findings can be expected to correlate with school engagement and academic progress. Negative findings can be expected to correlate with student anxiety, fear, anger, alienation, a sense of losing control, a sense of hopelessness and powerlessness. In turn, these negative thoughts, feelings, and attitudes can lead to externalizing (aggressive, “acting out”) or internalizing (withdrawal, self-punishing, delusional) behaviors.

Clearly, promoting mental health has payoffs both academically and for reducing problems at schools. Therefore, it seems evident that an enhanced commitment to mental health promotion must be a key facet of the renewed emphasis on the whole child by education leaders (Association for Supervision and Curriculum, 2007).

### Concluding Comments

Responding to behavior problems and promoting social and emotional development and learning can and should be done in the context of a comprehensive system designed to address barriers to learning and (re)engage students in classroom learning. In this respect, the developmental trend in thinking about how to respond to misbehavior must be toward practices that embrace an expanded view of engagement and human motivation and that includes a focus on social and emotional learning.

Relatedly, motivational research and theory are guiding the development of interventions designed to enhance student’s motivation and counter disengagement. And, there is growing appreciation of the power of intrinsic motivation.

*Now, it is time for school improvement decision makers and planners to fully address these matters.*



# Classifying Conduct and Behavior Problems: Keeping The Environment in Perspective as a Cause of Commonly Identified Psychosocial Problems

## *B. Labeling Troubled and Troubling Youth: The Name Game*

*She's depressed.*

*That kid's got an attention deficit  
hyperactivity disorder.*

*He's learning disabled.*

What's in a name? Strong images are associated with diagnostic labels, and people act upon these images. Sometimes the images are useful generalizations; sometimes they are harmful stereotypes. Sometimes they guide practitioners toward good ways to help; sometimes they contribute to "blaming the victim" -- making young people the focus of intervention rather than pursuing system deficiencies that are causing the problem in the first place. In all cases, diagnostic labels can profoundly shape a person's future.

Youngsters manifesting emotional upset, misbehavior, and learning problems commonly are assigned psychiatric labels that were created to categorize internal disorders. Thus, there is increasing use of terms such as ADHD, depression, and LD. This happens despite the fact that the problems of most youngsters are not rooted in internal pathology. Indeed, many of their troubling symptoms would not have developed if their environmental circumstances had been appropriately different.

### *Diagnosing Behavioral, Emotional, and Learning Problems*

The thinking of those who study behavioral, emotional, and learning problems has long been dominated by models stressing *person* pathology. This is evident in discussions of cause, diagnosis, and intervention strategies. Because so much discussion focuses on person pathology, diagnostic systems have not been developed in ways that adequately account for psychosocial problems.

Many practitioners who use prevailing diagnostic labels understand that most problems in human functioning result from the interplay of person and environment. To counter nature *versus* nurture biases in thinking about problems, it helps to approach all diagnosis guided by a broad perspective of what determines human behavior.



### ***A Broad View of Human Functioning***

Before the 1920's, dominant thinking saw human behavior as determined primarily by person variables, especially inborn characteristics. As behaviorism gained in influence, a strong competing view arose. Behavior was seen as shaped by environmental influences, particularly the stimuli and reinforcers one encounters.

Today, human functioning is viewed in *transactional* terms -- as the product of a reciprocal interplay between person and environment (Bandura, 1978). However, prevailing approaches to labeling and addressing human problems still create the impression that problems are determined by *either* person or environment variables. This is both unfortunate and unnecessary -- unfortunate because such a view limits progress with respect to research and practice, unnecessary because a transactional view encompasses the position that problems may be caused by person, environment, or both. This broad paradigm encourages a comprehensive perspective of cause and correction.

(Type III problems). In the middle are problems stemming from a relatively equal contribution of environmental and person sources (Type II problems).

Diagnostic labels meant to identify *extremely* dysfunctional problems *caused by pathological conditions within a person* are reserved for individuals who fit the Type III category.

At the other end of the continuum are individuals with problems arising from factors outside the person (i.e., Type I problems). Many people grow up in impoverished and hostile environmental circumstances. Such conditions should be considered first in hypothesizing what *initially* caused the individual's behavioral, emotional, and learning problems. (After environmental causes are ruled out, hypotheses about internal pathology become more viable.)

To provide a reference point in the middle of the continuum, a Type II category is used. This group consists of persons who do not function well in situations where their individual differences and minor vulnerabilities are poorly accommodated or are responded to hostilely. The problems of an individual in this group are a relatively equal product of person characteristics and failure of the environment to accommodate that individual.

### ***Toward a Broad Framework***

A broad framework offers a useful *starting* place for classifying behavioral, emotional, and learning problems in ways that avoid over-diagnosing internal pathology. Such problems can be differentiated along a continuum that separates those caused by internal factors, environmental variables, or a combination of both.

Problems caused by the environment are placed at one end of the continuum (referred to as Type I problems). At the other end are problems caused primarily by pathology within the person

There are, of course, variations along the continuum that do not precisely fit a category. That is, at each point between the extreme ends, environment-person transactions are the cause, but the degree to which each contributes to the problem varies. Toward the environment end of the continuum, environmental factors play a bigger role (represented as  $E \rightarrow P$ ). Toward the other end, person variables account for more of the problem (thus  $P \rightarrow E$ ).



Problems Categorized on a Continuum Using a Transactional View of the Primary Locus of Cause

Problems caused by factors in the environment (E)		Problems caused equally by environment and person		Problems caused by factors in the the person (P)	
E	(E<--->p)	E<--->P	(e<--->P)	P	
-----		-----		-----	
Type I problems		Type II problems		Type III problems	
•caused primarily by environments and systems that are deficient and/or hostile		•caused primarily by a significant <i>mismatch</i> between individual differences and vulnerabilities and the nature of that person's environment (not by a person's pathology)		•caused primarily by person factors of a pathological nature	
•problems are mild to moderately severe and narrow to moderately pervasive		•problems are mild to moderately severe and pervasive		•problems are moderate to profoundly severe and moderate to broadly pervasive	

Clearly, a simple continuum cannot do justice to the complexities associated with labeling and differentiating psychopathology and psychosocial problems. However, the above conceptual scheme shows the value of starting with a broad model of cause. In particular, it helps counter the tendency to jump prematurely to the conclusion that a problem is caused by deficiencies or pathology within the individual and thus can help combat the trend toward blaming the victim (Ryan, 1971). It also helps highlight the notion that improving the way the environment accommodates individual differences may be a sufficient intervention strategy.

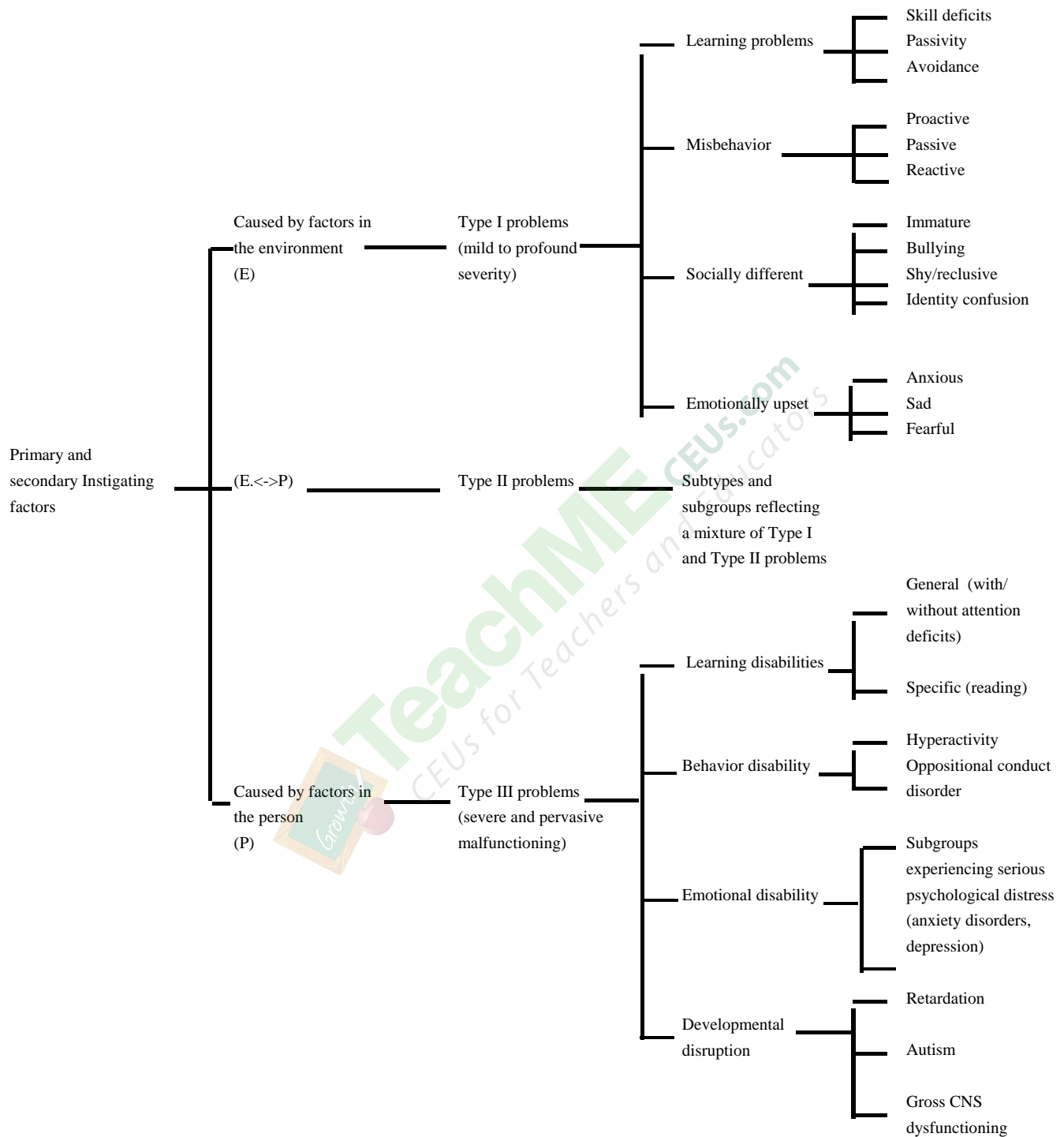
After the general groupings are identified, it becomes relevant to consider the value of differentiating subgroups or subtypes within each major type of problem. For example, subtypes for the Type III category might first differentiate behavioral, emotional, or learning problems arising from serious internal pathology (e.g., structural and functional malfunctioning within the person that causes disorders and disabilities and disrupts development). Then subtypes might be differentiated within each of these categories. For illustrative purposes: Figure 2 presents some ideas for subgrouping Type I and III problems.

*There is a substantial community-serving component in policies and procedures for classifying and labeling exceptional children and in the various kinds of institutional arrangements made to take care of them. "To take care of them" can and should be read with two meanings: to give children help and to exclude them from the community.*

*Nicholas Hobbs*



Figure 2: Categorization of Type I, II, and III Problems



Source: H. S. Adelman and L. Taylor (1993). Learning problems and learning disabilities. Pacific Grove. Brooks/Cole. Reprinted with permission.



### ***C. Environmental Situations and Potentially Stressful Events***

The American Academy of Pediatrics has prepared a guide on mental health for primary care providers. The guide suggests that commonly occurring stressful events in a youngsters life can lead to common behavioral responses. Below are portions of Tables that give an overview of such events and responses.

#### **ENVIRONMENTAL SITUATIONS AND POTENTIALLY STRESSFUL EVENTS CHECKLIST**

##### **Challenges to Primary Support Group**

- Challenges to Attachment Relationship
- Death of a Parent or Other Family Member
- Marital Discord
- Divorce
- Domestic Violence
- Other Family Relationship Problems
- Parent-Child Separation

##### **Changes in Caregiving**

- Foster Care/Adoption/Institutional Care
- Substance-Abusing Parents
- Physical Abuse
- Sexual Abuse
- Quality of Nurture Problem
- Neglect
- Mental Disorder of Parent
- Physical Illness of Parent
- Physical Illness of Sibling
- Mental or Behavioral disorder of Sibling

##### **Other Functional Change in Family**

- Addition of Sibling
- Change in Parental Caregiver

##### **Community of Social Challenges**

- Acculturation
- Social Discrimination and/or Family Isolation

##### **Educational Challenges**

- Illiteracy of Parent
- Inadequate School Facilities
- Discord with Peers/Teachers

##### **Parent or Adolescent Occupational Challenges**

- Unemployment
- Loss of Job
- Adverse Effect of Work Environment

##### **Housing Challenges**

- Homelessness
- Inadequate Housing
- Unsafe Neighborhood
- Dislocation

##### **Economic Challenges**

- Poverty
- Inadequate Financial Status

##### **Legal System or Crime Problems**

##### **Other Environmental Situations**

- Natural Disaster
- Witness of Violence

##### **Health-Related Situations**

- Chronic Health Conditions
- Acute Health Conditions

*\*Adapted from The Classification of Child and Adolescent Mental Diagnoses in Primary Care (1996). American Academy of Pediatrics.*



## Common Behavioral Responses to Environmental Situations and Potentially Stressful Events

### INFANCY-TODDLERHOOD (0-2Y) BEHAVIORAL MANIFESTATIONS

#### **Illness-Related Behaviors**

N/A

#### **Emotions and Moods**

Change in crying  
Change in mood  
Sullen, withdrawn

#### **Impulsive/Hyperactive or Inattentive Behaviors**

Increased activity

#### **Negative/Antisocial Behaviors**

Aversive behaviors, i.e., temper tantrum, angry outburst

#### **Feeding, Eating, Elimination Behaviors**

Change in eating  
Self-induced vomiting  
Nonspecific diarrhea, vomiting

#### **Somatic and Sleep Behaviors**

Change in sleep

#### **Developmental Competency**

Regression or delay in developmental attainments  
Inability to engage in/sustain play

#### **Sexual Behaviors**

Arousal behaviors

#### **Relationship Behaviors**

Extreme distress with separation  
Absence of distress with separation  
Indiscriminate social interactions  
Excessive clinging  
Gaze avoidance, hypervigilant gaze

### MIDDLE CHILDHOOD (6-12Y) BEHAVIORAL MANIFESTATIONS

#### **Illness-Related Behaviors**

Transient physical complaints

#### **Emotions and Moods**

Sadness  
Anxiety  
Changes in mood  
Preoccupation with stressful situations  
Self-destructive  
Fear of specific situations  
Decreased self-esteem

#### **Impulsive/Hyperactive or Inattentive Behaviors**

Inattention  
High activity level  
Impulsivity

#### **Negative/Antisocial Behaviors**

Aggression  
Noncompliant  
Negativistic

#### **Feeding, Eating, Elimination Behaviors**

Change in eating  
Transient enuresis, encopresis

#### **Somatic and Sleep Behaviors**

Change in sleep

#### **Developmental Competency**

Decrease in academic performance

#### **Sexual Behaviors**

Preoccupation with sexual issues

#### **Relationship Behaviors**

Change in school activities  
Change in social interaction such as withdrawal  
Separation fear/ Fear being alone

#### **Substance Use/Abuse...**

### EARLY CHILDHOOD (3-5Y) BEHAVIORAL MANIFESTATIONS

#### **Illness-Related Behaviors**

N/A

#### **Emotions and Moods**

Generally sad  
Self-destructive behaviors

#### **Impulsive/Hyperactive or Inattentive Behaviors**

Inattention  
High activity level

#### **Negative/Antisocial Behaviors**

Tantrums  
Negativism  
Aggression  
Uncontrolled, noncompliant

#### **Feeding, Eating, Elimination Behaviors**

Change in eating  
Fecal soiling  
Bedwetting

#### **Somatic and Sleep Behaviors**

Change in sleep

#### **Developmental Competency**

Regression or delay in developmental attainments

#### **Sexual Behaviors**

Preoccupation with sexual issues

#### **Relationship Behaviors**

Ambivalence toward independence  
Socially withdrawn, isolated  
Excessive clinging  
Separation fears  
Fear of being alone

### ADOLESCENCE (13-21Y) BEHAVIORAL MANIFESTATIONS

#### **Illness-Related Behaviors**

Transient physical complaints

#### **Emotions and Moods**

Sadness  
Self-destructive  
Anxiety  
Preoccupation with stress  
Decreased self-esteem  
Change in mood

#### **Impulsive/Hyperactive or Inattentive Behaviors**

Inattention  
Impulsivity  
High activity level

#### **Negative/Antisocial Behaviors**

Aggression  
Antisocial behavior

#### **Feeding, Eating, Elimination Behaviors**

Change in appetite  
Inadequate eating habits

#### **Somatic and Sleep Behaviors**

Inadequate sleeping habits  
Oversleeping

#### **Developmental Competency**

Decrease in academic achievement

#### **Sexual Behaviors**

Preoccupation with sexual issues

#### **Relationship Behaviors**

Change in school activities  
School absences  
Change in social interaction such as withdrawal

#### **Substance Use/Abuse...**

\* Adapted from The Classification of Child and Adolescent Mental Diagnoses in Primary Care (1996). American Academy of Pediatrics



## ***The Broad Continuum of Conduct and Behavioral Problems***

**A. Developmental Variations**

**B. Problems**

**C. Disorders**



The American Academy of Pediatrics has produced a manual for primary care providers that gives guidelines for psychological behaviors that are within the range expected for the age of the child, problems that may disrupt functioning but are not sufficiently severe to warrant the diagnosis of a mental disorder, and disorders that do meet the criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders 5th ed.) of the American Psychiatric Association (DSM-V).

