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Interventions for Chronic Behavior Problems

This Research Brief is drawn from a larger, much more detailed document on interim alternative educational settings that was prepared by Project FORUM, of the National Association of State Directors of Special Education (NASDSE). Project FORUM is funded by the Office of Special Education Programs through Cooperative Agreement #H159K70002. Its mission is to synthesize information and research on a wide range of current topics in special education, so that the field has access to the timely information it needs to address pressing issues.

THE QUESTION OF "WHY?"

When you look at the research on behavior interventions, you're immediately struck by the number and complexity of issues involved. Problem behavior is obvious. The reasons for it usually are not. That's why it's vitally important for schools to investigate why the student has exhibited a challenging behavior. When more is known about the cause or causes of the student's behavior, then appropriate interventions can be identified and provided. It's beyond the scope of this publication to review the many aspects involved in assessing student behavior. For information on carrying out this critical step in addressing chronic behavior problems, please contact PEPP, Inc.

THE QUESTION OF "NOW WHAT?"

Even knowing the reasons or factors behind why a student is behaving a certain way does not answer the question of what to do about it. A great deal of research has been conducted on a wide range of interventions for challenging behavior, but how does one sift through all of this to identify what might be appropriate for a given student?

This Research Brief will help you get started by reviewing programs designed to prevent problem behaviors from recurring among children and adolescents with chronic antisocial behavior. Most of this research will apply to students with lesser behavior problems as well. We will look briefly at what's known about:

- Using effective classroom management and teaching strategies;
- Making instructional and curricular adaptations;
- Teaching social problem-solving skills;
- Implementing school wide and district wide programs to teach norms about behavior;
- Providing parent management training and family therapy;
- Promoting home-school collaboration;
- Using alternative education programs or schools;
- Providing individual counseling;
- Using peer counseling and peer-led interventions;
- Providing recreation and community activities; and
- Using fear arousal, moral appeal, and affective education.

Clearly, there is a broad range of possible approaches a school might take to make a difference in student behavior. But what works?

WHAT WE KNOW

We'll go through each of the areas listed above and summarize what research has to tell us. Research citations will be included to direct you to the detailed information you'll need to implement the interventions.

Classroom Management and Teaching Strategies

Punishing, threatening, blaming, and criticizing students as a way of influencing their behavior only works in the short term. What research shows is that effective teachers tend to rely instead on proactive strategies for preventing behavior problems. They reinforce appropriate behavior and teach social problem solving. For students with chronically disruptive behavior, teachers use point or token systems, time-out, contingent reinforcement, and response cost. For an excellent review of these strategies, see Walker, Colvin, and Ramsey (1995).

Adapting Instruction and Curriculum

Instruction and curriculum need to be adapted to meet the individual needs of students. When they are not, disruptive behavior can result. Therefore, any investigation of the student's behavior needs to look closely at what adaptations may need to be made. See Deschenes, Ebeling, and Sprague (1994) and Waldron (1997) for more information about possible adaptations.

Teaching Social Problem Solving

The direct teaching of social problem solving is now a common feature of programs for preventing and resolving discipline problems (Bear, 1998), as well as for treating students with the most serious antisocial behavior (Kazdin, 1994). Although these interventions vary in the strategies emphasized, they share a common focus on teaching thinking skills that students can use to avoid and resolve interpersonal conflicts, resist peer pressure, and cope with emotions and stress. The most effective are those that include "a range of social competency skills...and that are delivered over a long period of time to continually reinforce skills" (Gottfredson, 1997, p. 55). For reviews, see: Consortium on the School-based Promotion of Social Competence (1991, 1994) and Gottfredson (1997).

School wide and District wide Programs

To build a climate that views appropriate behavior as an essential precondition for learning, some programs have been implemented throughout the school or district. School rules are established, communicated clearly to staff and students, and consistently enforced. Staff are trained to teach students alternatives to vandalism and disruptive behavior. These programs have yielded promising results. See Mayer, Butterworth, Nafpaktitis, and Sulzer-Azaroff (1983), Olweus (1992), and Cotton and Wiklund (1990).

