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Do Paraeducators Use Best Practices With Students Who Exhibit Aggressive Behaviors?

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ABSTRACT

Do Paraeducators Use Best Practices with Students Who Exhibit Aggressive Behaviors?

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Researchers question the growing use of paraeducators in public school special education classrooms, complaining that the professionals with the least education are being asked to assist the students requiring the most intervention (Blalock, 1991; Giangreco, Broer, & Edelman, 1999). How well are paraprofessional educators prepared to use best practices for behavior management in special education settings? The eight special education paraprofessionals surveyed in this study demonstrated varying levels of knowledge regarding how to respond to the aggressive behaviors often displayed by students with emotional disturbance (ED). Paraeducators who reported receiving the most district- or teacher-led training (4 to 16+ hours) recommended interventions that were the most closely aligned with the positive, proactive approaches supported in literature about best practices. Age of paraeducator and years of formal education showed no relationship with ability to suggest appropriate interventions. However, respondents overall were more likely to recommend appropriate interventions for students displaying physical aggression than for students displaying verbal aggression or noncompliance involving both physical and verbal aggression. These findings confirm the importance of paraeducator training specific to the needs and behaviors of students with ED.

Keywords: paraeducator training, student aggressive behaviors, educator best practices, special education classrooms, emotional disturbance (ED)

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Introduction

In special education classrooms, teachers working with students with disabilities rely on paraeducators to assist with many daily classroom tasks, routines, and instructional duties. In the United States, there has been a proliferation of the use of paraeducators to support the education of students with disabilities (Giangreco, Edelman, Boer, & Doyle, 2001). The various roles described in the literature include offering one-to-one direct support (Carter, Cushing, Clark, & Kennedy, 2005); organizing homework, preparing curricular materials, and implementing curricular modifications (Shyman, 2010); focusing students and providing encouragement (Hauerwas & Goessling, 2008); providing literacy support (Ashbaker & Morgan, 2010; Causton-Theoharis, Giangraco, Doyle, & Vadasy, 2007); giving social skills instruction (Causton-Theoharis & Malmgren, 2005); observing students and collecting data (Ashbaker & Morgan, 2011); and providing community-based instruction (Rogan & Held, 1999).

Paraeducators working with students with emotional disturbance (ED) encounter many situations involving student-displayed aggression and acting out behaviors. These behaviors can be directed at the teacher, other students in the classroom, paraeducators, or at the students themselves. Behaviors displayed may include violent actions such as hitting, spitting, biting, kicking, verbal and physical abuse, property destruction, and aggression toward staff and other students (Drasgow & Yell, 2001).

To meet the needs of students with challenging behavior, educators need to utilize research-based behavior management procedures, including social skills instruction, group instruction strategies, and faculty collaboration. Preservice and inservice training, on-site coaching for educators, and team teaching are also important. Perhaps the key

aspect of behavior intervention design is functional behavioral assessment (FBA), which identifies student needs and helps schools allocate resources to meet those needs. Together, these approaches have been shown to improve outcomes for students with disabilities (Westling, 2010). Simpson, Peterson, and Smith (2011) stated that programs and interventions used with students with ED need to be highly aligned with the relationship between the teacher and learner. Interventions can only be as effective as the person who implements them, and the relationship between the teacher and learner needs to be positive and trusting, especially when working with students with ED. Regardless of the approaches chosen, supports need to be acceptable, easy to implement, and effective in changing behavior (Koegel, Koegel, Boettcher, & Brookman-Frazee, 2005).

Best-practice interventions tend to require a high level of training on the part of the implementation team. Ill-prepared teachers are often unable to meet the needs of their students, and this often exacerbates the behaviors displayed by the students (Lago-Delello, 1998). Likewise, paraeducators who work with ill-prepared teachers are unlikely to know what best practices to use with an aggressive student, unless they have had proper training in reducing and eliminating aggression.

Statement of Problem

Within general education and special education classrooms, educators and paraeducators must work together to address violence in any form, including the related behaviors of aggression, bullying, teasing, mean-spiritedness, harassment, and the fighting back mentality that can lead to violent behaviors in children and adolescents (Walker et al., 1996). This intervention is best conducted early in a child's academic experience. According to Walker and colleagues, "We must…directly address the risk

factors and precursors associated with further violent and delinquent behavior by targeting and intervening with at-risk children and youth early in their lives—well before they become invested in these unfortunate acts and behavior patterns" (p. 195). Interventions that are most likely to work, both on a school-wide level and with individual students, have been well documented (Kauffman, 2005).

Less frequently studied is the training of staff members who assist in carrying out those interventions; namely, paraeducators. As the percentage of students with ED grows (Simpson, as noted in Couvillon, Bullock, & Gable, 2009), and schools' use of paraeducators to assist students with special needs grows even faster, researchers worry that the school staff members with the least amount of training and knowledge are being asked to work with the students who need the most intense interventions (Blalock, 1991; Giangreco, Broer, & Edelman, 1999). Do the paraeducators, themselves, feel prepared to carry out these interventions?

Research Questions

The purpose of this study is to answer the following research questions:

1. When given three case studies about students with aggressive behaviors, do paraeducators identify best practices in responding to the situations?
2. What previous training do paraeducators report receiving to help them manage aggressive behavior? Based on the data, what recommendations could be made for future practice?

Review of the Literature

As the roles of paraeducators in schools continue to grow, researchers are beginning to evaluate paraeducators' classroom effectiveness and the training they need to best serve students and schools. This literature review describes the history of paraeducators and their current place in education, including federal mandates regarding their activities and training. The review also synthesizes research on best-practice methods for behavior management, particularly related to students with emotional disturbance (ED). Finally, it describes the value paraeducators can bring to intervention processes, including functional behavioral assessments (FBA) and behavior intervention plans (BIP), and discusses holes in the literature regarding paraeducator training.

Paraeducators Today

A paraeducator, also known by the titles of paraprofessional, teacher aide, job coach, transition trainer, educational assistant, and instructional assistant, is someone who works alongside a certified or licensed professional (French, 1999; Pickett, Likins, & Wallace, 2003). Across the United States, at least 15 different titles are used for paraprofessionals who work in education. *Aide* is probably one of the earliest titles, and *paraeducator* is one of the most recent. The term *paraprofessional* has been in use for some time (Ashbaker & Morgan, 2001). In this research, the term paraeducator will be used.

An estimated 395,000 paraeducators currently work in general and special education classrooms. Another estimated 130,000 are placed in Title I schools or work with multilingual students (Pickett, Likins, & Wallace, 2003).

History of paraeducators. During World War II, a shortage of teachers in the workforce prompted the introduction of paraprofessionals employed in classrooms (Ashbaker & Morgan, 2001; Pickett et al., 2003) as an alternative means to providing services to students (Pickett, 1986). Today, paraeducators work with and support the classroom teacher to educate kindergarten through twelfth grade students in general education classrooms, special education classrooms, Title I schools, and in inclusive school programs (Ashbaker & Morgan, 2001). Paraeducators also work with students of limited English proficiency (Pickett, 1986). According to Passaro, Pickett, Latham, and Hong Bo (1994), 75% of paraeducators surveyed were working in instructional settings.

Value of paraeducators in education. Paraeducators provide valuable services to students and teachers. According to a study of the impact of support staff in schools conducted with 20,000 teachers and support staff in England and Wales, teaching assistants (paraeducators) reduce teachers' stress levels and improve classroom discipline. Results of the survey indicated that paraeducators help teachers feel more positive about their work. The support they give teachers and pupils leads to reduced teacher workloads and greater job satisfaction. An additional finding was that most support staff surveyed said they were happy with their jobs (Blatchford, Bassett, Brown, Martin, Russell & Webster, 2009).

Duties of paraeducators. Blalock (1991) indicated that paraeducators' roles have changed over the past 50 years from clerical and "housekeeping" duties to complex duties such as providing supervision, giving instruction developed by the teacher, and providing other related services to the students in the classroom (Katsiyannis, Hodge, & Lanford, 2000; Pickett et al., 2003). Paraeducators also offer additional management and

academic support to teachers and students (Maggin, Wehby, Moore-Partin, Robertson, & Oliver, 2009). Typical duties, which include instructional and non-instructional activities (Giangreco & Doyle, 2002), may now involve carrying out part of a teacher-directed behavior management program, collecting data, providing one-to-one tutoring, assistance with organizing instructional and other materials, assisting with assessments, conducting parental involvement activities, documenting student progress, assisting with the organization of the classroom environment, acting as a translator, personal care-giving, monitoring playgrounds, bus duty, library duty, building assistance, support and enhancement of professional programs, and administrative functions. Paraeducators can even serve as members of a crisis team for students with emotional disabilities (Maggin et al., 2009; Pickett, 1986; Pickett et al., 2003; No Child Left Behind Act of 2001, PL Doc 107-110 § 1119; Sugai & Horner, 1999).