Just as the continuum of Type I, II, and III problems presented in Section IB does, the pediatric manual provides a way to describe problems and plan interventions without prematurely deciding that internal pathology is causing the problems. The manual's descriptions are a useful way to introduce the range of concerns facing parents and school staff.



# The Broad Continuum of Conduct and Behavioral Problems

## *A. Developmental Variations: Behaviors that are Within the Range of Expected Behaviors for That Age Group\**

### DEVELOPMENTAL VARIATION

#### Negative Emotional Behavior Variation

Infants and preschool children typically display negative emotional behaviors when frustrated or irritable. The severity of the behaviors varies depending on temperament. The degree of difficulty produced by these behaviors depends, in part, on the skill and understanding of the caregivers.

### COMMON DEVELOPMENTAL PRESENTATIONS

#### Infancy

The infant typically cries in response to any frustration, such as hunger or fatigue, or cries for no obvious reason, especially in late afternoon, evening, and nighttime hours.

#### Early Childhood

The child frequently cries and whines, especially when hungry or tired, is easily frustrated, frequently displays anger by hitting and biting, and has temper tantrums when not given his or her way.

#### Middle Childhood

The child has temper tantrums, although usually reduced in degree and frequency, and pounds his or her fists or screams when frustrated.

#### Adolescence

The adolescent may hit objects or slam doors when frustrated and will occasionally curse or scream when angered.

### SPECIAL INFORMATION

These negative emotional behaviors are associated with temperamental traits, particularly low adaptability, high intensity, and negative mood (...). These behaviors decrease drastically with development, especially as language develops. These behaviors are also especially responsive to discipline.

Environmental factors, especially depression in the parent (...), are associated with negative emotional behaviors in the child. However, these behaviors are more transient than those seen in adjustment disorder (...).

These behaviors increase in situations of environmental stress such as child neglect or physical/sexual abuse (...), but again the behaviors are more transient than those seen in adjustment disorder (...).

As children grow older, their negative emotions and behaviors come under their control. However, outbursts of negative emotional behaviors including temper tantrums are common in early adolescence when adolescents experience frustration in the normal developmental process of separating from their nuclear family and also experience a normal increase in emotional reactivity. However, a decrease in negative emotional behaviors is associated with normal development in middle to late adolescence.

\*Adapted from *The Classification of Child and Adolescent Mental Diagnoses in Primary Care*. (1996) American Academy of Pediatrics



## DEVELOPMENTAL VARIATIONS

### Aggressive/Oppositional Variation

#### *Oppositionality*

Mild opposition with mild negative impact is a normal developmental variation. Mild opposition may occur several times a day for a short period. Mild negative impact occurs when no one is hurt, no property is damaged, and parents do not significantly alter their plans.

## COMMON DEVELOPMENTAL PRESENTATIONS

### Infancy

The infant sometimes flails, pushes away, shakes head, gestures refusal, and dawdles. These behaviors may not be considered aggressive intentions, but the only way the infant can show frustration or a need for control in response to stress, e.g., separation from parents, intrusive interactions (physical or sexual), overstimulation, loss of family member, change in caregivers.

### Early Childhood

The child's negative behavior includes saying "no" as well as all of the above behaviors but with increased sophistication and purposefulness. The child engages in brief arguments, uses bad language, purposely does the opposite of what is asked, and procrastinates.

### Middle Childhood

The child's oppositional behaviors include all of the above behaviors, elaborately defying doing chores, making up excuses, using bad language, displaying negative attitudes, and using gestures that indicate refusal.

### Adolescence

The adolescent's oppositional behaviors include engaging in more abstract verbal arguments, demanding reasons for requests, and often giving excuses.

## SPECIAL INFORMATION

Oppositional behavior occurs in common situations such as getting dressed, picking up toys, during meals, or at bedtime. In early childhood, these situations broaden to include preschool and home life. In middle childhood, an increase in school-related situations occurs. In adolescence, independence-related issues become important.

## DEVELOPMENTAL VARIATIONS

### Aggressive/Oppositional Variation

#### *Aggression*

In order to assert a growing sense of self, nearly all children display some amount of aggression, particularly during periods of rapid developmental transition. Aggression tends to decline normatively with development. Aggression is more common in younger children, who lack self-regulatory skills, than in older children, who internalize familial and societal standards and learn to use verbal mediation to delay gratification. Children may shift normatively to verbal opposition with development. Mild aggression may occur several times per week, with minimal negative impact.

## COMMON DEVELOPMENTAL PRESENTATIONS

### Infancy

The infant's aggressive behaviors include crying, refusing to be nurtured, kicking, and biting, but are usually not persistent.

### Early Childhood

The child's aggressive behaviors include some grabbing toys, hating siblings and others, kicking, and being verbally abusive to others, but usually responds to parental reprimand.

### Middle Childhood

The child's aggressive behaviors include some engaging in all of the above behaviors, with more purposefulness, getting even for perceived injustice, inflicting pain on others, using profane language, and bullying and hitting peers. The behaviors are intermittent and there is usually provocation.

### Adolescence

The adolescent exhibits overt physical aggression less frequently, curses, mouths off, and argues, usually with provocation.

## SPECIAL INFORMATION

\*Adapted from The Classification of Child and Adolescent Mental Diagnoses in Primary Care. (1996) American Academy of Pediatrics

In middle childhood, more aggression and self-defense occur at school and with peers. During adolescence, aggressive and oppositional behaviors blend together in many cases.



## ***B. Problems--Behaviors Serious Enough to Disrupt Functioning with Peers, at School, at Home, but Not Severe Enough to Meet Criteria of a Mental Disorder.\****

### **PROBLEM**

#### **Negative Emotional Behavior Problem**

Negative emotional behaviors that increase (rather than decrease) in intensity, despite appropriate caregiver management, and that begin to interfere with child-adult or peer interactions may be a problem. These behaviors also constitute a problem when combined with other behaviors such as hyperactivity/impulsivity (see Hyperactive/Impulsive Behaviors cluster ...), aggression (see Aggressive/ Oppositional Behavior cluster, ...), and/or depression (see Sadness and Related Symptoms cluster, ...). However, the severity and frequency of these behaviors do not meet the criteria for disorder.

### **COMMON DEVELOPMENT PRESENTATIONS**

#### **Infancy**

The infant flails, pushes away, shakes head, gestures refusal, and dawdles. These actions should not be considered aggressive intentions, but the only way the infant can show frustration or a need for control in response to stress--e.g., separation from parents, intrusive interactions (physical or sexual), overstimulation, loss of a family member, or change in caregivers.

#### **Early Childhood**

The child repeatedly, despite appropriate limit setting and proper discipline, has intermittent temper tantrums. These behaviors result in caregiver frustration and can affect interactions with peers.

#### **Middle Childhood**

The child has frequent and/or intense responses to frustrations, such as losing in games or not getting his or her way. Negative behaviors begin to affect interaction with peers.

#### **Adolescence**

The adolescent has frequent and/or intense reactions to being denied requests and may respond inappropriately to the normal teasing behavior of others. The adolescent is easily frustrated, and the behaviors associated with the frustration interfere with friendships or the completion of age-appropriate tasks.

### **SPECIAL INFORMATION**

Intense crying frustrates caregivers. The typical response of caregivers must be assessed in order to evaluate the degree of the problem.

The presence of skill deficits as a source of frustration must be considered (e.g., the clumsy child who does not succeed in games in early childhood or in sports in later childhood and adolescence, or the child with a learning disability (...).

\*Adapted from *The Classification of Child and Adolescent Mental Diagnoses in Primary Care* (1996). American Academy of Pediatrics.



## PROBLEM

### Aggressive/Oppositional Problem

#### Oppositionality

The child will display some of the symptoms listed for oppositional defiant disorder (...). The frequency of the opposition occurs enough to be bothersome to parents or supervising adults, but not often enough to be considered a disorder.

## COMMON DEVELOPMENT PRESENTATIONS

### Infancy

The infant screams a lot, runs away from parents a lot, and ignores requests.

### Early Childhood

The child ignores requests frequently enough to be a problem, dawdles frequently enough to be a problem, argues back while doing chores, throws tantrums when asked to do some things, messes up the house on purpose, has a negative attitude many days, and runs away from parents on several occasions.

### Middle Childhood

The child intermittently tries to annoy others such as turning up the radio on purpose, making up excuses, begins to ask for reasons why when given commands, and argues for longer times. These behaviors occur frequently enough to be bothersome to the family.

### Adolescence

The adolescent argues back often, frequently has a negative attitude, sometimes makes obscene gestures, and argues and procrastinates in more intense and sophisticated ways.

## SPECIAL INFORMATION

All children occasionally defy adult requests for compliance, particularly the requests of their parents. More opposition is directed toward mothers than fathers. Boys display opposition more often than girls and their opposition tends to be expressed by behaviors that are more motor oriented. The most intense opposition occurs at the apex of puberty for boys and the onset of menarche for girls.

## PROBLEM

### Aggressive/Oppositional Problem

#### Aggression

When levels of aggression and hostility interfere with family routines, begin to engender negative responses from peers or teachers, and/or cause disruption at school, problematic status is evident. The negative impact is moderate. People change routines; property begins to be more seriously damaged. The child will display some of the symptoms listed for conduct disorder (...) but not enough to warrant the diagnosis of the disorder. However, the behaviors are not sufficiently intense to qualify for a behavioral disorder.

*\*Adapted from The Classification of Child and Adolescent Mental Diagnoses in Primary Care. (1996) American Academy of Pediatrics*

## COMMON DEVELOPMENT PRESENTATIONS

### Infancy

The infant bites, kicks, cries, and pulls hair fairly frequently.

### Early Childhood

The child frequently grabs others' toys, shouts, hits or punches siblings and others, and is verbally abusive.

### Middle Childhood

The child gets into fights intermittently in school or in the neighborhood, swears or uses bad language sometimes in inappropriate settings, hits or otherwise hurts self when angry or frustrated.

### Adolescence

The adolescent intermittently hits others, uses bad language, is verbally abusive, may display some inappropriate suggestive sexual behaviors.

## SPECIAL INFORMATION

Problem levels of aggressive behavior may run in families. When marked aggression is present, the assessor must examine the family system, the types of behaviors modeled, and the possibility of abusive interactions.



## C. *Disorders that Meet the Criteria of a Mental Disorder as Defined by the Diagnostic and Statistical Manual of the American Psychiatric Association (IV-1994)*

### DISORDERS

#### Conduct Disorder Childhood Onset

#### Conduct Disorder Adolescent Onset

A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated. Onset may occur as early as age 5 to 6 years, but is usually in late childhood or early adolescence. The behaviors harm others and break societal rules including stealing, fighting, destroying property, lying, truancy, and running away from home.

(see DSM-IV criteria ...)

#### Adjustment Disorder With Disturbance of Conduct

(see DSM-IV criteria ...)

#### Disruptive Behavior Disorder, NOS

(see DSM-IV criteria ...)

#### Infancy

It is not possible to make the diagnosis.

#### Early Childhood

Symptoms are rarely of such a quality or intensity to be able to diagnose the disorder.

#### Middle Childhood

The child often may exhibit some of the following behaviors: lies, steals, fights with peers with and without weapons, is cruel to people or animals, may display some inappropriate sexual activity, bullies, engages in destructive acts, violates rules, acts deceitful, is truant from school, and has academic difficulties.

#### Adolescence

The adolescent displays delinquent, aggressive behavior, harms people and property more often than in middle childhood, exhibits deviant sexual behavior, uses illegal drugs, is suspended/expelled from school, has difficulties with the law, acts reckless, runs away from home, is destructive, violates rules, has problems adjusting at work, and has academic difficulties.

### SPECIAL INFORMATION

The best predictor of aggression that will reach the level of a disorder is a diversity of antisocial behaviors exhibited at an early age; clinicians should be alert to this factor. Oppositional defiant disorder usually becomes evident before age 8 years and usually not later than early adolescence. Oppositional defiant disorder is more prevalent in males than in females before puberty, but rates are probably equal after puberty. The occurrence of the following negative environmental factors may increase the likelihood, severity, and negative prognosis of conduct disorder: parental rejection and neglect (...), inconsistent management with harsh discipline, physical or sexual child abuse (...), lack of supervision, early institutional living (...), frequent changes of caregivers (...), and association with delinquent peer group. Suicidal ideation, suicide attempts, and completed suicide occur at a higher than expected rate (see Suicidal Thoughts or Behaviors cluster). If the criteria are met for both oppositional defiant disorder and conduct disorder, only code conduct disorder.

\*Adapted from *The Classification of Child and Adolescent Mental Diagnoses in Primary Care*. (1996) American Academy of Pediatrics



## DISORDERS

### Oppositional Defiant Disorder

Hostile, defiant behavior towards others of at least 6 months duration that is developmentally inappropriate.

- often loses temper
- often argues with adults
- often actively defies or refuses to comply with adults' requests or rules
- often deliberately annoys people
- often blames others for his or her mistakes or misbehavior
- is often touchy or easily annoyed by others
- is open angry and resentful
- is often spiteful or vindictive

(see DSM-IV Criteria...)

## COMMON DEVELOPMENT PRESENTATIONS

### Infancy

It is not possible to make the diagnosis.

### Early Childhood

The child is extremely defiant, refuses to do as asked, mouths off, throws tantrums.

### Middle Childhood

The child is very rebellious, refusing to comply with reasonable requests, argues often, and annoys other people on purpose.

**Adolescence** The adolescent is frequently rebellious, has severe arguments, follows parents around while arguing, is defiant, has negative attitudes, is unwilling to compromise, and may precociously use alcohol, tobacco, or illicit drugs.



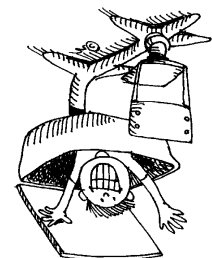
\*Adapted from *The Classification of Child and Adolescent Mental Diagnoses in Primary Care*. (1996) American Academy of Pediatrics





## ***Interventions for Conduct and Behavior Problems***

- A. Intervention Focus in Dealing with Misbehavior
- B. Behavior Initiatives in Broad Perspective
- C. Addressing Student Problem Behavior
- D. Rethinking Discipline
- E. Promoting Positive Peer Relationships
- F. Empirically Supported Treatment
- G. Medications





### III. Interventions for Conduct and Behavior Problems

#### A. Intervention Focus in Dealing with Misbehavior

**U**nfortunately, too many people see punishment as the only recourse in dealing with misbehavior. They use the most potent negative consequences available to them in a desperate effort to control an individual and make it clear to others that the behavior is not tolerated.

Because of the frequency of student misbehavior, teachers often feel they must deal with the behavior problem before they can work on the matters of engagement and accommodation. This is especially the case when deviant and devious behavior creates an unsafe environment.

As a result, teachers and other school staff increasingly have adopted social control strategies. These include some discipline and classroom management practices that model behavior that fosters (rather than counters) development of negative values. Exhibit 1 presents an overview of prevailing discipline practices.

In schools, short of suspending the individual, punishment takes the form of a decision to do something to students that they do not want done. In addition, a demand for future compliance usually is made, along with threats of harsher punishment if compliance is not forthcoming. The discipline may be administered in ways that suggest the student is seen as an undesirable person. As students get older, suspension increasingly comes into play. Indeed, suspension remains one of the most common disciplinary responses for the transgressions of secondary students.

As with many emergency procedures, the benefits of using punishment may be offset by many negative consequences. These include increased negative attitudes toward school and school personnel. These attitudes often lead to more behavior problems, anti-social acts, and various mental health problems. Disciplinary procedures also are associated with dropping out of school. Extreme disciplinary practices often constitute "pushout" strategies.

A large literature points to the negative impact of harsh discipline.

Most school guidelines for managing misbehavior stress that discipline should be reasonable, fair, and nondenigrating (e.g., should be experienced by recipients as legitimate reactions that neither denigrate one's sense of worth nor reduce one's sense of autonomy). With this in mind, classroom management practices usually emphasize establishing and administering logical consequences. Such an idea is generalized from situations where naturally occurring consequences are present, such as touching a hot stove causes a burn. (See the Exhibit 2 for more on the topic of logical consequences.)

Specific discipline practices ignore the broader picture that every classroom teacher must keep in mind. The immediate objective of stopping misbehavior must be accomplished in ways that maximize the likelihood that the teacher can engage/re-engage the student in instruction and positive learning.

From a prevention viewpoint, few doubt that program improvements that engage and re-engage students can reduce behavior (and learning) problems significantly. Application of consequences also is recognized as an insufficient step in preventing future misbehavior. Therefore, as outlined in Exhibit 3, strategies for dealing with misbehavior should encompass interventions for

- preventing and anticipating misbehavior
- reacting during misbehavior
- following-up.



## *Exhibit 1*

### **Defining and Categorizing Discipline Practices**

Historically, the two mandates that have shaped much of current practice are: (1) schools must teach self discipline to students; and (2) teachers must learn to use disciplinary practices effectively to deal with misbehavior.

In 1987, Knoff offered three definitions of discipline as applied in schools:

"(a) ... punitive intervention; (b) ... a means of suppressing or eliminating inappropriate behavior, of teaching or reinforcing appropriate behavior, and of redirecting potentially inappropriate behavior toward acceptable ends; and (c) ... a process of self control whereby the (potentially) misbehaving student applies techniques that interrupt inappropriate behavior, and that replace it with acceptable behavior". In contrast to the first definition which specifies discipline as punishment, Knoff viewed the other two as nonpunitive or as he called them "positive, best practices approaches."