Parent Involvement

Overall, research indicates that successful intervention programs almost always include a home-school component. Parent management training and family therapy are two approaches that show considerable promise for affecting student behavior (Kazdin, 1994). In parent management training, parents are taught such techniques as strategic use of praise, rewards, time out, response cost, and contingency contracting. They have opportunities to discuss, practice, and review these techniques. Ongoing consultation with the parent is also provided. See Bank, Marlowe, Reid, Patterson, and Weinrott (1991); Webster-Stratton, Hollinsworth, and Kolpacoff (1989). Family therapy seeks to address family conflict. A primary goal is to empower parents with skills and resources necessary to solve their own family problems. This approach has been shown to be effective in reducing a range of delinquent behaviors.

Although parent management training and/or family therapy may be a necessary component of programs for students with a chronic history of antisocial behavior, less intensive interventions involving parents would be sufficient for most children. See Christenson, Rounds, and Franklin (1992) for an excellent review of home-school collaboration strategies and programs.

Alternative Education Programs and Schools

Alternative education programs and schools are designed to create a more positive learning environment through low teacher-to-student ratios, less structured classrooms, and individualized and self-paced instruction. The strongest and most consistent improvement for students enrolled in such a program or school was their attitude toward school (Cox, Davidson, & Bynum, 1995). Research results regarding their effectiveness,

however, have been inconsistent and difficult to interpret, primarily because such programs tend to vary greatly in their interventions, students served, structure, and program goals (Gottfredson, 1997).

Individual Counseling

There are hundreds of different techniques used by counselors and therapists, the majority of which have not been evaluated through research (Kazdin, 1988). This makes it difficult to assess the impact of individual counseling as an intervention for chronic behavior problems. It would appear that, when used alone (i.e., when not coupled with other interventions or strategies), programs that provide students with individual counseling tend to be ineffective in decreasing antisocial behavior, especially when such behavior is chronic (Gottfredson, 1997). The same is generally true of programs in which adults lead discussions with students about their behavior, attitudes, and values.

Peer Involvement

There is no denying that peers can have a profound influence on a student's behavior. Peer-oriented interventions are designed to capitalize on the potentially positive influence of peers in bringing about improvements in behavior. However, two such approaches (peer counseling and peer-led information groups) may actually be counterproductive in that the least disruptive students in the group may be negatively influenced (Gottfredson, 1997). Hughes and Cavell (1995) caution that peer tutoring, cooperative learning, and peer collaboration tasks may be too demanding for many antisocial children.

Recreation and Community Activities

Many schools and communities offer recreational, enrichment, or leisure activities such as after school sports or midnight basketball as alternatives to more dangerous activities. Evaluation results show that acts of delinquency and substance abuse decrease only while students are directly supervised. These programs are more likely to be effective in reducing such behaviors if they are secondary components to programs that directly teach social competency skills (Gottfredson, 1997).

Fear Arousal, Moral Appeal, and Affective Education

Programs that are designed to reduce substance abuse or improve behavior by disseminating information, arousing students' fears, appealing to their concepts of right and wrong, or improving self-esteem generally have not been found to be effective (Bear, Minke, Griffin, & Deemer, 1997; Gottfredson, 1997). Approaches that include resistance-skills training (where students learn about the social influences that can lead to substance use, as well as specific skills for resisting these pressures) have been shown to reduce substance use in the short-term. However, without continued instruction, positive effects of these programs are short-lived (Gottfredson, 1997).

Applying This Research to Developing "Interim Alternative Educational Settings"

The 1997 Amendments to the Individuals with Disabilities Education Act balance the need for safe schools for all children and protection of the rights of children with disabilities to a free appropriate public education (FAPE) and procedural safeguards. These amendments allow school personnel to order a change in placement to an interim alternative educational setting (IAES) for a student with a disability under certain circumstances.

Space limitations prevent us from discussing the law's provisions regarding IAESs in detail here. (For more information about the law and these provisions in particular, contact PEPP, Inc. or visit our Web site at www.peppac.org.) However, these provisions are important for students with disabilities who have a history of chronic behavior problems. We mention them here, because the research reviewed in this paper may be of practical value to educators in developing and implementing state and local guidelines for IAESs.