Roles of paraeducators in special education. In seeking affordable ways to provide students in special education the one-to-one assistance they need to make progress, schools and school districts generally employ paraeducators, who provide assistance to general and special education teachers in the classroom (Ashbaker & Morgan, 2001). In fact, the majority of paraeducators are working in the classroom with students who have special needs (Bureau of Labor Statistics, 2010–2011; Pickett, 1986) and severe disabilities.

Given the wide use of paraeducators in special education, some research efforts have focused on paraeducators' involvement in providing services to students with physical, developmental, and emotional disabilities (Pickett, 1986). Within special

education classrooms, paraeducators act as liaisons, teachers, recreational assistants, job coaches, nurse aides, and therapy assistants (as noted in Blalock, 1991).

When discipline is needed, either for groups of students or for individuals, paraeducators ideally become a vital part of the team-based approach used to manage behavior. They participate in the planning, implementation and evaluation of behavior supports for the students with whom they work (Sugai & Horner, 1999).

Training of paraeducators. Jones and Bender (1993) insist that the tasks required of paraeducators should be suited to the classroom setting that they are working in. Are paraeducators equipped to manage the complex responsibilities they encounter in carrying out behavioral supports for students with special needs?

Federal legislation, such as No Child Left Behind (NCLB) and the Individuals with Disabilities Education Improvement Act (IDEA), regulate the training and educational requirements of new and existing paraeducators. New paraeducators coming into a classroom must have completed one of the following: two years of study at an institution of higher education, an associate's degree, or passing a state or local assessment to show they meet a standard of quality. Existing paraprofessionals, hired previous to the enactment of the No Child Left Behind Act of 2001, were required to satisfy all the requirements of a new paraeducator no later than four years after the date of enactment. According to NCLB, 2001, "all paraeducators must demonstrate a "knowledge of, and the ability to assist in instructing, reading, writing, and mathematics; or knowledge of, and the ability to assist in instructing, reading readiness, writing readiness, and mathematics readiness, as appropriate" (PL 107-110 § 1119, p. 115).

> NCLB specifies that paraeducators working under Title I may not provide instruction to students unless supervised by a teacher, but they may provide assistance with classroom management. (U.S. Department of Education, Office of Elementary and Secondary Education, 2002)

The Individuals With Disabilities Education Improvement Act (IDEA) of 2004 states that paraeducators who are "appropriately trained and supervised" can assist in the provision of special education services to children with disabilities" (20 U.S.C. 1412(a)(14). Part B of IDEA specifies that paraeducators receive inservice and preservice training to ensure that those providing services to children have the necessary skills and knowledge to meet student needs (Katsiyannis et al., 2000).

What does training for paraeducators entail? Most often, paraeducators receive one-day training or brief preservice training and then are placed in the classroom to perform their job requirements. Inservice typically happens with on-the-job training from the supervising teacher or other paraeducators (Katsiyannis et al., 2000). Often, the amount of training offered is inadequate, such that paraeducators are performing jobs for which they are not qualified or paid; at the same time, they may have talents that go unused in everyday situations (Pickett, 1986).

Another shortfall in training for paraeducators is a lack of incentives or opportunities for advancement based on participation in the offered training (Pickett, 1986). Giangreco, Edelman, and Broer (2003) identified several important shortfalls in paraeducator support. Two of these areas are paraeducator knowledge of their job responsibilities and improved student behavior and school safety.

Ideally, training should be specific to the setting in which the paraeducator works, allowing paraeducators to be utilized effectively by the classroom teacher. Job descriptions should take into consideration the disabilities of the students in the classroom and the tasks that are demanded of the paraeducator in that setting (Pickett, 1986).

It could be argued that no amount of on-the-job or preservice training can replicate for paraeducators the advantages of an advanced degree in education or psychology—a background perhaps better suited to the kind of behavioral interventions paraeducators are asked to perform every day (Morgan & Ashbaker, 2009). In fact, given the large percentage of paraeducators hired to work in special education, researchers complain that the school staff members with the least amount of training and knowledge are those who are hired to work with students who need the most intense interventions (Blalock, 1991; Giangreco et al., 1999). This makes it difficult for students with special needs to receive the necessary academic and behavioral services (Maggin et al., 2009).

Inadequate training creates discomfort for paraeducators. According to research conducted by Giangreco et al. (2003), paraeducators ranked entry-level and on-the-job training, respectively, as the first and second support priorities needing some or major work. Passaro et al. (1994) noted similar findings. In particular, paraeducators wanted to receive training in regard to their role in behavior management, particularly in working with students who display aggressive behavior.

Dealing with Aggressive Behavior in Schools

Aggression is defined as a persistent pattern of behavior that causes or threatens physical or psychological harm (Williams & Cornell, 2006). Such behavior can disrupt

society, generally, or school, specifically, by alienating peers, teachers, and even primary caregivers. No research could be found to indicate violent acts directed at paraeducators by the students they work with, but, according to the U.S. Department of Education National Center for Education Statistics (2007), 7% of teachers indicated they had been threatened by a student during the 2003–04 school year and 3% indicated an actual physical attack by a student.

Traditional, punitive approach toward behavior management. Historically, school personnel have handled misbehavior of students in a reactive, punitive, and punishment-oriented manner, often excluding the student from the school setting (Walker et al., 1996). Some of these punishments have included detention, reprimands, referrals to the office, and time taken away from group activities (Sugai, Horner, & Gresham, 2002). Teachers tend to focus on the inappropriate behaviors displayed by students before looking toward the antecedents, the event that precedes the inappropriate behavior (Cooper, Thomson, & Baer, 1970).

New, preventative approach toward behavior management. Today, however, educators realize that prevention and reaction to problematic behavior bring differing effects (Scott, Liaupsin, Nelson, & McIntyre, 2005). Proactive, preventative teaching measures include modifications to the environment and social skill instruction to increase the success of the student in the school environment (Drasgow & Yell, 2001). Effective schools strive to prevent behavior problems rather than relying on consequences to deter the occurrence of the problem behavior (Sugai et al., 2002). Positive intervention involves increasing positive interactions with students and teaching them skills that

produce competencies, allowing them to better handle situations encountered in the future (Dunlap & Koegel, 1999).

According to Hartwig and Ruesch (2000), "a balanced approach to discipline includes both proactive strategies to prevent problem behavior and well-specified, procedurally sound responses to problem behavior" (p. 246). However, preventative and proactive methods have not been fully embraced and incorporated by schools when addressing problematic classroom behaviors (Barnhill, 2005), likely due to some educators' belief that tough methods are more effective (Skiba, 2002).

The behavior plan. Augmenting the trend toward proactive behavior management, amendments to the Individuals with Disabilities Education Improvement Act (IDEA, 2004) call for positive behavior interventions and supports for students whose behavior impedes their own learning or that of others (34 CFR §300.530(f)) and for students whose behavior is a manifestation of their disability (34 CFR §300.530(e)). In particular, the legislation highlights a process of functional behavioral assessment (FBA) and positive behavior supports (PBS), with the goal to create "learning and teaching environments that support and encourage adaptive behavior and lessen the usefulness of problem behavior" (Sugai, Horner, et al., 2000, p. 140). In other words, a behavior plan's use of proactive, positive interventions provides social skill support and increases the likelihood that the behaviors displayed in the future will be positive, contributing to the student's school and post-school success (Drasgow & Yell, 2001).

Paraeducators and preventative interventions. Under the direct supervision of a qualified teacher, paraeducators can provide support and assist with preventative interventions while working with students with ED. Preventative methods that can be

utilized by paraeducators include setting rules for the small group of students they are assigned to work with, show students how to follow classroom rules, reward students, build a positive classroom environments, give positive and corrective feedback, redirect students to a more appropriate behavior, reinforce replacement behaviors, re-teach social skills, give praise and offer external rewards (Quinn, Hagen, Wright & Bader, 2001).

Early Intervention

Researchers have noted that acts of violence are often preceded by lesser acts of aggression that are in the capacity of the educator or staff to eliminate (Gable & Hendrickson, 1995). If early acts of aggression and violence can be prevented, generally through proactive discipline measures, manifestation of problems later in the student's life may be avoided (Kellam, Rebok, Ialongo, & Mayer, 1994).