In 1982, Hyman, Flannagan, & Smith categorized models shaping disciplinary practices into 5 groups: psychodynamic interpersonal models, behavioral models, sociological models, eclectic ecological models, and human potential models

In 1986, Wolfgang & Glickman grouped disciplinary practices in terms of a process oriented framework:

- relationship listening models
- confronting contracting models
- rules/rewards punishment

In 1995, Bear categorized three goals of the practice with a secondary nod to processes, strategies and techniques used to reach the goals:

- preventive discipline models (e.g., models that stress classroom management, prosocial behavior, moral/character education, social problem solving, peer mediation, affective education and communication models)
- corrective models (e.g., behavior management, Reality Therapy)
- treatment models (e.g., social skills training, aggression replacement training, parent management training, family therapy, behavior therapy)



## *Exhibit 2*

### **About Logical Consequences**

In classrooms, little ambiguity may exist about the rules; unfortunately, the same often cannot be said about "logical" penalties. Even when the consequence for a particular rule infraction is specified ahead of time, the logic may be more in the mind of the teacher than in the eyes of the students. In the recipient's view, any act of discipline may be experienced as punitive – unreasonable, unfair, denigrating, disempowering.

Basically, consequences involve depriving students of things they want and/or making them experience something they don't want. Consequences take the form of (a) removal/deprivation (e.g., loss of privileges, removal from an activity), (b) reprimands (e.g., public censure), (c) reparations (e.g., to compensate for losses caused by misbehavior), and (d) recantations (e.g., apologies, plans for avoiding future problems). For instance, teachers commonly deal with acting out behavior by removing a student from an activity. To the teacher, this step (often described as "time out") may be a logical way to stop students from disrupting others by isolating them, or the logic may be that the students need a cooling off period. The reasoning is that (a) by misbehaving students show they do not deserve the privilege of participating (assuming the students like the activity) and (b) the loss will lead to improved behavior in order to avoid future deprivation.

Most teachers have little difficulty explaining their reasons for using a consequence. However, if the intent really is for students to perceive consequences as logical and nondebilitating, logic calls for determining whether the recipient sees the discipline as a legitimate response to misbehavior. Moreover, difficulties arise about how to administer consequences in ways that minimize negative impact on a student's perceptions of self. Although the intent is to stress that the misbehavior and its impact are bad, students too easily can experience the process as characterizing them as bad people.

Organized sports such as youth basketball and soccer offer a prototype of an established and accepted set of consequences administered with recipient's perceptions given major consideration. In these arenas, referees are able to use the rules and related criteria to identify inappropriate acts and apply penalties; moreover, they are expected to do so with positive concern for maintaining a youngster's dignity and engendering respect for all.

If discipline is to be perceived as a logical consequence, steps must be taken to convey that a response is not a personally motivated act of power (e.g., an authoritarian action) and, indeed, is a rational and socially agreed upon reaction. Also, if the intent is long term reduction in future misbehavior, time must be taken to help students learn right from wrong, to respect others rights, and to accept responsibility.

From a motivational perspective, logical consequences are based on understanding a student's perceptions and are used in ways that minimize negative repercussions. To these ends, motivation theory suggests (a) establishing publicly accepted consequences to increase the likelihood they are experienced as socially just (e.g., reasonable, firm but fair) and (b) administering such consequences in ways that allow students to maintain a sense of integrity, dignity, and autonomy. These ends are best achieved under conditions where students are "empowered" (e.g., are involved in deciding how to make improvements and avoid future misbehavior and have opportunities for positive involvement and reputation building at school).



## Intervention Focus in Dealing with Misbehavior

### I. Preventing Misbehavior

#### A. Expand Social Programs

1. Increase economic opportunity for low income groups
2. Augment health and safety prevention and maintenance (encompassing parent education and direct child services)
3. Extend quality day care and early education

#### B. Improve Schooling

1. Personalize classroom instruction (e.g., accommodating a wide range of motivational and developmental differences)
2. Provide status opportunities for nonpopular students (e.g., special roles as assistants and tutors)
3. Identify and remedy skill deficiencies early

#### C. Follow-up All Occurrences of Misbehavior to Remedy Causes

1. Identify underlying motivation for misbehavior
2. For unintentional misbehavior, strengthen coping skills (e.g., social skills, problem solving strategies)
3. If misbehavior is intentional but reactive, work to eliminate conditions that produce reactions (e.g., conditions that make the student feel incompetent, controlled, or unrelated to significant others)
4. For proactive misbehavior, offer appropriate and attractive alternative ways the student can pursue a sense of competence, control, and relatedness
5. Equip the individual with acceptable steps to take instead of misbehaving (e.g., options to withdraw from a situation or to try relaxation techniques)
6. Enhance the individual's motivation and skills for overcoming behavior problems (including altering negative attitudes toward school)

### II. Anticipating Misbehavior

#### A. Personalize Classroom Structure for High Risk Students

1. Identify underlying motivation for misbehavior
2. Design curricula to consist primarily of activities that are a good match with the identified individual's intrinsic motivation and developmental capability
3. Provide extra support and direction so the identified individual can cope with difficult situations (including steps that can be taken instead of misbehaving)

#### B. Develop Consequences for Misbehavior that are Perceived by Students as Logical (i.e., that are perceived by the student as reasonable fair, and nondenigrating reactions which do not reduce one's sense of autonomy)

### III. During Misbehavior

#### A. Try to base response on understanding of underlying motivation (if uncertain, start with assumption the misbehavior is unintentional)

#### B. Reestablish a calm and safe atmosphere

1. Use understanding of student's underlying motivation for misbehaving to clarify what occurred (if feasible involve participants in discussion of events)
2. Validate each participant's perspective and feelings
3. Indicate how the matter will be resolved emphasizing use of previously agreed upon logical consequences that have been personalized in keeping with understanding of underlying motivation
4. If the misbehavior continues, revert to a firm but nonauthoritarian statement
5. As a last resort use crises back up resources
  - a. If appropriate, ask student's classroom friends to help
  - b. Call for help from identified back up personnel
6. Throughout the process, keep others calm by dealing with the situation with a calm and protective demeanor



#### IV. After Misbehavior

##### A. Implement Discipline Logical Consequences/Punishment

1. Objectives in using consequences
  - a. Deprive student of something s/he wants
  - b. Make student experience something s/he doesn't want
2. Forms of consequences
  - a. Removal/deprivation (e.g., loss of privileges, removal from activity)
  - b. Reprimands (e.g., public censure)
  - c. Reparations (e.g., of damaged or stolen property)
  - d. Recantations (e.g., apologies, plans for avoiding future problems)

##### B. Discuss the Problem with Parents

1. Explain how they can avoid exacerbating the problem
- 2 Mobilize them to work preventively with school

##### C. Work Toward Prevention of Further Occurrences (see I & II)



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## **B. Behavioral Initiatives in Broad Perspective**

### **What is a Behavioral Initiative?**

***Flaunting the rules, vandalizing property, bullying others, acting out in disrespectful, defiant, and violent ways*** -- schools across the country are being called on to do more about such student misbehavior. From the general public's perspective, the incidence of "discipline" problems is far too great; from the perspective of teachers and other school staff and many students, the problems represent additional barriers to teaching and learning. Concern about all this is heightened by the movement to keep special education students in regular classrooms, including those who need special interventions to address behavioral needs.

***How should schools respond to problem behavior?*** In too many cases, the tendency is to overrely on strategies such as denying privileges, detention, and suspension. Too often, such measures are ineffective and even counterproductive. The necessity for schools to improve how they respond to behavioral needs is delineated in the 1997 reauthorization of IDEA (Individuals with Disabilities Education Act) which calls for IEPs (Individual Education Programs) to address such needs among children with disabilities early and comprehensively.\* This requirement is a catalyst for schools to enhance the way they address behavioral concerns of all students.

***And so the move to behavioral initiatives.*** In response to increasing need and the deficiencies of current practices, those responsible for public education are now developing behavioral initiatives. Such initiatives emphasize proactive programs to address student misbehavior. They provide families, schools, and communities with reforms and tools to reduce behavioral barriers to learning. In the process, they have the potential to foster school wide approaches to addressing barriers to learning and enhance positive relationships among school, family, and community.

***What does a behavioral initiative look like?*** Because there is no consensus about the characteristics of such interventions, marked variations can be expected as initiatives develop. Some will focus on underlying causes of misbehavior; a few will emphasize holistic approaches; many will focus directly on behavioral interventions and functional assessments; some will emphasize direct and indirect ways to promote student social and emotional development; some will focus on enhancing school and community attitudes, skills, and systems. All will recognize the need for schools and communities to work together. The state of Montana, for example, sees its initiative as assisting "educators and other community members in developing the attitudes, skills, and systems necessary to ensure that each student leaves public education and enters the community with social competence appropriate to the individual regardless of ability or disability." The aim is to develop students who are "personally and socially ready to participate as productive citizens." This is to be accomplished through "a comprehensive staff development venture created to improve the capacities of schools and communities to meet the diverse and increasingly complex social, emotional and behavioral needs of students."



## ***Behavioral Initiatives in Broad Perspective***

Below is the table of contents from the Center's technical assistance sampler on this topic.  
Access at -- <http://smhp.psych.ucla.edu/pdfdocs/behavioral/behini.pdf>

What is a Behavioral Initiative?

Behavioral Initiatives and IDEA

A Brief:

Behavior Problems: What's a School to Do?

References to Books, Chapters, Articles, Reports, & Other Printed Resources

Model Programs and Guides

- A. Major Behavioral Initiatives Across the Country
- B. School wide Programs
- C. Behavioral Initiative Assessment Instruments
- D. Assessing Resources for School-Wide Approaches--  
A Set of Self-study Surveys
- E. Functional Behavioral Assessment: Policy and Practice

A Brief:

Enabling Learning in the Classroom: A Primary Mental Health Concern

Agencies, Organizations, & Internet Sites

A Few Other Related Documents in our Clearinghouse

Consultation Cadre

Appendix

Other References Related to Behavior Concerns



### ***C. Addressing Student Problem Behavior***

This is the table of contents from Part I of the Center for Effective Collaboration and Practice's document on addressing student problem behavior.

#### ***An IEP Team's Introduction To Functional Behavioral Assessment And Behavior Intervention Plans***

- [Acknowledgments](#)
  - [Introduction](#)
  - [IDEA Rights and Requirements](#)
  - [IEP Team Roles and Responsibilities](#)
  - [Why a Functional Assessment of Behavior is Important](#)
  - [Conducting a Functional Behavioral Assessment](#)
  - [Identifying the Problem Behavior](#)
  - [Possible Alternative Assessment Strategies](#)
  - [Techniques for Conducting the Functional Behavioral Assessment](#)
    - [Indirect Assessment](#)
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-



## ***D. Rethinking Discipline***

### ***Rethinking Discipline to Improve School Climate***

**B**ehavior problems clearly get in the way of schools meeting their mission. Misbehavior disrupts. In some forms, such as bullying and intimidating others, it is hurtful. And, observing such behavior may disinhibit others. Because of this, discipline and classroom management are daily topics at every school. Increasingly, however, concerns have been raised about inequities in applying consequences for misbehavior, and there is a growing appreciation of how traditional approaches to discipline can have a negative impact on school climate and culture.

#### **Disparities in School Discipline Practices**

Data from the U.S. Department of Education's Office of Civil Rights

*Racial Disparities:* Students of Color are suspended and expelled at disproportionately higher rates than their white peers.

- Compared to their white peers, African American students are three times more likely to be suspended and expelled.
- American Indian and Native-American students, who make up less than 1% of the student population, make up 2% of students suspended and 3% of students expelled from school.
- African American girls have the highest suspension rate (12%) in comparison to girls of any other race or ethnicity.
- Compared to their white male peers (6%) and white female peers (1%), American Indian and Native American girls are suspended at a rate of 7%

*Gender Disparities:* Of the students suspended multiple times out of school and expelled, boys are three times more likely than girls to be suspended and expelled.

*Students with disabilities.* Also suspended at higher rates (13%) than students without disabilities (6%).

As noted in a 2014 report by the Council of State Governments Justice Center, “millions of students are being removed from their classrooms each year, mostly in middle and high schools, and overwhelmingly for minor misconduct. When suspended, these students are at a significantly higher risk of falling behind academically, dropping out of school, and coming into contact with the juvenile justice system. A disproportionately large percentage of disciplined students are youth of color, students with disabilities, and youth who identify as lesbian, gay, bisexual, or transgender (LGBT).”



## About School Climate

It is noteworthy that the U.S. Department of Education urges educators to use the growing body of research in applying three “principles” for creating a positive school climate and improving discipline practices. The department states:

1. Create a positive school climate by focusing on prevention of behavioral problems
2. Expectations and consequences should be clear, appropriate, and consistent.
3. Fairness, equity and continuous improvement should be ensured.

As appropriate as these matters are, they do not underscore the psychological realities related to enhancing school climate.

Those concerned with enhancing a positive school climate want to develop an equitable, safe, friendly, caring, supportive, nurturing, empowering, and mutually respectful setting. These, of course, are emerging qualities. And psychologically, these qualities are in the eye of the beholder. From a psychological perspective, a setting is perceived positively when it is experienced as effectively enhancing, and as doing little to threaten, a student’s feelings of competence, self-determination, and connectedness to significant others.

## About Discipline

Students are seen in *compliance* when they adhere to established rules and positively respond to adult requests. When they don't, some form of discipline often is applied.

An often stated assumption is that stopping a student's misbehavior using social control practices will make her or him amenable to teaching. In a few cases, this may be so. However, the assumption ignores all the research that has led to understanding *psychological reactance* (i.e., the need for individuals to maintain and restore a sense of self-determination). Moreover, it belies two painful sets of data: the number of students who continue to manifest poor academic achievement and the staggering dropout rate in too many schools.

Ideally, consequences for misbehavior at school should be designed as learning and helping interactions. That is, more than obedience and compliance, the intent should be to

- (a) help students by addressing factors causing the misbehavior and
- (b) facilitate their learning (i.e., knowledge, skills, and attitudes) about
  - appropriate behavior and responsible self-control in a social context,
  - the boundaries and value of socially acceptable behavior,
  - their place in the social world that surrounds them.

With these matters in mind, traditional disciplinary practices need to give way to a personalized approach that accounts for factors causing misbehavior and how to address such factors.

Misbehavior and how it is addressed play a sensitive role in determining school and classroom climate and culture. This is particularly a concern in schools where disparities in discipline practices are occurring and where discipline practices mainly employ social control strategies (as contrasted with using misbehavior as a “teachable moment”).



## About Traditional Disciplinary Practices

In a 2011-12 survey, about 38 percent of teachers agreed or strongly agreed that student misbehavior interfered with their teaching. In such instances, a natural reaction is to want those who misbehave to be disciplined and other students to see the consequences of misbehaving. An underlying assumption is that public awareness of consequences will deter subsequent problems. As a result, a considerable amount of time at schools is devoted to discipline and classroom management.

Thus, it is not too surprising that, in their efforts to deal with deviant and devious behavior and to create safe environments, many schools overrely on negative consequences and social control strategies. Unfortunately, such practices model behavior that can foster rather than counter the development of negative values and often produce other forms of undesired behavior. Moreover, the tactics often make schools look and feel more like prisons than community treasures.

In schools, short of suspending a student, punishment essentially takes the form of a decision to do something that the student does not want done. In addition, a demand for future compliance usually is made, along with threats of harsher punishment if compliance is not forthcoming. The discipline may be administered in ways that suggest the student is seen as an undesirable person, and such practices contribute to a negative attitude toward self and school.

In sum, overreliance on traditional discipline practices (e.g., using rewards and punishments to counter misbehavior, exerting power, excluding students) may temporarily control behavior, but such practices

- do not re-engage the student in classroom learning and can undermine intrinsic motivation for learning at school
- generally have a negative effect on relationships and communications with adults at school
- interfere with finding out from the student what is causing the misbehavior
- can exacerbate a negative self-image and emotional problems and increase devious and deviant attitudes and behaviors
- over time can lead to disengagement from academic and social interactions at school and eventual dropping out

***All this is clearly inconsistent with efforts to develop a positive school climate.***

Students are not objects to be manipulated and controlled. The paradox of traditional discipline practices is that they tend to produce feelings of being compelled and coerced, and this leads to psychological reactance and further misbehaving. Avoiding such reactance requires a respectful approach that focuses on individual choice and preference and builds on a student's strengths, gifts and abilities to help the youngster gain a meaningful and empowered role at school and in society.

## Enhancing School Climate and Addressing Student Misbehavior

The mission of schools is education. Good schools create an environment that continuously mobilizes the learner to pursue the curriculum with good behavior and effectively facilitates and enables learning. To these ends, *misbehavior must be addressed in ways that maximize the likelihood that the teacher can engage/re-engage the student in instruction and positive learning.* This is an essential foundation for enhancing a positive school climate.



The growing emphasis, in and out-of-the-classroom, on *positive* approaches for reducing misbehavior and on enhancing support for positive behavior are steps in the right direction. So is the emphasis in school guidelines stressing that discipline should be *reasonable, fair, and nondenigrating* (e.g., should be experienced by recipients as legitimate reactions that neither denigrate one's sense of worth nor reduce one's sense of autonomy). Missing, however, in most school improvement efforts are proactive strategies designed to promote positive social and emotional development, prevent and anticipate problems, assess the causes of incidents, and use incidents as opportunities to both address the causes and as teachable moments.