Multiple factors influence the behaviors of students who are subject to disciplinary action, such as placement into an IAES. For example, three behaviors specifically targeted for IAESs—carrying a weapon to school or a school function; knowingly possessing or using illegal drugs or selling or soliciting the sale of a controlled substance at school or a school function; and the behavior determined by a hearing officer to be substantially likely to injure self or others—are typically influenced by a complex interaction of various personal and environmental factors, including a student's thinking, emotions, social skills, family, teachers, school, and community.

As shown by research in this document, for interventions to be effective in both the short- and long-term, they must target as many of the factors mentioned above as feasible. That is, interventions should be comprehensive, broad-based, and enduring. It is unrealistic to expect most IAESs to deliver such interventions, especially since a student's placement in an IAES is limited. It is realistic, however, to expect personnel at an IAES to begin interventions, while simultaneously working with the Individualized Education Program (IEP) team in planning and coordinating interventions that would continue after the student leaves the IAES. Without continued services, it is very likely that behavior problems will recur, especially among students with chronic patterns of antisocial behavior.

Note: The original Project FORUM research synthesis from which this Research Brief is drawn discusses IAESs in detail and provides verbatim language from the 1997 amendments to the IDEA with respect to IAESs.

WHAT DOES ALL THIS MEAN? A SUMMARY

Clearly, there are a lot of approaches schools can use to prevent challenging behavior and to address it when it does occur. It's important to know that best practice indicates the following:

- Assessment of the student's behavior must be linked with interventions that follow the student through whatever placements the student has.
- Multiple interventions are necessary for improving the behavior of most students. Any positive effect of a single strategy, especially when the intervention is short-term, is likely to be temporary. Just as behavior problems and risk factors come in packages, so too should interventions.

To produce lasting effects, interventions must address not only the behavior that led to disciplinary action but a constellation of related behaviors and contributing factors.

Interventions must be sustained and include specific plans for promoting maintenance over time and generalization across settings. Focusing on the student's behavior while placed in any short-term setting, such as an interim alternative educational setting, is not sufficient. Interventions need to follow the student to his or her next placement (and elsewhere).

A combination of proactive, corrective, and instructive classroom management strategies are needed. Interventions must target specific prosocial and antisocial behaviors and the "thinking skills" that mediate such behaviors. Such a combination provides an atmosphere of warmth, care, support, and necessary structure.

Interventions must be developmentally appropriate and address strengths and weaknesses of the individual student and his or her environment. Parent education and family therapy are critical components of effective programs for antisocial children and youth.

Interventions are most effective when provided early in life. Devoting resources to prevention reduces the later need for more expensive treatment.

Interventions should be guided by schoolwide and districtwide policies that emphasize positive interventions over punitive ones.

Interventions should be fair, consistent, culturally and racially nondiscriminatory, and sensitive to cultural diversity.

Interventions should be evaluated as to their short-term and long-term effectiveness in improving student behavior. Both the process and outcome of each intervention should be evaluated.

Teachers and support staff need to be well trained with respect to assessment and intervention. Staff working with students who have behavior problems will require on-going staff development and support services.

Effective behavioral interventions require collaborative efforts from the school, home, and community agencies. Helping children and youth must be a shared responsibility.

Other Information on Positive Behavioral Support

This Research Brief is a synthesis of information presented in Project FORUM's Interim Alternative Educational Settings:

Related Research and Program Considerations (Bear, 1999). Additional information on promising interventions for challenging behavior, particularly providing positive behavioral supports, is available from disability-specific organizations and from the following organizations:

Beach Center on Families and Disability, University of Kansas, 3111 Haworth Hall, Lawrence, KS 66045. Telephone: (785) 864-7600 (V/TTY). E-mail: beach@dole.lsi.ukans.edu Web: www.lsi.ukans.edu/beach/beachhp.htm

Center for Effective Collaboration and Practice (Improving Services to Children and Youth with Emotional and Behavioral Problems), American Institutes for Research, 1000 Thomas Jefferson Street N.W., Suite 400, Washington, DC 20007. Telephone: (202) 944-5400. E-mail: center@air-dc.org Web: www.air.org/cecp

Center on Positive Behavioral Interventions and Support, 5262 University of Oregon, Eugene, OR 97403-5262. Telephone: (541) 346-2505. E-mail: pbis@oregon.oregon.edu Web: www.pbis.org

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