Influence of school-based intervention. Next to family, school provides one of the most socially significant influences on the child (Arllen & Gable, 1994). Schools have become a powerful and influential setting for targeting at-risk students early in their academic career and giving comprehensive interventions to remedy their problem behaviors and academic shortfalls before antisocial behavior patterns develop (Reid, 1993). This early intervention can decrease academic failure, rejection from peers and teachers, and delinquency and violence (Walker et al., 1996). Researchers agree that early intervention is key for preventing chronic behavior problems and lessening the impact of disabilities (Conroy, Hendrickson, & Hester, 2004).

However, not all school environments foster academic and behavioral success. Negative school-related factors include ineffective instruction; punitive management techniques; lack of appropriate social skills among staff and students; unclear

expectations; lack of individualized instruction; a pattern of dropping out, absenteeism, suspension, and expulsion; and poor academic offerings in reading, writing, and math (Arllen & Gable, 1994; Lago-Delello, 1998; Sugai & Horner, 1999; Sutherland, Lewis-Palmer, Stichter, & Morgan, 2008). Additionally, researchers theorize that academic and behavioral problems spring from two issues: either (a) the student is not receiving instruction on his or her ability level, thus causing the avoidance and behavior problems seen in the classroom, or (b) the student has behaviors that inhibit academic functioning, putting his or her achievement behind that of peers (Miles & Stipek, 2006).

Successful school environments. Considering these influences, optimum interventions address more than the aggressive behavior of specific students; rather, interventions seek to create a school environment that will allow for the academic and social success of all students (Walker & Horner, 1996). That kind of environment allows more learning to take place and, at the same time, protects the rights of students with disabilities (Drasgow & Yell, 2001).

Goals for teachers and paraeducators. In promoting a safe classroom environment, effective teachers must juggle many responsibilities. They provide social skills instruction; collaborate with parents, other teachers, administration, and community agents; provide consistent delivery of behavior management policies and placement in inclusive environments; monitor student behavior; administer positive feedback and consequences; provide crisis management; and give continued instruction to paraeducators, both in the classroom and in staff training (Sugai & Horner, 1999). Paraeducators support effective teachers by reinforcing social skill instruction (Causton-

Theoharis & Malmgren, 2005) and in helping to administer an array of positive behavior supports.

Tiers of Intervention

When students display antisocial behavior and are at-risk for school failure, they are lacking behavioral competencies needed in a school setting (Walker et al., 1996). It is often the case that if a student performing an unwanted behavior in the school setting is taught the appropriate behavior for the situation, the behavior will decrease (Smith & Rivera, 1995). In other cases, students require multiple types of intervention, coming from a team of educators and paraeducators (Lewis, Jones, Horner, & Sugai, 2010; Sugai et al., 2002). Paraeducators often play a major role in this tiered approach, in which students who fail to respond to general, school-wide interventions are offered more intensive, personalized interventions.

School-wide behavioral support plans (BSP). Many paraeducators help to implement universal behavior plans, sometimes called positive behavior supports or behavioral support plans (BSP), which take place in all settings, with all students. The plans focus on preventative and proactive measures. Often involving behavioral curriculum that applies to all students and staff in all settings (Freeman et al., 2006; Lewis et al., 2010), universal efforts prevent behaviors from developing, are quick to administer, and are relatively inexpensive to implement for the student (Freeman et al., 2006; Sugai et al., 2002). Behavior support plans implemented school wide emphasize teaching, monitoring, and rewarding students, rather than focusing on punitive measures (Hawken & O'Neill, 2006).

Maximizing opportunities for the student to be successful academically and behaviorally in the school setting, these interventions promote a positive school climate. They also teach school-wide classroom expectations and rules that prevent students from becoming at-risk for school failure. At the same time, the interventions help educators identify the students who are not responding to the universal supports (Lewis et al., 2010; Walker & Horner, 1996).

Paraeducators involved with this level of intervention must learn new skills of behavior management and enforcing classroom rules. They often assist in making decisions and implementing strategies that will help students develop and learn (Freeman et al., 2006; Pickett et al., 2003). They can also assist with teaching and modeling behavioral expectations, re-teaching rules, writing up discipline referrals, passing out recognition slips, assisting with teaching materials, and giving verbal praise of appropriate behavior (U.S. Department of Education, Office of Special Education Programs, OSEP Center on Positive Behavioral Interventions and Supports [PBIS], 2010).

Group interventions are highly efficient for some students considered at-risk (Sugai et al., 2002). Other students do not respond so quickly. Students who continue to struggle often come to school with many risk factors, including poverty, dysfunctional families, neighborhood deterioration, previous behavior problems, and possibly a learning disability (Freeman et al., 2006; Sugai et al., 2002). Sometimes educators must modify their academic and behavioral expectations to allow students with disabilities to succeed in a general education classroom (Hawken & O'Neill, 2006; Sugai, Horner, et al., 2000). Some of these modifications take the form of individualized behavioral

interventions, which should take place as early in the students' school career as possible (Walker & Horner, 1996).

Individualized interventions. Individualized interventions are specific plans that facilitate student success in inclusive settings (Freeman et al., 2006). Students with chronic behavior problems are given individualized plans and supports that are comprehensive and positive, but still allow the student to access group and universal support strategies (Freeman et al., 2006; Sugai & Horner, 1999; Sugai et al., 2002; Walker & Horner, 1996). The amount of disruption that takes place in various settings and the frequency, duration and intensity of the behavior help educators determine whether the student needs this kind of comprehensive behavior plan (Smith & Rivera, 1995).

Based on assessment of student behavior, individualized interventions use intense, durable procedures to decrease problem behavior (Sugai et al., 2002). These interventions should be addressed within the student's individualized education program (IEP) and should come into play only when the target behavior impedes school performance (Hartwig & Ruesch, 2000). The intensity of the intervention needs to match the intensity of the behavior problem being displayed by the student. As the intensity of the student's behavior increases, the intensity of behavior needs and support increase (Lewis et al., 2010; Sugai & Horner, 2002; Sugai et al., 2002; Sugai, Sprague, Horner, & Walker, 2000). Throughout the process, educators must discriminate regarding the intensity of the behavior and the warranted intervention (Smith & Rivera, 1995).

Tier two interventions. The first level of individualized intervention, sometimes called "tier two," is offered when students have become at-risk due to peer relation

problems, academic achievement, and environmental situations (Hawken & O'Neill, 2006). Students receiving these interventions have been nonresponsive to the universal interventions in place within the school setting but do not display chronic, intense behavior problems (Hawken & O'Neill, 2006; Lewis et al., 2010; Walker & Horner, 1996). Ideally, tier two interventions quickly dissolve problematic behavior while it is still developing in the student (Sugai et al., 2002).

Modifications to the tier two interventions are necessary to support students with severe disabilities (Hawken & O'Neill, 2006). Paraprofessionals can assist with these interventions by monitoring group progress, providing social skills instruction, and developing relationships with the students being served (PBIS, 2010).

Tier three interventions. By contrast, the next level of intervention, sometimes called "tier three," requires a greater amount of assessment and behavior support planning (O'Neill et al., 1997). These interventions are comprehensive in nature and involve a team of individuals who are familiar with the student, including administrators, community members, parents, and the student when necessary (Baker, 2005; Walker & Horner, 1996). Together, the team crates a plan to define what they will do differently and how they will determine if the chosen interventions have been successful in changing the student's behavior (Horner, Sugai, Todd, & Lewis-Palmer, 1999–2000).

These tier three interventions should focus on socialization and mental health, not simply behavioral repair (Kellam et al., 1994). Interventions should address home, school and community settings, across multiple life domains, and address the needs of the student and their family members (Eber, Sugai, Smith, & Scott, 2002). If the behavior plan is not coordinated in all environments, it can be ineffective for the individual. The

buy in from all team members leads to a valuable relationship that is maintained over time and facilitates behavioral success (Koegel et al., 2005).

Monitoring. One of the most common reasons for failure of behavioral interventions is haphazard implementation (VanAcker, Boreson, Gable, & Potterton, 2005). Thus, for all levels of intervention, formal monitoring systems need to be in place to measure both the treatment fidelity and the student response (Sugai et al., 2002). Paraeducators can play key roles in monitoring efforts, which should consist of direct observation, permanent product collection, and frequent feedback (Couvillon et al., 2009).