Key facets of addressing misbehavior proactively include a focus on promoting healthy social and emotional development and addressing barriers to learning and teaching. These are critical elements in enhancing classroom and school climate and fostering conditions for learning that enhance student engagement and re-engage disconnected students.

### **An Environment that Promotes Social and Emotional Development/Learning**

The aim of public education, of course, is not only to teach academics, but to turn out good citizens. This societal concern requires a fundamental focus on facilitating positive social and emotional development/learning that is fully integrated into school improvement efforts and not just relegated to adding a social-emotional unit to the curriculum.

In determining the degree to which this is the case, a regular school-wide assessment focuses on practices that can foster a positive environment for social and emotional, as well as academic growth. Various school climate surveys have been developed. Examples of what might be looked for are:

#### *Social & Emotional Environment*

- Contacts and supports are personalized in order to build trust and mutual respect
- Interactions and communication are encouraged: both between teachers and students; and with students and their peers
- School personnel promote opportunities to engage students in decision making and negotiation related to an event to take advantage of "teachable moments"
- Parent involvement is encouraged and incorporated in a variety of ways
- Interactions between school personnel and students are caring, responsive, supportive, and respectful
- Teachers and staff feel appreciated and acknowledge for their contributions to helping the school succeed
- Diversity is appreciation and respected
- Students, teachers, school personnel, and families feel connected to the school and to each other, as part of a community

#### *Academic Environment*

- Instructional practices are personalized (i.e., curriculum and instruction matches motivational and developmental differences)
- Assessment of progress is conducted in ways that use appropriate expectations and standards with a view to improving personalized instruction
- Regular use of informal and formal groupings and conferences for discussing options, making decisions, exploring learners' perceptions, and mutually evaluating progress;
- A strength-based approach is used to optimize learning
- Opportunities for cooperative learning
- Students are engaged in processes that offer participation in shared decision-making with respect to valued options and choices
- Regular reevaluations of decisions, reformulation of plans, and renegotiation of agreements based on mutual evaluations of progress



## Why Do Students Misbehave?

In moving beyond socialization, social control, and behavior modification and with an emphasis on engagement, there is a need to address the root causes of misbehavior, especially the underlying motivational bases. An *intrinsic* motivational interpretation of the misbehavior of many students is that school is not a place where they experience a sense of competence, autonomy, and or relatedness to valued others. Over time, these perceptions develop into strong motivational dispositions and related patterns of misbehavior.

Differentiating students' motivation is critical to differentiating disciplinary responses. Assessment needs to determine:

- Is the misbehavior unintentional or intentional?
- If it is intentional, is it reactive or proactive?
- If the misbehavior is reactive, is it a reaction to threats to feelings of self-determination, competence, or relatedness?
- If it is proactive, are there other interests that might successfully compete with satisfaction derived from deviant behavior?

Negotiating consequences after an incident is an example of a strategy using misbehavior as a “teachable moment” and can inform a teacher about underlying motivation, how to respond now, and how to address the situation better if it arises again. In using negotiation, the emphasis moves beyond seeking automatic compliance. It can help differentiate between defiance and self-assertion. It can help identify levels of motivation and capability for responding appropriately.

## Addressing Barriers to Learning and Teaching

Ultimately, matters such as disciplinary practices and school climate require school improvement practices that attend directly and with a high priority to the broad range of barriers to learning and teaching and the problem of re-engaging disconnected students. For this to happen requires embracing an expanded vision for school improvement policy and practice that promotes the transformation of student and learning supports. Such a vision encompasses:

- Expanding the policy framework for school improvement to fully integrate, as primary and essential, a student and learning supports component.
- Reframing student and learning support interventions to create a unified and comprehensive system of learning supports in-classrooms and school-wide.
- Reworking the operational infrastructure to ensure effective daily implementation and ongoing development of a unified and comprehensive system for addressing barriers to learning and teaching.
- Enhancing approaches for systemic change in ways that ensure effective implementation, replication to scale, and sustainability.

Such new directions include weaving together and redeploying existing school and community resources and taking advantage of natural opportunities at schools for addressing problems and promoting student, staff, and other stakeholder development. Also emphasized are practices that stress building on strengths and enhancing intrinsic motivation.



For more resources related to the matters discussed in this set of practice notes, see our Online Clearinghouse Quick Finds on:

- *Classroom Management* – <http://smhp.psych.ucla.edu/qf/classroom.htm>
- *Discipline Codes and Policies* – <http://smhp.psych.ucla.edu/qf/Discip.htm>
- *Behavior Problems and Conduct Disorders* – [http://smhp.psych.ucla.edu/qf/p3022\\_01.htm](http://smhp.psych.ucla.edu/qf/p3022_01.htm)
- *Classroom Climate/Culture and School Climate/Culture and Environments that Support Learning* – <http://smhp.psych.ucla.edu/qf/environments.htm>
- *School Improvement Planning* – <http://smhp.psych.ucla.edu/qf/improvement.htm>
- *School Turnaround and Transformation* – <http://smhp.psych.ucla.edu/qf/turnaround.htm>

Specific Center documents in the Quick Finds that may be of interest are:

- > *Rethinking How Schools Address Student Misbehavior & Disengagement* – <http://smhp.psych.ucla.edu/pdfdocs/newsletter/spring08.pdf>
- > *Conduct and Behavior Problems in School Aged Youth* – <http://smhp.psych.ucla.edu/pdfdocs/conduct/conduct.pdf>
- > *Common Behavior Problems at School: A Natural Opportunity for Social and Emotional Learning* – <http://smhp.psych.ucla.edu/pdfdocs/practicenotes/behaviorsocialemot.pdf>
- > *School Engagement, Disengagement, Learning Supports, & School Climate* – <http://smhp.psych.ucla.edu/pdfdocs/schooleng.pdf>
- > *Engaging and Re-engaging Students in Learning at School* – <http://www.smhp.psych.ucla.edu/pdfdocs/engagingandre-engagingstudents.pdf>

### **Concluding Comments**

School and classroom climate are emerging qualities stemming from the interactions within a school. Traditional approaches to disciplining students not only tend to work against enhancing positive perceptions of school climate but can increase negative attitudes toward school and school personnel. These attitudes often lead to more behavior problems, anti-social acts, and various mental health problems. Because disciplinary procedures also are associated with dropping out of school, it is not surprising that some concerned professionals refer to extreme disciplinary practices as "pushout" strategies.

All efforts to respond to behavior problems can and should be done in the context of a unified and comprehensive system designed to address barriers to learning and teaching. In this respect, the developmental trend in thinking about how to respond to misbehavior must be toward practices that embrace an expanded view of engagement and human motivation and that includes a focus on social and emotional learning and an appreciation of the power of intrinsic motivation.

*All this is fundamental to enhancing school climate.*



## Common Behavior Problems at School: A Natural Opportunity for Social and Emotional Learning

**S**tudents misbehave.

It's a daily fact of life in classrooms. What's a teacher to do? More to the point: What *should* a teacher do? That is a question for all of us.

To answer the question, we need to broaden the context from concerns about consequences, social control, removing "triggers," and social skills *training*.

The context must be the goals of schooling. And the goals must include not only academic learning, but the promotion of healthy social and emotional development.

In some form or another, every school has goals that emphasize a desire to enhance students' personal and social functioning. Such goals reflect an understanding that social and emotional growth plays an important role in

- enhancing the daily smooth functioning of schools and the emergence of a safe, caring, and supportive school climate
- facilitating students' holistic development
- enabling student motivation and capability for academic learning
- optimizing life beyond schooling.

With all this in mind, efforts to address misbehavior provide *natural*, albeit challenging, opportunities to promote social and emotional development and minimize transactions that interfere with positive growth in these areas.

Support staff need to grab hold of these opportunities as an avenue for working with teachers in a new way. Whenever a student misbehaves, personal and social growth should become a major priority in deciding how to react. The teacher's work with the student must expand beyond academics and standard curriculum.

The attached tool outlines steps teachers can learn to implement so that the response to misbehavior expands student goals and processes to ensure appropriate social and emotional learning. As can be seen, this means that consequences are formulated in ways that support rather than undermine such goals, that processes are minimized that instigate psychological reactance and negative attitudes toward classroom learning and teachers. In general, the processes enhance rather than threaten the student's feelings of competence, self-determination, and relatedness to teachers, good student role models, and parents.

### Working Toward Prevention of Further Occurrences

- Promote a caring, supportive, and nurturing climate in the classroom and schoolwide
- Personalize classroom instruction (e.g., to accommodate a wide range of motivational and developmental differences by ensuring a good match with students' intrinsic motivation and capabilities)
- Provide status opportunities for nonpopular students (e.g., special roles as assistants and tutors)
- Identify and remedy skill deficiencies early
- For proactive misbehavior, offer appropriate and attractive alternative ways the student can pursue a sense of competence, control, and relatedness
- Equip students with acceptable steps to take instead of misbehaving (e.g., options to withdraw from a situation or to try relaxation techniques)
- Enhance student motivation and skills for overcoming behavior problems (including altering negative attitudes toward school)
- Provide extra support and direction so that students who are prone to misbehave can cope with difficult situations (including steps that can be taken instead of misbehaving)
- Develop consequences for misbehavior that are perceived by students as logical (i.e., that are perceived as reasonable fair, and nondenigrating reactions which do not threaten students' sense of competence, self-determination, and relatedness)



## **Steps in Using Common Behavior Problems as a Natural Opportunity for Social and Emotional Learning**

### ***During Misbehavior***

- (1) Base response on understanding of underlying motivation (if uncertain, start with assumption the misbehavior is unintentional)
- (2) Reestablish a calm and safe atmosphere
  - Use understanding of student's underlying motivation for misbehaving to clarify what occurred (if feasible involve participants in discussion of events)
  - Validate each participant's perspective and feelings
- (3) Indicate how the matter will be resolved emphasizing use of previously agreed upon logical consequences that have been personalized in keeping with understanding of underlying motivation
- (4) If the misbehavior continues, revert to a firm but nonauthoritarian statement
- (5) As a last resort use crises back-up resources
  - If appropriate, ask student's classroom friends to help
  - Call for help from identified back-up personnel
- (6) Throughout the process, keep others calm by dealing with the situation with a calm and protective demeanor

### ***After Misbehavior***

- (1) Implement Logical Consequences (e.g., loss of privileges, removal from activity)
- (2) Work with Student(s) to Clarify, Repair, Correct, and Prevent
  - (re)clarify limits (emphasis on what is acceptable behavior rather than reiteration of rules)
  - repair/replace damaged or stolen property
  - implement special interventions to address relational problems
  - shared development of plans for avoiding future problems
- (3) Work with Parents to Clarify, Repair, Correct, and Prevent
  - explain the actions and reasoning for the steps taken with the student(s)
  - Clarify how the teacher plans to incorporate appropriate social and emotional learning into the goals for the student
  - explain how they can support positive social and emotional learning at home
  - mobilize them to work preventively with school



## *Reducing Behavior Problems in the Elementary School Classroom*

### Introduction to Practice Guide From the What Works Clearinghouse

#### **Overview**

Much of the attention currently given to improving students' academic achievement addresses issues of curriculum, instructional strategies, and interventions or services for struggling learners, and rightfully so. However, even after addressing these issues, barriers still remain for some students. An estimated one-third of students fail to learn because of psychosocial problems that interfere with their ability to fully attend to and engage in instructional activities, prompting a call for "new directions for addressing barriers to learning."<sup>1</sup> These new approaches go beyond explicitly academic interventions to take on the learning challenges posed by problematic student behavior and the ways schools deal with it. Approaches aimed at improving school and classroom environments, including reducing the negative effects of disruptive or distracting behaviors, can enhance the chances that effective teaching and learning will occur, both for the students exhibiting problem behaviors and for their classmates.

In many schools general education elementary classrooms are generally orderly, teacher-student and student-student relationships are positive, and teaching and learning go on without major disruption. Teachers in such classrooms recognize the importance of preventing significant behavior problems and are effectively using fundamental prevention tools—engaging instruction, well-managed classrooms, and positive relationships with students.

Looking to these prevention fundamentals should always be the first step in promoting good behavior at school. However, some teachers have a class in which one or a few students exhibit persistent or significant problem behaviors—those that are disruptive, oppositional, distracting, or defiant. Sometimes when a number of students in a classroom demonstrate such behaviors, it can create a chaotic environment that is a serious impediment to learning for all students. In these cases teachers have exhausted their classroom management strategies without successfully eliminating the obstacles to learning that problem behaviors pose. The purpose of this practice guide is to give teachers additional tools to help them deal proactively and effectively with behaviors that seriously or consistently fail to meet classroom expectations.

This practice guide offers five concrete recommendations (see table 2) to help elementary school general education teachers reduce the frequency of the most common types of behavior problems they encounter among their students. The recommendations begin with strategies teachers can use immediately on their own initiative in their classrooms (recommendations 1–3), then broaden to include approaches that involve resources from outside the classroom. We recognize that teachers encounter situations where they need the guidance, expertise, and support of parents and other teachers or behavior professionals (for example, a school psychologist or behavior specialist) in the school or community, and that school administrators play a critical role in enabling mentoring and collaborative opportunities for staff (recommendation 4). We also acknowledge that the social and behavioral climate of a classroom can reflect the climate of the school more broadly, and we address the contributions of schoolwide strategies or programs to improving student behavior (recommendation 5).

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1. Adelman and Taylor (2005).



**Table 2. Recommendations and corresponding level of evidence to support each**

Recommendation	Level of evidence
<p>1. <i>Identify the specifics of the problem behavior and the conditions that prompt and reinforce it.</i> Every teacher experiences difficulty at one time or another in trying to remedy an individual student's behavior problem that is not responsive to preventative efforts. Because research suggests that the success of a behavioral intervention hinges on identifying the specific conditions that prompt and reinforce the problem behavior (i.e., the behavior's "antecedents" and "consequences"), we recommend that teachers carefully observe the conditions in which the problem behavior is likely to occur and not occur. Teachers then can use that information to tailor effective and efficient intervention strategies that respond to the needs of the individual student within the classroom context.</p>	<p><b>Moderate</b></p>
<p>2. <i>Modify the classroom learning environment to decrease problem behavior.</i> Many effective classroom-focused interventions to decrease students' problematic behavior alter or remove factors that trigger them. These triggers can result from a mismatch between the classroom setting or academic demands and a student's strengths, preferences, or skills. Teachers can reduce the occurrence of inappropriate behavior by revisiting and reinforcing classroom behavioral expectations; rearranging the classroom environment, schedule, or learning activities to meet students' needs; and/or individually adapting instruction to promote high rates of student engagement and on-task behavior.</p>	<p><b>Strong</b></p>
<p>3. <i>Teach and reinforce new skills to increase appropriate behavior and preserve a positive classroom climate.</i> We recommend that teachers actively teach students socially- and behaviorally-appropriate skills to replace problem behaviors using strategies focused on both individual students and the whole classroom. In doing so, teachers help students with behavior problems learn how, when, and where to use these new skills; increase the opportunities that the students have to exhibit appropriate behaviors; preserve a positive classroom climate; and manage consequences to reinforce students' display of positive "replacement" behaviors and adaptive skills.</p>	<p><b>Strong</b></p>
<p>4. <i>Draw on relationships with professional colleagues and students' families for continued guidance and support.</i> Social relationships and collaborative opportunities can play a critical role in supporting teachers in managing disruptive behavior in their classrooms. We recommend that teachers draw on these relationships in finding ways to address the behavior problems of individual students and consider parents, school personnel, and behavioral experts as allies who can provide new insights, strategies, and support.</p>	<p><b>Moderate</b></p>



5. *Assess whether schoolwide behavior problems warrant adopting schoolwide strategies or programs and, if so, implement ones shown to reduce negative and foster positive interactions.* Classroom teachers, in coordination with other school personnel (administrators, grade-level teams, and special educators), can benefit from adopting a schoolwide approach to preventing problem behaviors and increasing positive social interactions among students and with school staff. This type of systemic approach requires a shared responsibility on the part of all school personnel, particularly the administrators who establish and support consistent schoolwide practices and the teachers who implement these practices both in their individual classrooms and beyond.

**Moderate**

Source: Authors' compilation based on analysis described in text.

Fundamental to these recommendations is the notion that behavior is learned—children's behaviors are shaped by the expectations and examples provided by important adults in their lives and by their peers.<sup>2</sup> In the elementary grades, general education classroom teachers are arguably the most important adults at school for the large majority of students. As such, they can play a critical role both in proactively teaching and reinforcing appropriate student behaviors and in reducing the frequency of behaviors that impede learning. Accepting responsibility for the behavioral learning of all students is a natural extension of the responsibility for the academic learning of all students that general education teachers exercise with such purpose every day. The goal of this practice guide is to help teachers carry out their dual responsibility by recommending ways to shape and manage classroom behavior so that teaching and learning can be effective.

Understanding what prompts and reinforces problem behaviors can be a powerful tool for preventing them or reducing their negative impacts when they occur. The first recommendation emphasizes teachers' gathering information about important aspects of problem behaviors in their classrooms—for example, the

specific behavior a student exhibits, its effects on learning, and when, where, and how often it occurs. This information can provide important clues to the underlying purpose of the problem behavior and a foundation for developing effective approaches to mitigate it.

The second recommendation points to classroom conditions or activities that teachers can alter or adapt to influence the frequency or intensity of problem behaviors. When teachers understand the behavioral hot spots in their classroom in terms of timing, setting, and instructional activities, for example, they can proactively develop classwide and individual student strategies (such as a change in instructional groupings, the seating plan, or the order or pace of reading and math instruction) to reduce the contribution of these classroom factors to students' problem behaviors.

The third recommendation recognizes that, just as poor academic performance can reflect deficits in specific academic skills, some students' failure to meet behavioral expectations reflects deficits in specific social or behavioral skills. And just as explicit instruction can help students overcome some academic deficits, explicit instruction can help students learn the positive behaviors and skills they are expected to exhibit at school. Showing

2. Bandura (1977).



students how they can use appropriate behaviors to replace problem behaviors and consistently providing positive reinforcement when they do so can increase students' chances of experiencing social and behavioral success.

Recognizing the collective wisdom and problem-solving abilities of school staff, the fourth recommendation encourages teachers to reach out to colleagues in the school—other classroom teachers, special educators, the school psychologist, or administrators—to help meet the behavioral needs of their students. Similarly, by engaging family members, teachers can better understand their students' behavior issues and develop allies in intervening both at school and at home to help students succeed. When behavior problems warrant the services of behavioral or mental health professionals, teachers are encouraged to play an active role in ensuring that services address classroom behavior issues directly.

The fifth recommendation reflects an understanding that a teacher may be more successful in creating a positive behavioral environment in the classroom when there also are schoolwide efforts to create such an environment. Just as teachers can document and analyze the nature and contexts of behavior problems in the classroom, school leadership teams can map the behavioral territory of the school and use the information to develop prevention strategies and select and implement schoolwide programs for behavior intervention and support when warranted.

Several principles run throughout these recommendations. One relates to the importance of relationships in any focus on student behavior. Schooling is “an intrinsically social enterprise.”<sup>3</sup> Student behavior is shaped by and exhibited and interpreted in a social context that involves

multiple actors (teachers, students, support personnel, specialists), multiple settings (classrooms, hallways, lunch room, playground), and multiple goals (enhancing academic performance, encouraging development of the whole child). Positive behavior is more likely to thrive when relationships at all levels are trusting and supportive and reflect a shared commitment to establish a healthy school and community.

In the classroom, for example, positive teacher-student interactions are at the heart of the recommendation regarding modifying classroom environment and instructional factors to improve student behavior. Associations have been found between positive interactions with teachers and increases in students' social skills, emotional regulation, motivation, engagement, cooperation with classroom rules and expectations,<sup>4</sup> and academic performance. Associations also have been noted between negative interactions with teachers and increases in students' risk for school failure.<sup>5</sup> Teachers show the warmth, respect, and sensitivity they feel for their students through small gestures, such as welcoming students by name as they enter the class each day, calling or sending positive notes home to acknowledge good behavior, and learning about their students' interests, families, and accomplishments outside of school. Teachers also can help students develop peer friendships by having them work together, thereby learning to share materials, follow directions, be polite, listen, show empathy, and work out disagreements. Fostering students' social and emotional development can improve their interactions and attitudes toward school, thereby reducing problem behaviors.<sup>6</sup>

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4. Greenberg et al. (2003); Hamre and Pianta (2005); Pianta et al. (2002); Solomon et al. (1992); Wentzel (2003); Zins et al. (2004).

5. Hamre and Pianta (2005).

6. Zins et al. (2004).

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3. Bryk and Schneider (2002), p. 19.



Enabling the development of strong teacher-teacher relationships in support of collaborative problem-solving regarding student behavior is central to the fourth recommendation. Schools with strong, trusting staff relationships are more likely to have teachers who are willing to engage in new practices and, consequently, who can help to produce gains in student outcomes.<sup>7</sup> The fifth recommendation also reflects the importance of relationships in seeking to establish “a schoolwide culture of social competence.”<sup>8</sup> Changes in practices, structures, or programs within schools are unlikely to be implemented, sustained, or effective in the long term without concerted attention to enhancing the fundamental relationships within schools.

Another principle that underlies the panel’s recommendations is the critical need for increased cultural competence in developing positive relationships in school and community contexts. As our school and community populations become increasingly diverse, all school staff are challenged to learn about, become sensitive to, and broaden their perspectives regarding what may be unfamiliar ways of learning, behaving, and relating. Teachers can establish an inclusive classroom environment through practices such as using and reinforcing language that is gender neutral and free of stereotypes, selecting curricular materials that reflect and honor the cultures and life experiences of students in the class, encouraging and respecting the participation of all students in classroom activities, and holding high expectations for all learners.<sup>9</sup> School leaders can be proactive in supporting opportunities for expanding the cultural competence of school staff through “a vigorous, ongoing,

and systemic process of professional development”<sup>10</sup> that involves building trusting relationships among school staff, taking on issues of personal culture and social disparities, and engaging the entire school community in creating a welcoming environment for all students and their families.

Additionally, the panel recognizes the need for and ability of school staff to translate the recommendations into actions that are appropriate to their specific contexts. One clearly important contextual factor is the age and developmental stage of the students with whom teachers work. The ways that recommendations involving rewards for positive behavior are carried out, for example, will necessarily look different in 1st and 5th grade classrooms, because different forms of motivation are appropriate to students’ developmental stages. Schools in large urban districts often encounter different kinds and intensities of behavior issues than schools in affluent suburbs and have different forms and levels of resources in and outside the school to address them. The panel honors the insights of school staff in understanding what will work in their schools, classrooms, and communities. Thus, recommendations emphasize processes and procedures that can be adapted to a wide range of contexts rather than providing specific recipes that may have limited applicability.

Finally, the recommendations emphasize the importance of being data driven. This means having current, timely information about behavior problems and successes at the school, classroom, and student levels, such as where and when the behavioral hot spots occur in the school and during the school day, which classroom instructional periods or transitions are associated with increased behavioral disruptions, which students exhibit the most

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7. Bryk and Schneider (2002).

8. Vincent, Horner, and Sugai (2002), p. 2.

9. Davis (1993); Gay (2000); Harry and Kalyanpur (1994); Shade, Kelly, and Oberg (1997).

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10. Howard (2007), p. 16.



challenging behaviors and when they are most likely to occur, and what strategies teachers have found to be effective in improving classroom behavior. Without a solid foundation in these kinds of data, interventions might not just be ineffective, but might even exacerbate the problems they are meant to solve. Observation and documentation of student, classroom, and school behavior challenges can be invaluable in targeting resources and changing

strategies to improve behavior at school. Monitoring the effectiveness of strategies by continuing to collect and review data also can support continuous improvement to achieve maximum results. Challenging behaviors are learned over a long period of time; acquiring positive behaviors also takes time. Monitoring progress and celebrating small achievements along the way can help sustain the efforts needed to bring success.





## ***E. Promoting Positive Peer Relationships: A Sample of Recent References***

As the literature stresses, peers play a role in social development and learning related to empathy, caring, social responsibility, negotiation, persuasion, cooperation, compromise, emotional control, conflict resolution, and more. Peers also provide social and emotional support and are socialization agents who model and mold others' behaviors and beliefs and solidify their own. The impact of peers begins with early learning.

Peer relationships at school can facilitate or be a barrier to learning and teaching. Peer relationships can also function as helping interventions. Schools play both a passive and active role.

To highlight all this and to add to the resources already on our Center's website, below is an annotated sample of references. Most of the annotations are edited excerpts from authors' abstracts and introductions.

### **Developing Peer Relationships at School**

>Peer relationships: Promoting positive peer relationships during childhood (2014), C.A.

Rohrbeck & L.S. Gray. In T.P. Gullotta & M. Bloom (Eds.), *Encyclopedia of Primary Prevention and Health Promotion*. New York: Springer.

[http://link.springer.com/referenceworkentry/10.1007/978-1-4614-5999-6\\_137](http://link.springer.com/referenceworkentry/10.1007/978-1-4614-5999-6_137)

With regard to prevention and health promotion, peer relationships may be viewed as a valued outcome in their own right. In addition, positive and negative peer relationships can predict later adaptive and problematic outcomes, respectively. Finally, peer relationships can also serve as risk or protective factors in the relationships among other variables, especially relationships between stressors (e.g., victimization) and outcomes such as depression. This resource provides an overview of strategies, programs with research support and those that are considered promising.

>Promoting positive peer relationships (2008), H.Ming-tak. In H. Ming-tak & L. Wai-shing

(Eds.), *Classroom management: Creating a positive learning environment*. Hong Kong University Press. <http://dx.doi.org/10.5790/hongkong/9789622098886.003.0007>

This chapter highlights (a) the importance of good peer relationships in students' personal growth and academic success, (b) describes how students' conceptions of friendship change from primary to secondary education, and (c) outlines the characteristics of popular students. Some basic practices for promoting students' popularity are given, with a practical framework for helping students with peer problems to take a new perspective and develop new patterns of behaviour for improving their relationships. Lastly, teachers can take a proactive approach in promoting positive peer relationships among students in the classroom by developing strategies in the following areas: teaching social-emotional skills, conflict-resolution skills and problem-solving skills; getting students to learn in groups; and creating a classroom climate of positive peer relationships.



- >Developing positive relationships in schools (2011), S. Roffey. In S. Roffey (Ed.), *Positive relationships: Evidence based practice across the world*. New York: Springer.  
[http://link.springer.com/chapter/10.1007/978-94-007-2147-0\\_9](http://link.springer.com/chapter/10.1007/978-94-007-2147-0_9)

Positive relationships in schools are central to the well-being of both students and teachers and underpin an effective learning environment. There is now a wealth of research on the importance of connectedness in schools and on the specific qualities of in-school relationships that promote effective education. This chapter demonstrates that these are based in an ecological framework throughout the school system. What happens in one part of the school impacts on what happens elsewhere. The chapter explores what schools might do to increase the level of social capital and positive relationships within the school community.

- >Peer relationships as a context for the development of school engagement during early adolescence (2011), L. Yibing, A.D. Lynch, C. Kalvin, J. Liu, & R.M. Lerner, *International Journal of Behavioral Development* 35, 329–342.  
<http://jbd.sagepub.com/content/35/4/329.short>

Peer support positively predicted behavioral and emotional school engagement, whereas associating with problem-behaving friends and bullying involvement were negatively associated with both aspects of school engagement. When students were older, the positive influences of positive peer support on emotional engagement appeared stronger. Similarly, the negative influences of associating with problem-behaving friends on behavioral engagement became more detrimental over time. While girls and youth of higher family socioeconomic status (SES) tended to be more behaviorally and emotionally engaged than boys and youth from less advantaged families, the influences of time and peer relationships on school engagement were not different for boys and girls or for youth with different family SES backgrounds. Implications for understanding peer relations as a context for promoting school engagement are discussed.

- >Teachers' attunement to students' peer group affiliations as a source of improved student experiences of the school social–affective context following the middle school transition (2011), J.V. Hamm, T.W. Farmer, K. Dadisman, M. Gravelle, & A.R. Murray, *Journal of Applied Developmental Psychology*, 32, 267–277. <http://ac.els-cdn.com/>

A randomized control trial examined the impact of a professional development program on rural teachers' attunement to student social dynamics, and the influence of teacher attunement on students' school experiences. Students self-reported their perceptions of the school social–affective context. Intervention and control schools differed on teacher attunement and management of the social environment. Students whose teachers were more attuned to peer group affiliations evidenced improved views of the school social environment. Findings are discussed in terms of attunement as an element of teachers' invisible hand, and for teachers' role in promoting productive contexts for students during the middle school transition.

- >Getting along: How teachers can support children's peer relationships (1997), K. M. Kemple & L. Hartle, *Early Childhood Education Journal*, 24, 139-146. doi:10.1007/BF02353270

Outlines the following set of practices for schools to encourage positive peer interactions.

1. Foster a safe and respected emotional environment (democratic style of discipline, frequent use of children's name to help students recognize and memorize each other; lead discussion about individual interest and experience so that students can have a better understanding of each other and identification of shared interest; participate and guide in conversation to help children realize how they differ from each other)
2. Provide a suitable physical place (large enough to accommodate a group of students, provide adequate equipment such as tables, chairs, books, or snacks, provide a safe play area outside classroom)



3. Prepare accessible materials for all students to choose, and equipment that support children's social activities (provide materials that can meet students' interests, e.g., teachers can provide many color pencils and white papers to students who are interested in painting)
4. Set up a schedule that allows for some free time to play (frequent change of schedule is not good for students to engage in social play; snack time is a good practice for students to talk and share food; teachers can participate during snack time to "model, guide, and encourage polite conversation" and sharing behavior)
5. Observe and help solve the conflicts (teachers do not need to engage in students' activities but are encouraged to observe them; if there are conflicts or bullying behaviors, teachers need to help solve these problems; if teachers' support is needed, especially during interaction among disabled students, teachers should step in and guide the interactions; discuss with students about when they had conflicts with others and how should they solve these problems).

>Friendships, peer acceptance, and group membership: Relations to academic achievement in middle school (1997). K.R. Wentzel & K. Caldwell, *Child Development*, 65, 1198-1209.  
[http://www.jstor.org/stable/1132301?seq=1#page\\_scan\\_tab\\_contents](http://www.jstor.org/stable/1132301?seq=1#page_scan_tab_contents)

Examines the correlation among between peer relationships and middle school students' academic performance. The three aspects of peer relationships addressed are reciprocal friendship, group membership, and peer acceptance. Some of the results:

1. There was a significant relation between peer acceptance and GPA in sixth grade. Peer acceptance was also significantly correlated with reciprocal friendship in sixth grade.
2. As for girls, groups membership was correlated with both six and seventh grade GPA. There was also a significant relation between peer acceptance and sixth and seventh grade GPA.
3. For boys, all three peer variables, except for reciprocal friendship, can predicate GPA in sixth grade.
4. For both boys and girls, there was a significant and positive relationship between peer acceptance and reciprocal friendship.
5. For girls, reciprocal friendship was significantly correlated with emotional distress in sixth and eighth grade.
6. For boys, eighth grade GPA was positively correlated with prosocial behavior and peer acceptance during middle school year, and negatively linked with sixth and eighth grade antisocial behavior.
7. For girls, there was a significant correlation between group membership and peer acceptance, antisocial behavior in sixth grade, and reciprocal friendship.
8. For boys, there was a significant link between group membership and sixth grade antisocial behavior, eighth grade emotional distress and prosocial behavior.  
<http://www.sciencedirect.com/science/article/pii/S1747938X13000122>

>A meta-analysis of the effects of face-to-face cooperative learning. Do recent studies falsify or verify earlier findings? E. Kyndt, E. Raes, B. Lismont, F. Timmers, E. Cascallar, & F. Dochy (2013). *Educational Research Review* 10, 133–149.

One of the major conclusive results of the research on learning in formal learning settings of the past decades is that cooperative learning has shown to evoke clear positive effects on different variables. Therefore this meta-analysis has two principal aims. First, it tries to replicate, based on recent studies, the research about the main effects of cooperative learning on three categories of outcomes: achievement, attitudes and perceptions. The second aim is to address potential moderators of the effect of cooperative learning. In total, 65 articles met the criteria for inclusion: studies from 1995 onwards on cooperative learning in primary, secondary or tertiary education conducted in real-life classrooms. This meta-analysis reveals a positive effect of cooperative learning on achievement and attitudes. In the second part of



the analysis, the method of cooperative learning, study domain, age level and culture were investigated as possible moderators for achievement. Results show that the study domain, the age level of the students and the culture in which the study took place are associated with variations in effect size.

For more links to resources on developing peer relationships, see the Center's Online Clearinghouse Quick Finds on:

- >Peer Relationships –  
<http://smhp.psych.ucla.edu/qf/peersupport.htm>
- >Social and Emotional Development and Social Skills –  
[http://smhp.psych.ucla.edu/qf/p2102\\_05.htm](http://smhp.psych.ucla.edu/qf/p2102_05.htm)
- >Classroom and School Climate/Culture --  
<http://smhp.psych.ucla.edu/qf/environments.htm>
- >Youth Culture & Subgroups --  
<http://smhp.psych.ucla.edu/qf/youthculture.htm>

### Peer Relationships and Bullying

- >White House report/bullying—and the power of peers (2011). P.C. Rodkin, *Promoting Respectful Schools*, 69, 10-16.  
<http://www.ascd.org/publications/educational-leadership/sept11/vol69/num01/Bullying%E2%80%94And-the-Power-of-Peers.aspx>

Articulates the nature of bullying and examines the bully-victim relationship. Discusses the “two social worlds” of bullying: *marginalization* ("may be fighting against a social system that keeps them on the periphery") and *connection* ("may use aggression to control" peers). Also discusses what kind of peer relationships are likely to contribute to bullying and what methods students and teachers can use to prevent bullying.

- >Bystander motivation in bullying incidents: To intervene or not to intervene? (2012). R. Thornberg, L. Tenenbaum, K. Varjas, J. Meyers, T. Jungert, & G. Vanegas, *Western Journal of Emergency Medicine*, 8, 247-252. doi: 10.5811/westjem.2012.3.11792

Proposes a framework of bystander motivation to intervene when bullying occurs. Framework includes five motive domains: (1) interpretation of harm in the bullying situation, (2) emotional reactions, (3) social evaluating, (4) moral evaluating, and (5) intervention self-efficacy.