Emotional Disturbance (ED)

Intervention tiers and monitoring work somewhat differently for students with emotional disturbance (ED) than for students in general education settings, due to the difficulty students with ED experience in navigating the school culture and coexisting with others. Often, students whose disabilities do not allow them to participate within the culture of the school will also not participate in or be a part of the school-wide discipline program or teacher referral system (Freeman et al., 2006). Thus, in terms of both behavioral and academic learning, students with disabilities need special education services in order to access the general education curriculum (IDEA, 2004). Among these students are those with ED, a condition sometimes referred to as emotional and behavioral disorders (EBD). The designation "ED" will be used in this thesis.

Under federal law, emotional disturbance is defined as follows:

> A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's performance:
>
> A. An inability to learn that cannot be explained by intellectual, sensory, or health factors.
> B. An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
> C. Inappropriate types of behavior or feelings under normal circumstances.
> D. A general pervasive mood of unhappiness or depression.
> E. A tendency to develop physical symptoms or fears associated with personal or school problems. (Code of Federal Regulations, Title 34, Section 300.8(c)(4))

As indicated in research conducted by Barone, Leone, and Trickett (1988), students with ED have some difficulties in the development and maintenance of positive peer relationships, experiencing lack of peer acceptance and social rejection. The intensive academic and behavioral assistance required by these students is often provided by paraeducators.

Growth of ED. A relatively small group compared to the percentage of students with other disabilities, those classified as having ED represented 9% of the total population of special education students during the 2007–2008 school year (U.S. Department of Education, National Center for Education Statistics, 2009). However, according to the U.S. Department of Education, Office of Special Education Programs, Data Analysis System (2007), the population of students receiving special education

under part B of IDEA 1997–2006 who are being classified with ED is steadily increasing, as are the numbers of other special education populations. As a result, the behavioral problems and intensity faced by educators on a regular basis are also on the rise (Simpson, 2004, as noted in Couvillon et al., 2009).

What is causing this increase? While students in many circumstances are at a greater risk for developing aggressive and antisocial behavior patterns (Kellam et al., 1994), these behaviors do not develop in isolation (Sugai & Horner, 1999). According to Yell (1993), "the potential conduct-disordered child is not born conduct disordered, rather he/she is born difficult and may become conduct disordered, depending on interactions with his or her environment" (p. 18). Through studies involving twins, Yell (1993) linked the effects of environments and experiences with children's genetic disposition for temperament and emotionality to help explain how their disorders developed. Nonschool risk factors include poverty, abuse, neglect, family conflict, parenting, drug and alcohol involvement, dysfunctional family/home settings, and the communities in which students live (Arllen & Gable, 1994, as noted in Walker et al., 1996; Sugai & Horner, 1999).

Support for students with ED. How can educators best help these students? Peacock Hill Working Group (1991) identified seven key attributes when supporting students with ED. These include the use of (a) systematic interventions, (b) assessment and progress monitoring, (c) skill practice, (d) appropriate treatment, (e) multi-component treatment, (f) transfer and maintenance skills, and (g) sustained intervention. Likewise, Lewis, Hudson, Richter, & Johnson (2004) identified four systems that effectively support students with ED: (a) teacher praise, (b) instructional opportunities to

respond, (c) direct instruction, and (d) positive behavior supports. Each of these systems can involve paraeducators.

Assessment and Planning for Individual Interventions

Effective support for students with behavioral challenges begins with behavioral assessment and planning. For students who are displaying behavior that impedes their learning or the learning of their peers, federal law (IDEA 34 CFR §300.324(a)(2)(i); Zirkel, 2009) requires a functional behavior assessment (FBA) and behavior intervention plan (BIP). In the case that the student already has a current FBA and or BIP, review of the FBA and BIP with team members is necessary (IDEA 34 CFR §300.530(e)). In addition to students with ED, behavior intervention plans have now been extended to children diagnosed with ADHD and other disabilities as well as general education students with no specific disability or impairment (Sugai, Lewis-Palmer, & Hagan-Burke, 1999–2000).

The FBA and BIP should allow the team, made up of school personnel, to identify and understand the problematic behavior, redesign the environment, and organize for success (Ervin et al., 2001, Horner et al., 1999–2000). Sugai et al. (1999–2000) advised that the FBA and BIP process helps the most when a student's behavior is difficult to understand. The process also helps to increase the success of a student in his or her current placement (Lewis et al., 2010).

It has now become considered best practice to implement an FBA and BIP when dealing with social behavioral concerns long before the student is ever removed from the school setting (Drasgow, Yell, Bradley, & Shriner, 1999; Lewis et al., 2010). The main objective is to eliminate the display of maladaptive behaviors and increase the fluency

and use of the replacement behavior (Walker & Horner, 1996). When the intervention success rate is high, the intensity of the behavior decreases across time (Bradley, Henderson, & Monfore, 2004).

Sugai and Horner (1999) summarized a comprehensive, individualized behavior plan as a plan that incorporates crisis management, prevention methods, instructional methods, and consequences for following rules or misbehavior. As part of the plan, students must be taught appropriate replacement behaviors and receive reinforcement for the display of such behaviors. Not only do students need to know what to do, they need to know when to do it (Walker & Horner, 1996).

Functional Behavioral Assessment (FBA)

The first step in creating the intervention is a formal assessment of behavior. This formalized process includes multiple direct observations of the student's behavior, analysis of the behavior patterns, hypothesis testing, and then intervention (Scott et al., 2004). According to O'Neill et al. (1997), functional assessment "is a process for gathering information that can be used to maximize the effectiveness and efficiency of behavioral support" (p. 3). Functional behavioral assessment considers both the behavior and the environmental impact on that behavior (O'Neill et al.), including events and conditions that maintain the problem behavior, as well as social, cognitive, and affective factors (Drasgow et al., 1999; Iwata, Dorsey, Slifer, Bauman, & Richman, 1994; Sugai et al., 2002). This broader perspective offers a better understanding of the function or purpose behind student behavior. Behavioral intervention plans based on an understanding of why a student misbehaves are extremely useful in addressing a wide range of problem behaviors (Center for Effective Collaboration and Practice, 2001).

The FBA should be a problem-solving process that includes identification of the problem behavior, data analysis and interpretation, intervention, and plans for efficient and effective ongoing monitoring (Sugai et al., 1999–2000). According to Sugai et al. (1999–2000), the following components are necessary when conducting a FBA: (a) information collection, (b) generation of a hypothesis statement, (c) data collection, (d) development of a competing pathways statement, (e) development of a BIP, and (f) intervention implementation details, and (g) ongoing monitoring of the BIP.

Ultimately, the end result of the FBA process is a hypothesis statement that leads to an effective intervention plan that teaches an appropriate replacement behavior (Vaughn, Hales, Bush, & Fox, 1998; Scott et al., 2005; Sugai et al., 1999–2000) and leads to changes in the student lifestyle, socially and educationally (Horner et al., 1990). The changes occur when the plan implementation produces a reduction in the problem behavior and an increased display of the replacement behavior (Drasgow et al., 1999). In order to work, this plan must be individualized and comprehensive (Sugai et al., 1999–2000).

Students who need an FBA. Functional behavioral assessments are mandatory for students who are (a) suspended beyond a consecutive 10-day period; (b) proceeding to a manifestation determination (IDEA 34 CFR §300.530(e)); or (c) being considered for a change of placement (IDEA 34 CFR §300.530(d); McConnell, Hilvitz, & Cox, 1998), including to an interim alternative educational setting for school violations involving drugs or weapons (Drasgow & Yell, 2001). FBAs may also be conducted when a behavior plan is already in place that needs modification (Quinn, Gable, et al., 2001). Functional behavioral assessment should be integrated, as appropriate, throughout the

process of developing, reviewing and, if necessary, revising a student's IEP. According to Office of Special Education and Rehabilitative Services (OSERS), "when a child's behavior impedes the child's learning or that of others, the IEP team must consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior (34 CFR §300.324(a)(2)(i))" (p. 15).

FBA research. Conflicts have been repeatedly documented in the FBA literature regarding the most appropriate definition, process, and end result of the intervention (Iwata et al., 1994). Adding to scholars' skepticism, many studies conducted using FBA processes have taken place in highly controlled conditions (Hoff, Ervin, & Frickman, 2005). On the other hand, functional assessment has impressive empirical support (Kauffman, 1999), showing that the intervention can contribute to the effective treatment of a host of school problems displayed by students with emotional disorders (Ervin et al., 2001; Dunlap et al., 2000).