- >Why kids choose not to intervene during bullying situation (2013). S. Whitson, *Psychology Today*. Online <https://www.psychologytoday.com/blog/passive-aggressive-diaries/201310/why-kids-choose-not-intervene-during-bullying-situations>

Offers six reasons why students decide not to intervene when they see peers being bullied:

1. Diffusion of responsibility: students feel that teachers and adults will intervene the bullying and it is not their responsibility to do it. However, a lot of bullying happens when adults are absent. Teachers should teach students that they have the responsibility to intervene the bullying.
2. Students are afraid that the bully will turn on to them if they stand out. Adults should teach kids that their action can positively influence the bullied while minimally affecting themselves.



3. When the bully is their friends, students decide not to intervene even though they do not like what he or she does. Teachers should let kids know that a healthy friendship will bear some disagreements.
4. Students will not intervene bullying when the bullied is not their friends. Teachers should teach students to build up empathy to the bullied so that they are more likely to help.
5. Most students want to “be normal” so they do not want to stand out.
6. Students do not know what they should do to stop the bullying.

>Vulnerable children in varying classroom contexts: Bystanders' behaviors moderate the effects of risk factors on victimization (2010). A. Kärnä, M. Voeten, E. Poskiparta, & C. Salmivalli, *Merrill-Palmer Quarterly*, 56, 261-282. <http://www.jstor.org/stable/23098070>

Examines the effect of bystanders' actions on bullying across different classroom contexts. Reports that social anxiety and classmate rejection are predictors of victimization. In classrooms where bystanders reinforce bullying, socially anxious and rejected students are in higher risk of victimization. But in classroom where bystanders defend the bullied, there is some negative influence on bullies and the victimization is negatively reinforced.

>Tapping into the power of school climate to prevent bullying: One application of schoolwide positive behavior interventions and support (2014). K. Bosworth, & M. Judkins, *Theory Into Practice*, 53, 300-307, DOI: 10.1080/00405841.2014.947224

Points to school climate as an important influence on students' pro-social and anti-social behaviors. Students with a less favorable view of school are seen as tending to feel insecure and disconnected, and more likely to view teachers and classmates as unfriendly. Their negative perception of school can lead to aggressive and anti-social behaviors at school. Emphasizes three factors as crucial for schools in preventing bullying behaviors: (1) structure and support, (2) positive relationship, and (3) norms and policies.

For more links to resources on bullying, see the Center's Online Clearinghouse Quick Finds on:

>Bullying --

<http://smhp.psych.ucla.edu/qf/bully.htm>

>Gangs --

[http://smhp.psych.ucla.edu/qf/p3009\\_01.htm](http://smhp.psych.ucla.edu/qf/p3009_01.htm)

>Conflict Resolution in Schools --

[http://smhp.psych.ucla.edu/qf/p2108\\_02.htm](http://smhp.psych.ucla.edu/qf/p2108_02.htm)

>Youth Culture & Subgroups --

<http://smhp.psych.ucla.edu/qf/youthculture.htm>

***I see that bully stole your lunch again.***

***Well, this time he's in for a surprise, unless he likes broccoli and tofu.***





## Peer Relationships as a Helping Intervention

- > *The impact of positive peer relationships, school experiences, and future outlook on behavior scores for abused and neglected youth* (2015). D.H. Merritt & S.M. Snyder, Society for Social Work and Research conference  
<https://sswr.confex.com/sswr/2015/webprogram/Paper24337.html>

Much of the research concerning peer networks of children focuses on risk factors, such as peer rejection and victimization as related to subsequent delinquency, substance abuse, and deviant peer affiliation as young adults. This research takes a strength-based approach to assess the predictive impact of self-reported accounts of positive peer friendships, school experiences, and future expectations on levels of problem behaviors, including an assessment of the interaction between positive experiences and maltreatment type. These findings are useful for treatment approaches that focus on self- perceived accounts of positive friendship networks, experiences in school and future expectations. Types of abuse clearly have a differential impact on behaviors when consideration is given to the protective influences of positive networks, experiences, and future .

- > Peer acceptance and friendship as predictors of early adolescents' adjustment across the middle school transition (2011). J.N. Kingery, & C.A. Erdley, &K.C. Marshall, *Merrill-Palmer Quarterly*, 57(3), 215-243.  
[http://www.jhu.edu/journals/merrill-palmer\\_quarterly/v057/57.3.kingery.html](http://www.jhu.edu/journals/merrill-palmer_quarterly/v057/57.3.kingery.html)

Findings indicate

1. High correlations between peer acceptance and number of friends, and significant correlations between peer acceptance and friendship quality.
  2. The regression models predicting loneliness, self-esteem, school involvement, and academic achievement were significant.
  3. Peer acceptance declined significantly across the transition for both boys and girls, while the average number of mutual friendships increased significantly across the transition for boys and girls.
  4. Loneliness, depression, and school avoidance decreased for both boys and girls, whereas self-esteem increased from the spring of fifth grade to the fall of sixth grade.
- >Influence of peer social experiences on positive and negative indicators of mental health among high school students (2015). S.M. Suldo, C.D. Gellley, R.A. Roth, & L.P. Bateman, *Psychology in the Schools* 52, 431–446. <http://onlinelibrary.wiley.com/doi/10.1002/pits.21834/full>

Examined associations between peer relationships (victimization and receipt of prosocial acts) and multiple indicators of mental health that represent subjective well-being (i.e., life satisfaction, positive and negative affect) and psychopathology (general internalizing symptoms and externalizing problems—aggressive behavior) among 500 high school students in Grades 9 to 11. Peer experiences explained the most variance in positive affect and internalizing psychopathology. Different types of peer experiences drove these effects, with relational victimization particularly salient to internalizing psychopathology and prosocial acts by peers most predictive of positive affect. Moderation analyses indicated that peers' prosocial acts did not serve a protective role in the associations between victimization and mental health. Instead, the presence of overt victimization negated the positive associations between prosocial acts and good mental health (high life satisfaction, low internalizing psychopathology). Understanding these associations illuminates the range of student outcomes possibly impacted by victimization and suggests that both limiting peer victimization and facilitating positive peer experiences may be necessary to facilitate complete mental health among high school students.



- >Peer Group Connection (PGC) for High Schools (nd). *High School Juniors and Seniors Supporting Freshmen in Their Transition to High School*, Center for Supportive Schools. <http://supportiveschools.org/solutions/peer-group-connection/>

Through its Peer Group Connection (PGC) program, the Center for Supportive Schools trains school faculty to teach leadership courses to select groups of older students, who in turn educate and support younger students. The goal is “to help schools enable and inspire young people to become engaged leaders who positively influence their peers. The CSS peer-to-peer student leadership model taps into schools’ most underutilized resources – students – and enlists them in strengthening the educational offerings of a school while simultaneously advancing their own learning, growth, and development.” The high school transition program is an evidence-based program that taps into high school juniors and seniors to create a nurturing environment for incoming freshmen. “Once per week, pairs of junior and senior peer leaders meet with groups of 10-14 freshmen in outreach sessions designed to strengthen relationships among students across grades. These peer leaders are simultaneously enrolled in a daily, for-credit, year-long leadership course taught by school faculty during regular school hours. PGC is CSS’s seminal peer leadership program, and has been implemented with a 70% sustainability rate in more than 175 high schools since 1979. A recently released, four-year longitudinal, randomized-control study conducted by Rutgers University and funded by the United States Department of Health and Human Services found that, among other major results, PGC improves the graduation rates of student participants in an inner city public school by ten percentage points and cuts by half the number of male students who would otherwise drop out.”

- > Peer acceptance if included students with disabilities as a function of severity of disability and classroom composition (1999). B.G. Cook, & M.I. Semmel, *The Journal of Special Education*, 33, 50-61.

Investigated how severity of disability (mild or severe) and classroom composition (heterogeneous and non-heterogeneous) affect the acceptance of included students with disabilities. Results suggest that peers are more likely to and better accept included students with severe disabilities if they are included in non-heterogeneous classroom. However, students with mild disabilities are better accepted by peers in heterogeneous classroom.

- >Effective intervention with urban at risk secondary English Language Learners: A case study using peer teachers in an innovative summer course (2012). L. Gerena, & L. Keiler. *The Bilingual Research Journal*, 35, 76-97. <http://www.tandfonline.com/doi/abs/10.1080/15235882.2012.667372#.Va1Z3bXn9IA>

The Peer Enabled Restructured Classroom (PERC) program is a peer-teaching model developed by the Math and Science Partnership in New York City (MSPinNYC) to help underachieving and historically at-risk urban students succeed in math and science courses. Although preliminary success of this program has been substantial, there has not been a consistent investigation of the model's impact with participating ELL/F-ELLs. The focus of this study was to examine the effectiveness of the model with ELL/F-ELLs in a five-week summer program. Although peer-instructors received a three-day orientation and daily seminars, they were not specifically trained in ELL/F-ELL strategies. Questions investigated in this study were: Do bilingual TAS make use of the approaches, behaviors, and strategies that are consistent with the research on second language and content learning? Does the use of the native language by the bilingual TAS, those with linguistic abilities to clarify information, to answer questions and to promote higher level thinking in the primary language, help ELL/F-ELL students to process challenging content area curriculum and achieve academic success? Data based on test results, surveys, interviews, and observations were analyzed. Results indicate success with ELL/F-ELL students but with much underutilized potential.



- > Peer-Assisted Learning strategies for English language learners with learning disabilities (2005). L.M. Saenz, L.S. Fuchs, & D. Fuchs, *Council for Exception Children*, 71, 231-247.

Examines the correlation between peer assisted learning strategy and reading performance of Spanish-speaking who have learning disabilities. These non-English speaking students are paired with low-, average-, and high-achieving peers. A reading task that contains both word question and reading comprehension question is given to students to indicate their reading performance. Scores before and after the treatment are measured to see the improvement. Teachers and students also answered the questionnaires on their experiences about the treatment. The results of word questions showed the main effect of treatment on students' performance is not significant, neither is the main effect of student type. There is no significant interaction either. As for the comprehension questions, we get similar results except that there is a significant effect of treatment. However, both teachers and students have positive experience on this learning strategy, indicating that they think such strategy is effective and they are benefited from it.

- > Comparison of effectiveness of several peer learning programs to support 1<sup>st</sup> year Chemistry (2014). K. Taylor, & T. Kelly, *The Australian Conference on Science and Mathematics Education*, University of Sydney. 89-90.

Compared three kinds of peer learning program to see their influence on 1<sup>st</sup> year students' chemistry performance. The three kinds of peer program are: interactive lectures held by a Chemistry tutor and several peer mentors, chemistry study session led by peer mentors, and online study session with peer mentors. The results were compared: the interactive lecture has the biggest effect on students' Chemistry performance, followed sequentially by face-to-face peer study session and online peer session.

For more links to resources on bullying, see the Center's Online Clearinghouse Quick Finds on:

>Peer Relationships –

<http://smhp.psych.ucla.edu/qf/peersupport.htm>

>Social and Emotional Development and Social Skills –

[http://smhp.psych.ucla.edu/qf/p2102\\_05.htm](http://smhp.psych.ucla.edu/qf/p2102_05.htm)

>Classroom and School Climate/Culture --

<http://smhp.psych.ucla.edu/qf/environments.htm>

>Youth Culture & Subgroups --

<http://smhp.psych.ucla.edu/qf/youthculture.htm>

>Conflict Resolution in Schools –

[http://smhp.psych.ucla.edu/qf/p2108\\_02.htm](http://smhp.psych.ucla.edu/qf/p2108_02.htm)

*Note:* Too often lost in discussing the development and impact of peer relationships is the voice of young people. See *Youth Participation: Making It Real*.

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



### III. Interventions ...

#### ***F. Empirically Supported Treatments***

In an effort to improve the quality of treatment, the mental health field is promoting the use of empirically supported interventions. The following pages contain *excerpts* from a 2008 report, which appears in the *Journal of Clinical Child Psychology*, 37(1), 215-237.

#### **Evidence-based psychosocial treatments for children and Adolescents with disruptive behavior**

Sheila M. Eyberg, Melanie M. Nelson, Stephen R. Boggs

*Department of Clinical and Health Psychology  
University of Florida*

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This article reviews the literature from 1996 to 2007 to update the 1998 Brestan and Eyberg report on evidence-based psychosocial treatments (EBTs) for child and adolescent disruptive behavior, including oppositional defiant disorder and conduct disorder. Studies were evaluated using criteria for EBTs developed by the task force on promotion and dissemination of psychological procedures (Chambless et al., 1998; Chambless et al., 1996). Sixteen EBTs were identified in this review, up from 12 in the earlier report, and 9 "possibly efficacious" treatments (Chambless & Hollon, 1998) were identified as well. This article describes the EBTs and their evidence base and covers research on moderators and mediators of treatment outcome, as well as the clinical representativeness and generalizability of the studies. Best practice recommendations from the current evidence base also are offered, as well as calls for future research that increases understanding of the moderators and mechanisms of change for children and adolescents with disruptive behavior disorders.

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In this update, we identified 16 EBTs, of which 15 met criteria for probably efficacious treatments and one of which met criteria for a well-established treatment (shown in Table 2). As in the original review, no treatment was identified as evidence based by evidence from single-subject design studies. Because of a recording error in the earlier review, one treatment previously classified as well established was reclassified in this review as probably efficacious,<sup>1</sup> and three treatments previously classified as probably efficacious did not meet PE criteria in this review.<sup>2</sup> Seven treatments previously classified as probably efficacious maintained this classification. In addition, 6 new treatments met PE criteria in

this review, and 1 previously identified treatment with two versions shown to be superior to attention placebo conditions has now been reclassified as 2 separate probably efficacious treatments. We briefly describe these 16 evidence-based treatments.

#### **EBT TREATMENT PROTOCOLS**

##### **Anger Control Training (Lochman, Barry, & Pardini, 2003)**

Anger Control Training is a cognitive-behavioral intervention for elementary school age children with disruptive behavior. Typically, children meet once per



week for 40 to 50 min during the school day in separate groups of approximately 6 children. In group sessions, children create specific goals and take part in exercises based on the social information-processing model of anger control (Crick & Dodge, 1994; Dodge, 1986). Within the group, children discuss vignettes of social encounters with peers and the social cues and possible motives of individuals in the vignettes. Children learn to use problem solving for dealing with anger-provoking social situations, and they practice appropriate social responses and self-statements in response to different problem situations, first by behavioral rehearsal of the situations with feedback for correct responses. Later in treatment, the group provides children practice in situations designed to arouse their anger and provides support for their use of their new anger control strategies. Children also learn strategies to increase their awareness of feelings. In the two well-conducted studies identified for this review, treatment length was between 26 and 30 sessions in one investigation (Lochman, Coie, Underwood, & Terry, 1993) and 15 sessions in the other study (Robinson, Smith, & Miller, 2002). Both studies found the Anger Control Training superior to no-treatment control conditions in reducing disruptive behavior. Because these studies, by different research teams, were compared to no-treatment control conditions rather than alternative treatment or placebo control conditions, this evidence-based treatment meets criteria for a probably efficacious treatment (see Tables 1 and 2).

### **Group Assertive Training** (Huey & Rank, 1984)

Based on the verbal response model of assertiveness (Winship & Kelley, 1976), with adaptations for cultural differences incorporated from the recommendations of Cheek (1976), two versions of this brief school-based treatment for aggressive classroom behavior among black adolescents (eighth and ninth graders) have been found superior to both professional- and peer-led discussion groups and no-treatment controls. The group treatments both involve 8 hr of assertive training, with treatment groups of 6 adolescents meeting twice a week for 4 weeks.

The two treatments, Counselor-Led Assertive Training and Peer-Led Assertive Training, are identical except for the qualifications of the group leaders. In both treatments, group leaders receive the same training program that they later provide to the adolescents in treatment, and in both treatments, group leaders are instructed to adhere strictly to structured training outlines in leading the groups. One well-conducted study found both treatments superior to counselor-led discussion groups as well as no-treatment controls (Huey & Rank, 1984). Both evidence-based treatments meet criteria as probably efficacious treatments for disruptive classroom behaviors of black adolescents because, although they have only one supportive study, both of the target treatments were compared to an alternative treatment in that study (see Tables 1 and 2).

### **Helping the Noncompliant Child** (HNC; Forehand & McMahon, 1981)

This treatment for preschool and early school-age children (ages 3-8 years) with noncompliant behavior is administered to families individually as a secondary prevention program. The parent and child are generally seen together for 10 weekly sessions (60-90 min each) with a therapist. Parents are instructed in skills aimed at disrupting the coercive cycle of parent-child interaction, which include increasing positive feedback to the child for appropriate behaviors, ignoring minor negative behaviors, giving children clear directions, and providing praise or time-out following child compliance and noncompliance, respectively. Parents learn skills through modeling, role-plays, and in vivo training in the clinic or home and progress as each skill is mastered. One well-conducted study found HNC superior to systemic family therapy in reducing child noncompliance in the clinic and at home (Wells & Egan, 1988; see Table 1), providing evidence that HNC meets criteria for a probably efficacious treatment for 3- to 8-year-olds with disruptive behavior.



## **Incredible Years (IY; Webster-Stratton & Reid, 2003)**

IY is a series of treatment programs designed to reduce children's aggression and behavior problems and increase social competence at home and at school. There are three distinct treatment programs—one for parents, one for children, and one for teachers. The three programs have been tested for efficacy individually and in all possible combinations. Both the IY Parent Training Program and the IY Child Training Program have been found probably efficacious, and several combination packages have met criteria for possibly efficacious treatments (see Table 3).

### **Incredible Years Parent Training (IY-PT)**

This is the original program in the series, a 13-session (2 hr per session) group parent training program in which parents of 2- to 10-year-old children diagnosed with disruptive behavior meet with a therapist in groups of 8 to 12 parents. During treatment, parents view 250 videotape vignettes, each about 1 to 2 min in length, that demonstrate social learning and child development principles and serve as the stimulus for focused discussions and problem solving. The program begins with a focus on positive parent-child interaction in which parents learn child-directed interactive play skills, followed by a focus on effective discipline techniques including monitoring, ignoring, commands, logical consequences, and time-out. Parents are also taught how to teach problem-solving skills to their children. Two well-conducted studies have found IY-PT superior to waitlist control groups in reducing preschoolers' (M age = 5) disruptive behavior, thus meeting criteria for a probably efficacious treatment (see Table 1).

### **Incredible Years Child Training (IY-CT)**

IY-CT is a 22-week videotape-based program for 3- to 8-year-olds who meet with a therapist in small groups of 6 children for 2 hr each week. The program includes more than 100 video vignettes of real-life conflict situations at home and school that model child problem-solving

and social skills. After viewing the vignettes, children discuss feelings, generate ideas for more effective responses, and role-play alternative scenarios. IY-CT is typically administered in conjunction with the IY-PT program, although three studies have found it superior to waitlist or no-treatment control groups on its own in reducing child disruptive behavior (see Table 1). This treatment meets criteria as a probably efficacious treatment for children (M age = 6 years) with disruptive behavior.

## **Multidimensional Treatment Foster Care (MTFC; Chamberlain & Smith, 2003)**

MTFC is a community-based program, originally developed as an alternative to institutional-, residential-, and group-care placements for youth with severe and chronic delinquent behavior. Youth are placed one per foster home for 6 to 9 months and given intensive support and treatment in the foster home setting. The foster parents receive a 20-hr preservice training conducted by experienced foster parents and learn to implement a daily token reinforcement system that involves frequent positive reinforcement and clear and consistent limits. Foster parents give the youth points daily for expected behaviors (e.g., getting up on time, attending school) and remove points for negative behaviors. Youth may exchange the points for privileges. For minor problem behaviors, foster parents also use brief privilege removal or small work chores, and for extreme problems they may use a short stay in detention. During treatment, the foster parents report point levels daily by telephone to program supervisors and meet weekly with supervisors for support and supervision.

Youth in MTFC meet at least weekly with individual therapists who provide support and advocacy and work with the youth on problem-solving skills, anger expression, social skills development, and educational or vocational planning. They also meet once or twice a week (2 to 6 hr per week) with behavioral support specialists trained in applied behavior analysis who focus on teaching and reinforcing prosocial behaviors



during intensive one-on-one interactions in the community (e.g., restaurants, sports teams). Finally, youth have regular appointments with a consulting psychiatrist for medication management.

At the same time youth are in MTFC treatment, the biological parents (or other after-care resource) receive intensive parent management training. This training is designed to assist in the reintegration of youth back into their homes and communities after treatment. Two well-conducted studies have found MTFC superior to usual group home care for adolescents with histories of chronic delinquency (see Table 1), meeting criteria for probably efficacious treatment.

### **Multisystemic Therapy (MST; Henggeler & Lee, 2003)**

MST is an intervention approach for treating adolescents with serious antisocial and delinquent behavior that combines treatments and procedures as needed to provide an intensive family and community-based intervention designed for the individual family, with the goal of promoting responsible behavior and preventing the need for out-of-home placement. The treatments include cognitive-behavioral approaches, behavior therapies, parent training, pragmatic family therapies, and pharmacological interventions that have a reasonable evidence base (Henggeler & Lee, 2003). MST is provided in the family's natural environment (e.g., home, school) with a typical length of 3 to 5 months. Families are usually in contact with the MST therapist more than once per week (in person or by phone), and therapists are always available to assist families.

Because there is considerable flexibility in the design and delivery of treatments within MST, MST is operationalized through adherence to nine core principles that guide treatment planning. These principles involve the following: (a) assessing how identified problems are maintained by the family's current social environment; (b) emphasizing the

positive aspects of family systems during treatment contacts; (c) focusing interventions on increasing responsible behavior and decreasing irresponsible behavior; (d) orienting interventions toward current, specific problems that can be easily tracked by family members; (e) designing interventions to target interaction sequences both within and across the systems that maintain target problems; (f) fostering developmentally appropriate competencies of youth within such systems as school, work environments, and peer groups; (g) designing intensive interventions that require continuing effort by the youth and family on a daily or weekly basis; (h) evaluating intervention plans and requiring treatment team accountability for positive outcomes; and (i) promoting generalization across time by teaching caregivers the skills to address problems across multiple contexts.

Two well-conducted studies with adolescents who committed criminal offenses found MST superior to control conditions, one showing superiority to usual community services and one showing superiority to alternative community treatments (see Table 1). Both studies were conducted by the same investigatory team. Therefore, this evidence-based approach to treatment meets criteria for a probably efficacious treatment for adolescents with disruptive behavior.

### **Parent-Child Interaction Therapy (PCIT; Brinkmeyer & Eyberg, 2003)**

PCIT is a parenting skills training program for young children (ages 2-7 years) with disruptive behavior disorders that targets change in parent-child interaction patterns. Families meet for weekly 1-hr sessions for an average of 12 to 16 sessions, during which parents learn two basic interaction patterns. In the child-directed interaction phase of treatment they learn specific positive attention skills (emphasizing behavioral descriptions, reflections, and labeled praises) and active ignoring skills, which they use in applying



differential social attention to positive and negative child behaviors during a play situation. The emphasis in this phase of treatment is on increasing positive parenting and warmth in the parent-child interaction as the foundation for discipline skills that are introduced in the second phase, the parent-directed interaction phase of treatment. In this second phase, and within the child-directed context, parents learn and practice giving clear instructions to their child when needed and following through with praise or time-out during in vivo discipline situations. Therapists coach the parents as they interact with their child during the treatment sessions, teaching them to apply the skills calmly and consistently in the clinic until they achieve competency and are ready to use the procedures on their own. Parent-directed interaction homework assignments proceed gradually from brief practice sessions during play to application at just those times when it is necessary for the child to obey.

In two well-conducted studies, PCIT has been found superior to waitlist control conditions in reducing disruptive behavior in young children (see Table 1). Although the studies were conducted by independent research teams, neither study compared the target treatment to an alternative treatment or placebo treatment condition. This evidence-based treatment therefore meets criteria as a probably efficacious treatment for 3- to 6-year-olds with disruptive behavior.

### **Parent Management Training Oregon Model (PMTO; Patterson, Reid, Jones, & Conger, 1975)**

PMTO is a behavioral parent training program that focuses on teaching parents basic behavioral principles for modifying child behavior, encouraging parents to monitor child behaviors, and assisting parents in developing and implementing behavior modification programs to improve targeted child behavior problems. In the well-conducted studies supportive of PMTO, therapists met individually with the parents of children between ages 3 and

12 years. Length of time in treatment typically varies according to the needs of the families and involves weekly treatment sessions and telephone contacts with parents. Patterson, Chamberlain, and Reid (1982) reported an average of 17 hr of therapist time to treat families participating in their treatment program. Bernal, Klinnert, and Schultz (1980) reported 10 one-hour sessions for each family plus twice-weekly telephone contacts. Two well-conducted studies have found PMTO superior to alternative treatment in reducing disruptive behavior (see Table 1). These two studies (Bernal et al., 1980; Patterson et al., 1982), conducted by independent research teams, provide evidence for designating PMTO a well-established treatment for children with disruptive behavior.

### **Positive Parenting Program (Triple P; Sanders, 1999)**

Triple P is a multilevel system of treatment, with five levels of intensity designed to match child and family needs based on problem severity. Level 1 (Universal Triple P) is a universal prevention program that distributes parenting information to the public via sources such as television and newspaper. Level 2 (Selected Triple P) is a brief, 1- or 2-session intervention delivered by primary health care providers for parents with concerns about one or two mild behavior problems. Level 3 (Primary Care Triple P) is a slightly more involved 4-session intervention, also delivered by primary health care providers, in which parents learn parenting skills to manage moderately difficult child behavior problems. Level 4 (Standard Triple P) is a parent training program for disruptive behavior that is delivered in up to 12 sessions by mental health providers in both group and individual formats as well as a self-directed format. Level 5 (Enhanced Triple P) is a behavioral family intervention delivered by mental health providers that targets family stressors such as parent depression or marital problems as well as disruptive child behavior. Both Standard Triple P Individual Treatment and Enhanced



Triple P meet criteria for probably efficacious treatments and are described next.

### **Triple P Standard Individual Treatment**

In individual Standard Triple P, parents are taught 17 core parenting skills (e.g., talking with children, physical affection, attention, setting limits, planned ignoring) designed to increase positive child behaviors and decrease negative child behaviors. Standard Triple P also includes planned activities training to increase generalization of treatment effects. Two well-conducted studies have found Triple P Standard Individual Treatment superior to wait-list control conditions in reducing disruptive behavior in preschool-age children (see Table 1).

### **Triple P Enhanced Treatment**

Enhanced Triple P is an intensive, individually tailored program (up to eleven 60- to 90-min sessions) for families with child behavior problems and family dysfunction. Program modules include home visits to enhance parenting skills, partner support skills, and mood management/stress coping skills. In two well-conducted studies by the same investigative team, Enhanced Triple P has been found superior to waitlist control conditions in reducing the disruptive behavior of 3- and 4-year-olds in dysfunctional families. Because these two studies were not conducted by independent investigatory teams and did not compare the target treatment to an alternative or placebo treatment, this evidence-based treatment meets criteria as a probably efficacious treatment for young children.

### **Problem-Solving Skills Training (PSST; Kazdin, 2003)**

PSST is a behavioral treatment designed for children ages 7 to 13 years with disruptive behavior. Treatment usually consists of 20 to 25 sessions (40-50 min each) conducted with the

child, with occasional parent contact. In PSST, children are taught problem-solving strategies and encouraged to generalize these strategies to real-life problems. Skills include identifying the problem, generating solutions, weighing pros and cons of each possible solution, making a decision, and evaluating the outcome. Therapists use in-session practice, modeling, role-playing, corrective feedback, social reinforcement, and token response cost to develop the problem-solving skills gradually, beginning with academic tasks and games and moving to more complex interpersonal situations through role-play. One research team found PSST superior to relationship therapy in two studies (Kazdin, Bass, Siegel, & Thomas, 1989; Kazdin, Esveltd-Dawson, French, & Unis, 1987b) and superior to contact controls (Kazdin et al., 1987b). This evidence-based treatment for school-age children with disruptive behavior meets criteria for a probably efficacious treatment (see Table 1).

### **PSST + Practice (Kazdin et al., 1989)**

This treatment adds to PSST an in vivo practice component in which children participate in therapeutically planned activities outside the session. These activities, called “supersolvers,” are homework assignments in which the child is assigned to practice the problem-solving steps learned in treatment during interactions with parents, siblings, teachers, or peers. The therapist and parent gradually decrease the amount of assistance they give the child in accomplishing these homework tasks, and they reward the child for successful task completion, with greater rewards for more complex supersolvers. One study has demonstrated the superiority of PSST + Practice to relationship therapy in decreasing child disruptive behavior, providing evidence for this combined intervention as a probably efficacious treatment.



### **PSST + Parent Management Training**

(PSST + PMT; Kazdin, Esveldt-Dawson, French, & Unis, 1987a; Kazdin, Seigel, & Bass, 1992)

This treatment adds to PSST the PMTO treatment described earlier (Patterson et al., 1975).

In PSST + PMT, Both the PSST component and the PMT component of this combined treatment are provided individually to children and parents rather than in group format, and the child and parent components occur concurrently. In the PMT component, parents meet for 13 to 16 individual parent-training sessions of approximately 1 1/2 to 2 hr each. The content of PSST and PMT is not overlapping, but parents and children are informed of what the other is learning. Thus, parents learn about the problem-solving steps and are encouraged to praise their child's use of the skills. Similarly, children are informed about what their parents are learning and attend selected PMT sessions that involve negotiating and contracting reinforcement contingencies. One well-conducted study found PSST + PMT superior to a contact placebo control condition for 7- to 12-year-old children hospitalized for antisocial behavior. This evidence-based combination treatment meets criteria for a probably efficacious treatment (see Table 1).

### **Rational-Emotive Mental Health Program** (REMH; Block, 1978)

This is a cognitive-behavioral school-based program for high-risk 11th and 12th graders with disruptive school behavior. The students meet for daily 45-min small-group sessions for 12 consecutive weeks. Adapted from rational-emotive education methods (Knaus, 1974), the group focus is on cognitive restructuring through the practice of adjustive rational appraisal, activity exercises, group-directed discussion, and psychological homework. Group leaders are highly active and directive in presenting themes for each session and use role-play exercises extensively to help students internalize and apply the concepts

presented. Emphasis is placed on teaching self-examination through self-questioning techniques. In one well-conducted study, REMH was found superior to human relations training in decreasing classroom disruptive behavior and class cutting. This evidence-based treatment meets criteria for a probably efficacious treatment (see Table 1).



# Evidence-Based Treatment for Children and Adolescents

<http://www.wjh.harvard.edu/>

## Conduct and Oppositional Problems

### Introduction

Conduct and oppositional problems are those that interfere with a child or adolescent's ability to learn, or to engage effectively in their environment. Such youth may engage in various behaviors deemed inappropriate, or which negatively impact their environment, such as stealing, arguing, lying, etc. These behaviors may also impede an adolescent's or child's ability to interact successfully in society and/or with peers. These problems may also seriously disrupt family life, and be a source of concern for parents. The two main types of disorders which cover several different problem behaviors, (i.e. aggression, lying, impulsivity, etc.), are listed below. Specific problem behaviors, such as aggression only, or disregard for rules, only, can also be addressed by many of the treatments discussed for oppositional and conduct problems.

### Conduct/Oppositional Disorders

(with treatment options for each)

Oppositional Defiant Disorder

Conduct Disorder



## G. PSYCHOTROPIC MEDICATIONS



This chart provides some brief information on psychotropic medications frequently prescribed for students. The medications are listed with respect to the diagnosis that leads to their prescription. For more information, see the *Physicians Desk Reference*.

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Diagnosis: Conduct Disorder – Medication Types and Treatment Effects  
(There continues to be controversy over whether medication is indicated for this diagnosis. However, because it is prescribed widely for such cases, it is included here.)

### A. Anti-psychotics

Used to treat severe behavioral problems in children marked by combativeness and/or explosive hyperexcitable behavior (out of proportion to immediate provocations). Also used in short-term treatment of children diagnosed with conduct disorders who show excessive motor activity impulsivity, difficulty sustaining attention, aggressiveness, mood lability and poor frustration tolerance.

### B. Anti-manic

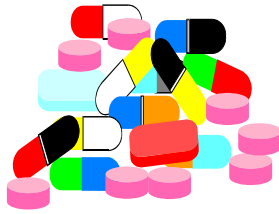
Used to reduce the frequency and intensity of manic episodes. Typical symptoms of mania include pressure of speech, motor hyperactivity, reduced need for sleep, flight of ideas, grandiosity, or poor judgement, aggressiveness, and possible hostility.

### C. Beta-adenergetic antagonists

Although primarily used in controlling hypertension and cardiac problems, beta-adenergetic antagonists such as propranolol hydrochloride are used to reduce somatic symptoms of anxiety such as palpitations, tremulousness, perspiration, and blushing. In some studies, propranolol is reported as reducing uncontrolled rage outbursts and/or aggressiveness among children and adolescents (Green, 1995).

\*Because many side effects are not predictable, all psychotropic medication requires careful, ongoing monitoring of psychological and physical conditions. Pulse, blood pressure, and signs of allergic reactions need to be monitored frequently, and when medication is taken for prolonged periods, periodic testing of hematological, renal, hepatic, and cardiac functions are essential. Prior to any other physical treatment (surgery, dentistry, etc.), it is important to inform physicians/dentists that psychotropic medication is being taken. Finally, common side effects of many medications are drowsiness/insomnia and related factors that can interfere with effective school performance.





Names: Generic (Commercial)	Some Side Effects and Related Considerations
<i>A. Anti-psychotics</i>	
thioridazine hydrochloride [Mellaril, Mellaril-S]  chlorpromazine hydrochloride [Thorazine; Thor-Pram]	May manifest sedation, drowsiness, dizziness, fatigue, weight gain, blurred vision, rash, dermatitis, extrapyramidal syndrome (e.g . pseudo-Parkinson, Tardive dyskinesia, hyperactivity), respiratory distress, constipation, photosensitivity. Medication is to be taken with food or a full glass of water or milk. Care to avoid contact with skin because of the danger of contact dermatitis. Gradual discontinuation is recommended. Drowsiness can be reduced with decreased dosages. Youngster is to move slowly from sitting or lying down positions. Care must be taken to minimize exposure to strong sun.
haloperidol [Haldol]	May manifest insomnia, restlessness, fatigue, weight gain, dry mouth, constipation, extrapyramidal reactions (e.g., pseudo-Parkinson, Tardive dyskinesia, dystonia, muscle spasms in neck and back, trembling hands), blurred vision, photosensitivity, decreased sweating leading to overheating. menstrual irreg.  Avoid sun and overheating. Discontinue gradually.
<i>B. Anti-manic</i>	
lithium carbonate/citrate [Lithium, Lithane, Lithobid, Lithotabs, Lithonate, EskalithCibalith]	Safety and effectiveness have not been established for those under 15 years of age. May manifest tremor, drowsiness, dizziness, nausea, vomiting, fatigue, irritability, clumsiness, slurred speech, diarrhea, increased thirst, excessive weight gain, acne, rash. Serum levels must be monitored carefully because of therapeutic dose is close to toxic level. Care must be taken to maintain normal fluid and salt levels
propranolol hydrochloride [Inderal]	May manifest sleep disturbance, drowsiness, confusion, depression, light-headedness, nausea, vomiting, fatigue, dry mouth, heartburn, weight gain, leg fatigue. Administer before meals and bed. Avoid having extremities exposed to cold for long periods. Discontinue gradually over a two week period.