Some questions exist about the validity and reliability of the information gained through informal assessments (Conroy & Fox, 1994). FBAs result in the collection of the smallest amount of information necessary to result in a summary statement and intervention that is not only accurate but is done with a high level of confidence (Sugai et al., 1999–2000).

The majority of FBA research has targeted the population of individuals with developmental disabilities (Hoff et al., 2005). However, targeted populations now include students with high-incidence disabilities such as disruptive behavior, attention deficits or hyperactivity (ADHD), ED, and autism, and have now even come to include

students without specified disabilities within general education populations (Hanley, Iwata, & McCord, 2003; Hoff et al., 2005; Sugai et al. 1999–2000).

Paraeducators and FBAs. According to Sugai et al. (1999–2000), an FBA is conducted by a team of individuals (e.g., family, teachers, paraeducators, and administrators) with experience with the student, knowledge in the behavioral process that allows leadership in the FBA process and administrative support to allocate resources for the process. A paraeducator's role in this process may be observing the student and collecting data that will ultimately be used in the process of a FBAs development.

Conducting a full FBA requires a combination of multiple interviews, archival review, and formal direct observations in multiple settings (Sugai et al., 1999–2000). These different perspectives from family, advocates, school staff members and others allow for increased student success (Dunlap & Koegel, 1999). Due to paraeducators' hefty involvement with students (Demchak & Morgan, 1998), they can assist in the FBA process, under the supervision of a certified teacher, by observing and then manipulating the surrounding events to develop an effective behavior intervention/support plan (Herscovitch, Roscoe, Libby, Bourret, & Ahearn, 2009; Vaughn et al., 1998).

Behavior Intervention Plan/Behavior Support Plan (BIP/BSP)

After the completion of the FBA process, a behavior intervention plan or behavior support plan (BIP/BSP) will be developed for the individual student and the challenging behavior displayed in the setting (Drasgow et al., 1999). This behavior plan must be based on the functional analysis (Horner et al., 1990), because behavior interventions developed without the use of an FBA are likely to be ineffective and may cause the problem behavior to become worse (Sugai et al., 2002).

Identification of the student's strengths and positive contributions allow the team to propose effective solutions that build on these strengths (Horner et al., 1999–2000). The intervention(s) chosen for the student must be an appropriate contextual fit for the student (Koegel et al., 2005). The goal of a behavior intervention plan is to produce change in the student's behavior through development and adaptation (Sugai et al., 2002).

Effective environments. According to Sugai, Horner, et al. (2000), behavior intervention plans require the team to design effective environments. By following research-based practices, educators can actually manipulate the environments in which teaching and learning occur to make the student's problem behavior "less effective, efficient, and relevant and making the desired behavior more functional" (Sugai, Horner, et al., p. 134). In other words, a behavior intervention plan's main objective it not to eliminate the problem behavior from occurring but to focus on the building of functional social and academic skills that will replace the problem behavior (Gable & Hendrickson, 1995). Ideally, these changes will result in better relationships and community involvement for the student (Dunlap & Koegel, 1999), thus enhancing the students' quality of life (Carr et al., 2002).

Paraeducators and the BIP. One of the most difficult parts of behavior plans is the identification of the replacement behavior that will not allow the student access to the desired outcome obtained by misbehavior (Lewis et al., 2010). Descriptions of the target behavior must address the seriousness of the behavior being displayed by the student, specifying frequency, duration, intensity and other patterns in the behavior that will help to clarify the function of the behavior (VanAcker et al., 2005). Paraeducators are crucial

to the data collection that makes this description possible (Codding, Feinberg, Dunn, & Pace, 2005).

Paraeducators can help design a plan that utilizes multiple strategies (Drasgow & Yell, 2001) that are not reliant upon coercion or punishment (Dunlap & Koegel, 1999). Behavioral intervention will require collaborative involvement of many individuals with varying expertise and a high level of commitment. The problem behavior must be addressed in a direct, comprehensive manner across all settings in which the behavior is present in order to produce socially acceptable and consistent change (Walker & Horner, 1996).

As part of the intervention-creating process, staff working with the student, including paraeducators, have an opportunity to select specific and individualized supports for the student. These supports can be specified within the student's BIP, which can outline procedures for adults who will implement the BIP (Sugai et al., 1999–2000). Walker and Horner (1996) suggested that "support systems need to be proactive, instructional, sustained and comprehensive" (p. 210).

Implementing the Plan

A behavior intervention be a "contextual fit" for the student, the school, and those implementing the plan. In addition, there must be resources for the implementation, agreement of those implementing the plan to do so according to the plan, and administrative support (Sugai et al., 2002). Often the special education teachers or paraeducators handle implementation of the individualized education plan (Ryndak & Billingsley, 2004) or behavior support/intervention plan (Hawken & O'Neill, 2006), particularly for students with severe disorders. In addition, paraeducators and other

school staff may give extended and additional learning opportunities and support to students receiving individualized behavioral support (Turnbull et al., 2002).

Implementation feedback. Teacher and staff implementation feedback is necessary to the fidelity of the implementation of the behavior plan (Sugai et al., 2002). Direct and indirect methods of feedback to teachers and staff implementing the intervention can increase the integrity of the treatment being administered (Hagermoser Sanetti, Luiselli, & Handler, 2007; Sugai et al., 2002).

As part of the intervention team, paraeducators can also assist with feedback by collecting data and taking notes on anecdotal events and targeted behaviors. They provide feedback to students as they assist with classroom management systems, implement token economies, help with the redesigning of the environment, teach social skills, and give verbal praise and behavior labeling as needed (Koegel et al., 2005; PBIS, 2010; Pickett et al., 2003). The paraeducators' roles in collaborating on the development of the intervention, participating in required training, and monitoring the success of the intervention cannot be overstated (Freeman et al., 2006).

Team effort. All individuals implementing the BIP must have knowledge regarding antecedents, setting events, and prompting and prevention of the problem behavior; likewise, all have a role in teaching replacement behaviors and administering consequences and reinforcement (Sugai et al., 1999–2000).

Communication among paraeducators and other team members is critical. As kinks in the behavior plan are identified by team members, all team members need to hold regular meetings instead of waiting for crisis situations and then reacting to the failure of the intervention (Koegel et al., 2005). Teachers can request an IEP meeting and

paraeducators could provide data for the meeting if they are working for that particular student.

Problems with FBA/BIP

Like all interventions, the FBA/BIP process is not foolproof. Challenges associated with FBA implementation and IDEA 2004 requirements include the lack of knowledge of what a FBA is, what it looks like, and how the implementation can be conducted fluently and effectively by teachers and staff with basic knowledge of the process (Sugai et al., 1999–2000).

Implementation of behavior support plans require teachers to change their behavior and interactions with a student in both social and instructional settings. The implementation process needs to be done as directed by the FBA/BIP in order for a successful outcome (Hagermoser Sanetti et al., 2007).

Behavioral competency is necessary on an individual and team basis to address the problem behavior proactively. This includes the ability to assess situations, teach necessary social skills, develop lesson plans, collect and interpret data, and train others (Sugai & Horner, 1999).

Based on the findings of VanAcker and colleagues (2005), staff implementing FBAs and BIPs appear to require more training and education, particularly related to designing and carrying out assessments and interventions. According to Drasgow et al. (1999), teachers receiving preservice and inservice training will still require in-depth training in direct and indirect data collection; data interpretation; and the development, actual intervention, and evaluation of BIP procedures. Even with the training and education that some members of the team have, difficulty is still encountered with the

FBA/BIP (VanAcker et al.). It is now known that systematic instruction of skills and strategies for the FBA process is necessary for school personnel, but knowledge may not be the only component necessary. Practice and feedback are also necessary components in this training (VanAcker et al.).

According to research conducted by Couvillon et al. (2009), many educators who had recently attended professional development events sponsored by Council for Children with Behavior Disorders lacked an overall exposure to the topics of FBAs and BIPs. Many of the participants had not received training about FBAs and BIPs until their fifth year of teaching. If certified educators lack training, they cannot effectively direct the work of paraeducators in implementing BIPs.

Jolivette, Barton-Atwood, and Scott (2000) noted the following barriers to the FBA and BIP process: lack of knowledge about the data collection procedures, lack of knowledge about interpretation of the behavioral data, and lack of understanding of the responsibilities of who conducts the FBA and who implements the BIP. Iwata et al. (2000) argued that due to the nature of the knowledge needed to implement a FBA and the ability to deliver the antecedents and consequences of that plan and the lack of skill of most staff to follow through with these measures, the ability of those same staff members implementing a behavior intervention plan would also be unlikely. But, in that same study, Iwata et al. showed that undergraduate students and teachers can be trained to carry out a FBA, leading us to assume that paraeducators could also be effectively trained to carry out a BIP.