## Revisiting Medication for Kids

Psychiatrist Glen Pearson is president of the American society for Adolescent Psychiatry (ASAP). The following is republished with his permission from the society's newsletter.

It happens several times a week in my practice of community child and adolescent psychiatry: Our society's overwhelming belief in medically controlling our kids' behavior finds expression in ever more Huxleyesque demands on the psychiatrist to prescribe. This week's winners are the school district, the juvenile court, and a religious shelter for homeless families with children. Their respective would-be victims are LaShondra, Trevor, and Jimmy.

Jimmy is a 9 year old boy with a long history of treatment for severe emotional disturbance. He's in a school-based day treatment program and seems to be making terrific progress on self-managing his behavior. This turnaround has occurred just in the past few weeks, following an acute psychiatric hospital stay during which the many psychotropic medications he'd been taking without apparent benefit were tapered and discontinued. He was discharged to the day treatment facility and is receiving case management and therapeutic services at home in the community. Unfortunately, the grandmother with whom he lives has been evicted from her residence, and has applied for assistance to a homeless family program. She and Jimmy are scheduled to be admitted to a shelter program next week, but the shelter has made it a condition of receiving services that Jimmy be on medication.

LaShondra is 14. She is in special education classes at her junior high school because of mild mental retardation and emotional disturbance. She bears both physical and psychic scars of early prolonged abuse, and has symptoms of borderline personality pathology and PTSD. She likes school and wants to learn, but keeps getting expelled for behavioral outbursts. The school, too, has made it a condition of her readmittance to classes that she be on medication. LaShondra experiences psychotropic medication as inimical to her emerging adolescent autonomy, and has had negative therapeutic effects during past trials of treatment.

Trevor, at 15, is incarcerated in the Juvenile Detention Center, awaiting a hearing on certification to stand trial as an adult on two charges of capital murder. We have evaluated him for fitness to proceed and determined that he's not mentally ill, but are involved in providing services to Trevor in consultation with the juvenile authorities because he is persistently threatening suicide. We think the best plan is to keep him closely supervised in detention, but the juvenile department is concerned about their liability and petition the court to transfer him to a psychiatric hospital. Two hearings are held on the same day. At the first hearing Trevor is committed to a private facility, on condition that the facility accepts the admission. The facility refuses. At the second hearing, Trevor is committed to the state hospital on



condition that the hospital certifies that they can guarantee security. The hospital can't. The Court then orders that Trevor be involuntarily administered unspecified psychotropic agents by injection.

I am not making these things up. These three cases have so far occupied the last three days of my week, and I'm telling you about them not to garner sympathy for the kids (only two of whom have any sympathy coming in any case), or for me (despite my clearly deserving some), but to focus attention on the astonishing degree to which everyone in our society has come to believe in the prescribing of psychotropic medication as a cure, or at least a control, for disturbing behavior in kids. How did we arrive at this state of affairs? Though a very complex interaction among a myriad of scientific, social, and historical factors, of which I want to mention just two of the scientific ones: progress in psychiatric nosology, and progress in biological psychiatry.

Since 1980, we've trained a generation or, two of psychiatrists in the phenomenological approach to diagnosis. The last three editions of the DSM (III-R, and IV) are determinedly atheoretical and empirical in their approach (the majority of members of the Work Groups on Child and Adolescent Disorders for the last three DSM's have been pediatric psychopharmacology researchers), and I think we have long since abandoned trying to teach residents to think about the meanings of symptoms to patients (and ourselves), about the dynamics of intrapsychic structure and interpersonal process. During the same time, the explosive growth of neuroscience and pharmacology has given us many new tools with which to work (if only we knew

how: my friend and teacher Bob Beavers used to say, "if the only tool you have is a hammer, everything looks like a nail to you!").

In short, I think we've unwittingly relinquished our most powerful and proven tool: appropriately affectionate, professionally respectful, intimate personal engagement of the patient in mutual exploration of inner meanings. We're frittering our therapeutic potency away on serial trials of psychotropic drugs, and we're prescribing for patients when we don't know the person. There are too many kids on too many drugs, and many of the kids have been given medication as a substitute for engagement and exploration of personal issues.

The point I'm trying to make is that every sector of today's society contributes to this pressure to prescribe. Parents believe medication will cure, schools believe it, courts believe it, even nonpsychiatric mental health professionals believe it. Well, I don't believe it, and it's been my experience with ASAP that most of our members don't believe it either. And, if not only do we not believe that medicine cures, but also we do believe that we have a more powerful and effective treatment which provides an essential context for medication to be helpful, let's stand up and say so. I look forward to hearing from y'all: agree or disagree.





### *A Few Abstracts*

>Influence of Perceived Teacher Acceptance and Parental Acceptance on Youth's Psychological Adjustment and School Conduct: A Cross-Cultural Meta-Analysis. S. Ali, A. Khaleque, & R.P. Rohner (2014), *Cross-Cultural Research*, 49, 204-224. DOI: 10.1177/1069397114552769

This cross-cultural meta-analysis tests the contribution of teachers' and parents' acceptance to youth's psychological adjustment and school conduct. It is based on nine studies involving 2,422 school-going youth in 12 nations. The study addressed two questions drawn from one of the basic postulates of interpersonal acceptance-rejection theory (IPARTheory): (a) To what extent are boys' and girls' perceptions of teacher acceptance related internationally to their psychological adjustment and school conduct? (b) To what extent are boys' and girls' perceptions of maternal and paternal acceptance related internationally to their psychological adjustment and school conduct? All studies included in this meta-analysis used the child version of the Parental Acceptance-Rejection Questionnaire for Mothers and Fathers (child PARQ: Mother and Father), child version of the Personality Assessment Questionnaire (child PAQ), the Teacher's Evaluation of Student's Conduct (TESC), and the Teacher Acceptance-Rejection Questionnaire (TARQ). Results showed that both parental and teacher acceptance correlate significantly in all countries with psychological adjustment and school conduct of children, regardless of gender differences. The study also showed that perceived teacher acceptance has a significantly stronger relation with the school conduct of boys than of girls.

>Early-Onset Conduct Problems: Intersection of Conduct Problems and Poverty. D.S. Shaw & E.C. Shelleby (2014). *Annual Review of Clinical Psychology*, 10, 503-528.

The current paper reviewed extant literature on the intersection between poverty and the development of conduct problems (CP) in early childhood. Associations between exposure to poverty and disruptive behavior were reviewed through the framework of models emphasizing how the stressors associated with poverty indirectly influence child CP by compromising parent psychological resources, investments in children's welfare, and/or caregiving quality. We expanded upon the most well studied of these models, the family stress model, by emphasizing the mediating contribution of parent psychological resources on children's risk for early CP, in addition to the mediating effects of parenting. Specifically, in we focused on the contribution of maternal depression, both in terms of compromising parenting quality and exposing children to even higher levels of stressful events and contexts. Implications of the adapted family stress model were then discussed in terms of its implications for the prevention and treatment of young children's emerging CP.

>The effects of the fast track preventive intervention on the development of conduct disorder across childhood. Conduct Problems Prevention Research Group (2011). *Child Development*, 82, 331-345. doi: 10.1111/j.1467-8624.2010.01558.x.

The impact of the Fast Track intervention on externalizing disorders across childhood was examined. Eight hundred-ninety-one early-starting children (69% male; 51% African American) were randomly assigned by matched sets of schools to intervention or control conditions. The 10-year intervention addressed parent behavior-management, child social cognitive skills, reading, home visiting, mentoring, and classroom curricula. Outcomes included psychiatric diagnoses after grades 3, 6, 9, and 12 for conduct disorder, oppositional defiant disorder, attention deficit hyperactivity disorder, and any externalizing disorder. Significant interaction effects between intervention and initial risk level indicated that intervention prevented the lifetime prevalence of all diagnoses, but only among those at highest initial risk, suggesting that targeted intervention can prevent externalizing disorders to promote the raising of healthy children.



>Future Directions for Research on the Development and Prevention of Early Conduct Problems  
D. Shaw, (2013). *Journal of Clinical Child and Adolescent Psychology*, 42, 418-428.

This article describes our state of knowledge regarding the development and prevention of conduct problems in early childhood, then identifies directions that would benefit future basic and applied research. Our understanding about the course and risk factors associated with early-developing conduct problems has been significantly enhanced during the past three decades; however, many challenges remain in understanding the development of early conduct problems for girls, the contribution of poverty across variations in community urbanicity, and developing cascading models of conduct problems that incorporate prenatal risk. Significant advances in early prevention and intervention are also described, as well as challenges for identifying and engaging parents of at-risk children in nontraditional community settings.

>Psychosocial Interventions for Child Disruptive Behaviors: A Meta-analysis. R.A. Epstein, C. Fonnesebeck, S. Potter, K.H. Rizzone, & M. McPheeters (2015).  
*Pediatrics*, 136, 947-960. doi: 10.1542/peds.2015-2577. Epub 2015 Oct 19.

**BACKGROUND:** Disruptive behavior disorders are among the most common child and adolescent psychiatric disorders and associated with significant impairment.

**OBJECTIVE:** Systematically review studies of psychosocial interventions for children with disruptive behavior disorders.

**METHODS:** We searched Medline (via PubMed), Embase, and PsycINFO. Two reviewers assessed studies against predetermined inclusion criteria. Data were extracted by 1 team member and reviewed by a second. We categorized interventions as having only a child component, only a parent component, or as multicomponent interventions.

**RESULTS:** Sixty-six studies were included. Twenty-eight met criteria for inclusion in our meta-analysis. The effect size for the multicomponent interventions and interventions with only a parent component had the same estimated value, with a median of -1.2 SD reduction in outcome score (95% credible interval, -1.6 to -0.9). The estimate for interventions with only a child component was -1.0 SD (95% credible interval, -1.6 to -0.4).

**LIMITATIONS:** Methodologic limitations of the available evidence (eg, inconsistent or incomplete outcome reporting, inadequate blinding or allocation concealment) may compromise the strength of the evidence. Population and intervention inclusion criteria and selected outcome measures eligible for inclusion in the meta-analysis may limit applicability of the results.

**CONCLUSIONS:** The 3 intervention categories were more effective than the control conditions. Interventions with a parent component, either alone or in combination with other components, were likely to have the largest effect. Although additional research is needed in the community setting, our findings suggest that the parent component is critical to successful intervention.





## ***Agencies and Online Resources Related to Conduct and Behavior Problems***

**American Academy of Child & Adolescent Psychiatry (AACAP) -- [www.aacap.org](http://www.aacap.org)**

**Center for the Study and Prevention of Violence (CSPV) -- [www.colorado.edu/cspv/](http://www.colorado.edu/cspv/)**

**The Council for Children with Behavioral Disorders (CCBD) -- [www.ccbd.net](http://www.ccbd.net)**

**The Council for Exceptional Children (CEC) -- [www.cec.sped.org/](http://www.cec.sped.org/)**

**Educational Resources Information Center -- [www.eric.ed.gov](http://www.eric.ed.gov)**

**Institute on Violence and Destructive Behavior -- [www.uoregon.edu/~ivdb](http://www.uoregon.edu/~ivdb)**

**Mental Health Matters -- [www.mental-health-matters.com](http://www.mental-health-matters.com)**

**National Educational Service -- <http://www.solution-tree.com/>**

**National Mental Health Association (NMHA) -- [www.nmha.org](http://www.nmha.org)**

**National School Safety Center (NSSC) -- [www.nssc1.org](http://www.nssc1.org)**

**National Youth Gang Center -- <http://www.iir.com/nygc/>**

**Office of Safe and Healthy Students, U.S. Dept. of Education -- [www2.ed.gov/about/offices/list/oese/oshs/index.html](http://www2.ed.gov/about/offices/list/oese/oshs/index.html)**

**Oppositional Defiant Disorder Support Group -- [www.conductdisorders.com/](http://www.conductdisorders.com/)**

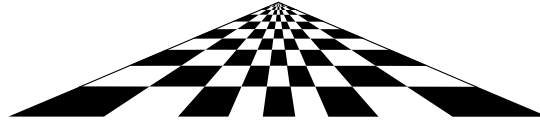
**Oppositional Defiant Disorder (ODD) -- <http://www.klis.com/chandler/pamphlet/oddcdd/oddcddpamphlet.htm>**

**Social Development Research Group -- <http://www.sdrp.org/>**

**Teaching Children Not To Be -- Or Be Victims Of -- Bullies --  
<http://www.kidsource.com/kidsource/content3/bullies.parenting.p.k12.4.html>**



## ***Keeping Conduct and Behavior Problems in Broad Perspective***



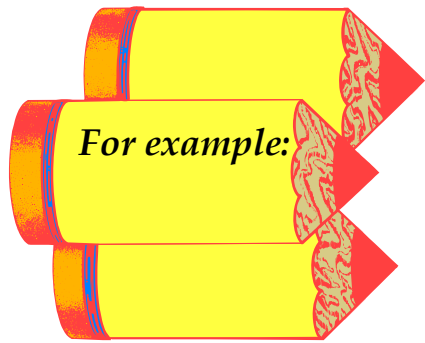
Affect and related problems are often key factors interfering with school learning and performance. As a result, considerable attention has been given to interventions to address such problems. Our reading of the research literature indicates that most methods have had only a limited impact on the learning, behavior, and emotional problems seen among school-aged youth. The reason is that for *a few*, their reading problems stem from unaccommodated disabilities, vulnerabilities, and individual developmental differences. For many, the problems stem from socioeconomic inequities that affect readiness to learn at school and the quality of schools and schooling.

If our society truly means to provide the opportunity for all students to succeed at school, fundamental changes are needed so that teachers can personalize instruction and schools can address barriers to learning. Policy makers can call for higher standards and greater accountability, improved curricula and instruction, increased discipline, reduced school violence, and on and on. None of it means much if the reforms enacted do not ultimately result in substantive changes in the classroom and throughout a school site.

Current moves to devolve and decentralize control may or may not result in the necessary transformation of schools and schooling. Such changes do provide opportunities to reorient from "district-centric" planning and resource allocation. For too long there has been a terrible disconnection between central office policy and operations and how programs and services evolve in classrooms and schools. The time is opportune for schools and classrooms to truly become the center and guiding force for all planning. That is, planning should begin with a clear image of what the classroom and school must do to teach all students effectively. Then, the focus can move to planning how a family of schools (e.g., a high school and its feeders) and the surrounding community can complement each other's efforts and achieve economies of scale. With all this clearly in perspective, central staff and state and national policy can be reoriented to the role of developing the best ways to support local efforts as defined locally.

At the same time, it is essential not to create a new mythology suggesting that every classroom and school site is unique. There are fundamentals that permeate all efforts to improve schools and schooling and that should continue to guide policy, practice, and research.





- The curriculum in every classroom must include a major emphasis on acquisition of basic knowledge and skills. However, such basics must be understood to involve more than the three Rs and cognitive development. There are many important areas of human development and functioning, and each contains "basics" that individuals may need help in acquiring. Moreover, any individual may require special accommodation in any of these areas.
- Every classroom must address student motivation as an antecedent, process, and outcome concern.
- Remedial procedures must be *added* to instructional programs for certain individuals, but only after appropriate nonremedial procedures for facilitating learning have been tried. Moreover, such procedures must be designed to build on strengths and must not supplant a continuing emphasis on promoting healthy development.
- Beyond the classroom, schools must have policy, leadership, and mechanisms for developing school-wide programs to address barriers to learning. Some of the work will need to be in partnership with other schools, some will require weaving school and community resources together. The aim is to evolve a comprehensive, multifaceted, and integrated continuum of programs and services ranging from primary prevention through early intervention to treatment of serious problems. Our work suggests that at a school this will require evolving programs to (1) enhance the ability of the classroom to enable learning, (2) provide support for the many transitions experienced by students and their families, (3) increase home involvement, (4) respond to and prevent crises, (5) offer special assistance to students and their families, and (6) expand community involvement (including volunteers).
- Leaders for education reform at all levels are confronted with the need to foster effective scale-up of promising reforms. This encompasses a major research thrust to develop efficacious demonstrations and effective models for replicating new approaches to schooling.
- Relatedly, policy makers at all levels must revisit existing policy using the lens of addressing barriers to learning with the intent of both realigning existing policy to foster cohesive practices and enacting new policies to fill critical gaps.

Clearly, there is ample direction for improving how schools address barriers to learning. The time to do so is now. Unfortunately, too many school professionals and researchers are caught up in the day-by-day pressures of their current roles and functions. Everyone is so busy "doing" that there is no time to introduce better ways. One is reminded of Winnie-The-Pooh who was always going down the stairs, bump, bump, bump, on his head behind Christopher Robin. He thinks it is the only way to go down stairs. Still, he reasons, there might be a better way if only he could stop bumping long enough to figure it out.





"This course was developed from the public domain document: Conduct and Behavioral Problems: Intervention and Resources for School Aged Youth – Center for Mental Health in Schools at UCLA (2015)."