When implementing a BIP, many teachers and staff members do not know how to correctly implement the procedures outlined. They may lack time, personnel, and

resources, or lack the knowledge to develop appropriate interventions for the behavior problem (Killu, Weber, Derby, & Barretto, 2006). Van Acker et al. (2005) found that, as suspected, many general education teachers and paraprofessionals lack training in conducting the FBA process or development of a BIP, and it could be argued that this is an inappropriate role for paraeducators. As with any intervention, it must be noted that the skills of the staff member implementing the behavioral intervention must fit with the abilities they are capable of performing so the interventions will be implemented properly (Drasgow et al., 1999; Giangreco & Doyle, 2002).

In summary, failure to change behavior through the FBA/BIP process can be due to (a) an inappropriate match between the target behavior and intervention, (b) lack of correct implementation of the behavior plan, and (c) lack of necessary resources to carry out the intervention (Walker & Horner, 1996), including appropriate training for the paraeducators involved in implementation.

Staff Training and Treatment Integrity

Debate regarding paraprofessionals and their roles and responsibilities in the classroom has prompted examination of the utilization of paraeducators, the tasks they perform, and the training they receive. Typically, paraprofessionals have received limited training, guidance and direct instruction from school staff (Carter, O'Rourke, Sisco, & Pelsue, 2009). Ill-prepared teachers and staff are often unable to meet the needs of the students, and this often exacerbates the behaviors displayed by the students (Lago-Delello, 1998).

Regarding paraeducators' competency, Frank, Keith and Steil (1988) found that a discrepancy between the ranking of important knowledge a paraprofessional should have

versus what they are really capable of doing, particularly in the area of behavior management for individuals or groups. But Storey, Smith, and Strain (1993) found that trained paraprofessionals were able to more effectively serve students with social skill deficits and produced improved outcomes for these students.

According to Moorehouse and Albright (1991), who interviewed 21 paraeducators and 6 administrators, 21 out of those 27 indicated the need for more training in understanding behavior management skills. Passaro et al. (1994) also identified areas of training need in behavior management, instruction, task analysis, and prompting. Lewis et al. encouraged ongoing professional development and practice, insisting that some of the most important behavioral change will be seen in the staff working with the student.

Training by teachers. In general, teachers should assign tasks and deliver on-the-job training to paraeducators as they direct paraeducators' overall work (French, 2003). In terms of paraeducators' involvement in specific behavior management, providing necessary training before, during, and after interventions is necessary to effective, efficient implementation (Sugai et al., 2002).

Communication is necessary to training procedures (Gersten & Brengelman, 1996). Teachers and administrators must define terminology so that everyone has a clear understanding of objectives and expectations. Paraeducators need to be adequately equipped with the knowledge and skill set necessary to effectively serve and support students with disabilities (Carter et al., 2009).

Components of effective training programs. Pickett (1986) called for carefully developed training programs, developed with the input of paraprofessionals, to ensure quality training and recognition. Sustained paraeducator development with practice and

feedback can result in behavior change for the staff and the student (Lewis et al., 2010). This training must cause a generalization and sustained change in the teachers' and staff members' ability to make progress toward implementing interventions in the school setting (Goldenberg & Gallimore, 1991).

Generalization and maintenance. Hall, McClannahan, and Krantz (1995) found that paraeducators readily applied training on how to decrease the prompting given to students. This generalization of the skill was seen affecting the success of the student and paraprofessional.

Crucial for skill generalization are data collection and maintenance. These elements help to ensure effectiveness, accountability, evaluation, and communication. Once the target behavior and measurement system have been identified and the time for data collection determined, practically anyone can collect data on the identified behavior. This can include volunteers, other students, the target student, and paraeducator (Smith & Rivera, 1995; VanAcker et al., 2005). Programs of training must include data collection to measure paraeducators' use of their new skills.

Limitations in Literature

The results of the literature review indicate a wealth of research regarding aggression and that aggression continues to be a concern affecting students, teachers, and paraeducators. The majority of research and training on aggression in the school setting is geared toward the professional educator, rather than paraeducators.

There is, however a dearth of literature involving research, training, and best practices in paraeducators' work with students who display aggressive behavior. As more and more schools rely on the use of paraeducators in the classrooms, there becomes

a greater need for research in this area. The purpose of the current study is to identify how paraeducators feel about their current level of training for handling problems of student aggression at school. In particular, the current research focuses on the following:

1. When given three case studies about students with aggressive behaviors, do paraeducators identify best practices in responding to the situations?
2. What previous training do paraeducators report receiving to help them manage aggressive behavior? Based on the data, what recommendations could be made for future practice?

Methods

Participants

Participants were selected based on their instructional role while working with students with emotional and behavioral disabilities in a large school district in the Intermountain West that serves all grades from kindergarten through high school (K–12). As of 2011, there were 51 elementary schools, 11 junior high schools, 8 high schools, and 3 alternative schools in the district. There were eight small-group, self-contained special education units for students with serious emotional disturbance within this school district: four elementary units, two junior high units, and two high school units. These units serve students in the classroom for more than half the school day. From the group of eight self-contained classrooms, all paraeducators were invited to participate in the research being conducted. Paraprofessionals completing the survey met the above-stated criteria.

Data Collection

Brigham Young University (BYU) Institutional Review Board (IRB) approval and school district approvals were obtained before contacting the schools, teachers, and paraprofessionals for their consent. After receiving approval through the IRB department, the researcher worked directly with the school district and their Research and Evaluation Department in seeking permission to conduct research in their school district with their small-group ED classroom paraeducators.

The Research and Evaluation Department contacted the researcher along with the administrators of the eight research sites, notifying them that their school was given the opportunity to participate in the research and that they would be hearing from the researcher directly. The researcher then sent an email to each research site administrator,

seeking consent to send further information and to conduct research. After receiving written approval from each school principal or assistant principal, the researcher contacted the administrators to set up dates, times, procedures, and places for the surveys to be completed.

The researcher then mailed a packet to each school, containing (a) an administrator letter outlining the procedures for the survey; and (b) three paraeducator packets containing consent to participate in the research, a demographic survey, three case studies and questions to respond to, and a slip to receive compensation upon the completion of the survey/case study. Paraeducators were offered an incentive of a $10.00 gift card to Amazon.com for their participation in the research and their return of a complete survey and case study packet. Paraeducator packets also included self-addressed, postage-paid envelopes to ensure that the survey, case studies, and compensation slips could be mailed directly to the researcher upon completion.

From the first mailing, the researcher received only four surveys via mail. It was determined that the researcher would attempt to talk or visit directly with each administrator to improve survey response rate. Administrators were again contacted via email notifying them that the researcher would like to visit their school to drop off new surveys if some had been lost or misplaced or pick up any surveys that had been completed and not mailed. Two out of the eight administrators contacted the researcher via email to indicate that a visit would be appreciated.

The researcher visited seven of the eight research sites (due to one research site's paraeducators already responding to the survey) and attempted to speak with each administrator who had been working directly with the researcher to this point. If the

administrator was available, he or she was asked if the school needed new survey packets and if the school had any surveys that needed to be picked up. If the administrator was unavailable or absent from the building, surveys were given to a staff member (typically another administrator or lead secretary), with a small note attached indicating that the researcher had visited and if there were any questions, the administrator could contact her directly. At two of the participating school districts sites, the administrator took the researcher directly to the ED classroom to speak with the teacher and paraeducators. The researcher then restated the importance of paraeducators' participating and the incentive that would be given following the completion of the survey.

Based on this second administration of the survey, one new survey was received via mail and was then coded by the researcher. Two weeks after the second administration, one last email was sent out to each administrator, indicating that paraeducators would have one more opportunity to send in the survey and receive an incentive. After this email was sent, the researcher received three surveys in her school mailbox that had been sent via district mail.

To summarize, 24 surveys were initially sent to the eight research sites, with each receiving three surveys for the paraeducators working in the self-contained ED classrooms. Each administrator was contacted three times throughout the course of the research. Eight responses were returned to the researcher.

Following completion of the survey, data collection, and analysis, all documents used in the research were destroyed. There were no negative consequences for a paraprofessional who choose not to participate. For those who chose to participate, there

was only minimal risk that would normally occur during a given day due to their participation.

Setting

The researcher obtained a list of special education, small-group classrooms within the district (M. Weiss, personal communication, September 3, 2011). There were no qualifying factors as to why the self-contained ED units were placed at the specific school sites. Within the ED classroom, students with any disability classification may be served if they have been determined eligible for that placement by the district. Placement is decided by the category of the disability, severity of the disability, configuration of the delivery system, availability of educational and related services, availability of space, and/or administrative convenience ("Questions and Answers," 2011).

Measures/Instruments

The instrument developed by the researcher contained three parts: (a) a consent to participate agreement, (b) a demographic survey and general job description page, and (c) three case studies and corresponding questions. Case studies were adapted from case studies that had been developed for teachers and other professionals. The cases were simplified in vocabulary to reflect lay terms and were reduced to reflect only aggressive behavior. A list of questions was developed as a companion to the case study to help answer the research questions. The questions were pre-assessed with a group of teacher candidates attending a local university, who indicated their understanding of the questions, whether they had questions regarding what the list was asking, and their interpretation of the general clarity and precision of the questions. The entire instrument was designed to take 20–40 min for paraeducators to complete.

Instrument reliability testing. Before administration, reliability testing was conducted to determine the consistency of the responses produced by the questions of the survey. This was done by having a number of respondents answer the survey questions, and then answer the same survey questions two days later. Forty-five teacher candidates participated in the reliability testing. A ratio was calculated to determine the percentage of students whose responses were consistent from Time 1 to Time 2. If a response was missing for a question during Time 1 or Time 2, that response was not used to determine the reliability ratio for that question. A reliability ratio equaling 80% and above was considered acceptable. Testing of the instrument revealed more than 80% reliability.

Coding system. A coding system was developed by the researcher to assess the interventions as either being (1) best practice (positive), (2) mixed intervention (with both positive and punitive measures suggested), (3) punitive (in which negative interventions were used with the behavior), or (4) no response was given, or no intervention was present. Each intervention type was given a corresponding score. Best practice, positive interventions were worth 3 points; mixed interventions, worth 2; punitive interventions, worth 1; and no response/no intervention was worth 0.

The researcher then went through current literature to create a list of possible intervention types and categorized them as (1) best practice, (2) a mixed intervention, (3) punitive, or (4) no intervention present, and gave them a corresponding point value. This list also contained examples and non-examples, where necessary, so that each coder knew what was being looked for specifically (see Appendix A).

Interrater reliability. Interrater reliability was calculated through the use of a two-person rating system to assess the reliability of the coding. Two coders took the

surveys and case studies, each evaluating them separately, using the researcher's coding system. Each participant thus received two total scores, one from each rater. The researcher then determined if coder scores agreed or disagreed for each participant, with agreement being reached if the scores were within .5 points of each other. The formula used was agreements / agreements + disagreements = 7/8 = 87.5% agreement (see Table 1).

Table 1

Interrater Agreement Expressed Through Coder Scores for Each Participant

	Individual total scores		
Participant ID	Coder 1	Coder 2	Agree or disagree
#19	2.6	1.8	Disagree
#20	2.5	2.5*	Agree
#21	2.0	2.0*	Agree
#4	1.7	1.3*	Agree
#6	0.8	0.7*	Agree
#23	3.0	2.8*	Agree
#3	1.7	1.8*	Agree
#5	2.5	2.9*	Agree
Total % of agreement			87.5%

*less than 0.5 difference between the two ratings, the requirement for "agree."

Data Analysis

Survey data was analyzed quantitatively and qualitatively. Data derived from the nine-question survey was analyzed using EXCEL software. Descriptive statistics

including frequencies, means and standard deviations and were calculated and displayed in graphic format.

The content of the participants' responses to three questions were evaluated qualitatively on the basis of a numerical coding procedure. The questions evaluated were as follows:

1. Would you have attempted to intervene with the student? If so, how?
2. What would you consider to be the best strategy for dealing with this student's behavior?
3. What are some indications that you have been successful in managing the behavior?

The degree to which responses aligned with research-based practices was identified using a 4-point rating scale, with 3 being highly aligned, 2 being partially aligned, 1 being poorly aligned, and 0 indicating no evidence of alignment and/or no intervention present. Objective criteria were developed by the researcher for each point of the rating scale. Results were described in narrative format and also presented graphically.

Results

Demographic Information

On the survey, paraeducators were asked to provide basic demographic information (i.e., gender, age) and information regarding their current job position, training, and behavior management knowledge. Specifically, they reported employment status, years worked in special education, educational training, hours of behavior management training, skills gained in behavior management, where those skills were gained, and whether or not training had been obtained in their current position.

All respondents were female. One respondent indicated she was in the age range of 20–29 years old, one was in the 30–39 age range, three was in the 40–49 age range, two were in the 50–59 age range, and one was in the 60 or older age range. All respondents indicated they were Caucasian.

When asked to indicate how many years had been worked in special education, one respondent worked at least 1 year, two indicated they had worked 3 years in special education, two had worked 5 years, one had worked 6 years, and one indicated that she had worked 11 years in special education, totaling 34 years worked in special education combined. Five of the respondents work full-time in the small-group ED classroom while three work part-time.

When asked to indicate educational training, one of the respondents indicated she had a GED, one had a high school degree, three had some college (up to 2 years), one had an associate's degree, and two had bachelor's degrees.

Paraeducators' Suggested Interventions

Research Question 1 asked, "When given three case studies about students with aggressive behaviors, do paraeducators identify best practices in responding to the situations?" Data were gathered using a coding sheet (see Appendix A) to identify the intervention used as (a) positive and proactive, (b) a mixed intervention (of positive and negative interventions), (c) unaligned (punitive), or (d) no intervention was suggested. To analyze the data, a coding system was developed with examples to help define the types of intervention described.

Case studies given to participants each focused on a specific type of aggression. Scores were broken down by each case study and looked at for correlations (see Table 2).

Case 1, "Amy," focused on physical aggression displayed by the student. Participant responses ranged from 1.3 (punitive) to 3 (highly aligned–positive), with half of responders (50%) indicating the use of a mixed method (positive and punitive) to intervene.

Case 2, "Jon," focused on verbal aggression displayed by the student. Participant scores ranged from 0 (no response/intervention) to 3 (highly aligned–positive), with five responders (62.5%) indicating the use of a mixed intervention.

In Case 3, "Don," a combination of physical and verbal aggression was displayed by the student, along with noncompliant behavior. As for the verbal aggression case study, scores ranged from 0 (no response/intervention) to 3 (highly aligned–positive), with five responders (62.5%) indicating the use of a mixed intervention.

Scores by type of aggression. Case study scores were then totaled and averaged by case to determine the type of aggression that was handled with the highest number of

positive, highly aligned interventions. Based on total points, Case 1, physical aggression, had the highest score, indicating the highest indication of positive intervention use, with a total score of 17.8 of 24 points. This equals out to an average score of 2.225 points per respondent.

Case 2, verbal aggression, totaled to a score of 15.8 of 24 points, with the average score being 1.975 points. This score indicates that respondents, on average, would intervene with a mixed method (positive and punitive).

Finally, Case 3, a mix of physical and verbal aggression, totaled a score of 15.4 points, with an average score of 1.925 points per respondent, indicating that a mix of physical and verbal aggression elicited the most punitive of the intervention ideas from the paraeducators.

Based upon these results and information given by respondents, it appears that paraeducators in the school district studied would implement more positive interventions when dealing with physical aggression than with verbal aggression or a combination of the two.

Scores by participant. The coded paraeducator responses were also analyzed according to individual respondents, with the three scores of each respondent being averaged (totaled and divided by the possible score) to determine a participant score. The final score indicated the level at which the individual's responses on the case studies were aligned to best practices when dealing with aggressive behaviors displayed by students with ED.

Responses indicated that only one participant (Participant 23) gave responses that were consistently aligned with best practices. She received a score of 3 on all three cases.

Three participants' responses were partially aligned with best practices (falling into the 2.0–2.9 scoring range). Three other participants received scores indicating a punitive approach to managing aggressive behavior, falling into the 1.0–1.9 point range. Only one participant (Participant 6) received a score falling into the "no intervention" range, with a score of .87 (see Table 2).

Table 2

Intervention Alignment Scores of Participants, Overall and by Aggression Type

	Participant identification							
	#6	#21	#3	#4	#19	#5	#20	#23
Overall score	.87	1.5	1.7	1.7	2	2.5	2.5	3
Aggression type								
Physical	2.6	2	1.3	1.3	2	3	2.6	3
Verbal	0	2.3	2	1.6	2	2.3	2.6	3
Noncompliance/ mixed (verbal & physical)	0	1.6	2	2	2	2.3	2.5	3

Note. The total points possible overall and for each type of aggression was 3.

Paraeducators' Reported Training

Research Question 2 sought to determine "What previous training do paraeducators report receiving to help them manage aggressive behavior? Based on the data, what recommendations could be made for future practice?"

Paraeducators were asked how many hours of behavior or classroom management training they had received. Four of the respondents indicated that 0–4 hours had been

received, two indicated that 4–16 had been received, and two indicated that 16 hours or more had been received.

Each participant's overall score was then compared with her years as a paraeducator, education level, hours of training, age, work status, and hours of training received at work. When compared, the overall participant score and hours of training were highly correlated: those receiving a score in the range of 0–1.9 had received 0–4 hours of training, and those whose score fell between 2.0 and 3.0 had received 4–16+ hours of training. Those paraeducators with very few hours of training suggested more punitive interventions for students' aggressive behaviors. Paraeducators having more training hours reported they would deal with aggressive behaviors either with a mixed or positive intervention (see Table 3). Whether a paraeducator worked full- or part-time seemed to make no difference to the intervention choice.

When asked if behavior/classroom management training had been received in their current position, all respondents indicated that training had been received. Three respondents gave only a yes/no response to the question, while most respondents included the type of training that had been received. Two indicated that training had been received through Mandt System training. Two indicated that training was obtained by observing the classroom teacher and other aides and through discussion of current students and situations. Two respondents indicated that 1 hour a week was provided of teacher-led training.

When paraeducators were asked to indicate skills gained specific to behavior management by checking all the choices that applied, all respondents indicated they knew how to use positive praise for things done correctly, how to bring a group to attention,

how to teach students to follow instructions, and how to recognize depression or other emotional concerns. Almost all of the respondents (n = 7; 87.5%) said they gained the skills of how to collect data, how to reduce poor behavior (e.g., hitting, kicking, swearing), and how to help prevent poor behavior (e.g., hitting, swearing). Based on the data, it appears that the paraeducators surveyed need additional training in dealing with verbal and mixed cases of aggression.

Table 3

Intervention Alignment Score Compared with Experience, Education, Age, and Hours of Training

Overall score (participant ID)	Years as a paraeducator	College	Age	Hours of training
0.87 (#6)	3	BS	20–29	0–4
1.5 (#21)	1	BS	40–49	0–4
1.7 (#3)	5	Some	60+	0–4
1.7 (#4)	No response	AS	40–49	0–4
2 (#19)	3	GED	30–39	4–16
2.5 (#5)	6	HS	50–59	4–16
2.5 (#20)	11	Some	40–49	16+
3.0 (#23)	5	Some	50–59	16+

Five of the eight participants scored a whole point below “best practice” when dealing with verbally aggressive behaviors; two of the participants indicated the use of punitive intervention when verbal aggression (such as the use of offensive, vulgar

language, or verbal threats of assault and aggression toward the teacher) were displayed by a student with ED.

When asked to respond to mixed aggression (i.e., disruption, obscenities, property damage, vandalism), again, five of the eight participants scored a whole point below "best practice" when dealing with verbally aggressive behaviors, and two of the responses indicated the use of punitive intervention.

Additional training in the areas of data collection, reducing aggressive behaviors, and preventing aggressive behaviors were all noted as areas that not all of the participants believed they had gained specific to behavior management.

Discussion

It was hypothesized that paraeducators would have very little training when dealing with student-displayed aggressive behavior in a small-group ED classroom. It was further hypothesized that when encountering these behaviors, paraeducators would respond with few preventative, positive interventions when intervening with the aggressive behavior. Results of this study seem to support that hypothesis.

Noted in the literature review was the concern that the school staff members with the least amount of training and knowledge are being asked to work with the students who need the most intense interventions (Blalock, 1991; Giangreco et al., 1999). However, it is interesting to note in the present study that the paraeducator with the least amount of formal education was the most likely to suggest best practices for dealing with student-displayed aggression. Findings indicate that the amount of informal training paraeducators receive correlates with their understanding of best-practice interventions. Also significant, but to a lesser extent, is the correlation between best-practice suggestions and paraeducators' years of experience working in special education. Additionally, paraeducators in this sample were more likely to suggest appropriate interventions for physical aggression than for verbal aggression or mixed physical and verbal aggression. Each finding is discussed below.

Findings

First, although some paraeducators had worked 11 or more years in special education, it was not the amount of time spent working in special education that most strongly correlated with the knowledge of best practices when dealing with aggressive behavior. Nor was it formal education or age. Instead, hours of informal, district- or

teacher-provided training aligned nicely with respondents' overall scores. Clearly, the more hours of training that the respondent received, the higher or more closely aligned her score was with best practice for dealing with aggressive behavior. As mentioned, Respondent 6 had the lowest score (.87) and had only received 0–4 hours of informal training; while Respondent 23 had the highest possible total score (3) and had received 16+ hours of informal training.

Second, the variable showing the next-highest correlation with the use of best practices was total years working as paraeducator. The three respondents whose scores were aligned most closely with the use of best practice had been paraeducators in special education for 5 or more years.

Third, scores based on type of aggression showed that respondents, on average, suggested more positive interventions to physical aggression verses verbal or mixed episodes displayed by a student. This may suggest that due to the school district's offering training specific to physical aggression (i.e., Mandt System training), paraeducators feel more comfortable dealing with physical aggression. However, only two respondents noted that they had received the training.

Together, these findings suggest that informal training indeed increases understanding of best-practice interventions. Ideally, a combination of experience and informal training allow paraeducators in special education settings to deal with student aggression.

Limitations

A limitation in the current study was small sample size and low response rate (33%). Of 24 paraeducators invited to participate, only eight completed the survey. The

researcher hypothesizes that paraeducators who chose not to complete the survey may have had even less education, experience, and training than those who completed the survey, and may thus have been intimidated by the questions or by the research process. A secondary limitation of this study is its measurement of what paraeducators said they would do in response to a case study, rather than measurement of actual paraeducator behavior.

Generalizability is also a limitation. Paraeducator training varies from district to district and even from classroom to classroom. The findings of this study that paraeducators in one large school district need more training is not necessarily generalizable to every large district. However, the finding that more hours of training, rather than level of education achieved, correlate with better suggestions for behavioral management has implications beyond the school district studied.

Recommendations

These results fit with prior research indicating that paraeducators need further training when working with students with ED (e.g., Carter et al., 2009). Although paraeducators were not asked to specifically list the training they feel they need, the correlation of best-practice-aligned responses coming from the paraeducators with most training suggests that informal district- or teacher-sponsored training can be effective in helping paraeducators deal with the challenges presented by students with ED.

Future Studies

Further studies in this area could specifically address sample size and response rate. Drawing participants from a larger area and changing the incentive to encourage more responses might produce more reliable results. Larger studies may also give a

clearer, more generalizable picture of what specific areas need to be taught to paraeducators, allowing them to be more successful in the ED classroom.

It is also recommended that each area of skill needed by paraeducators working in an ED classroom be addressed in future studies. This could be done through the use of more in-depth survey instruments or by actual observation or video observation in special education classrooms.

Conclusion

The perspectives of paraeducators provide insight regarding the knowledge that they possess for working with students who display aggressive behaviors. Data on current paraeducator training and paraeducator knowledge can help to describe the ability level of those who support the teacher in helping students succeed.

The eight special education paraeducators surveyed in this study demonstrated varying levels of knowledge regarding how to respond to the aggressive behaviors often displayed by students with emotional disturbance (ED). Paraeducators who reported receiving the most district- or teacher-led training (4 to 16+ hours) also recommended interventions that were the most closely aligned with the positive, proactive approaches supported in literature about best practices. Age of paraeducator and years of formal education showed no relationship with ability to suggest appropriate interventions. This study confirms the importance of paraeducator training specific to the needs and behaviors of students with ED.

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Appendix A

Coding Sheet

Positive Proactive Approach: Highly Aligned (3)

*Social Skill Instruction:

Example: Paraeducator teaches/reteaches social skills with explicit steps that can be followed in any setting when the student displays inappropriate or aggressive behaviors.

*Positive Interaction with the student:

Example: When interacting with the student, the paraeducator gives positive praise and feedback to the student about the student's behavior that is displayed for skills used that have been taught in the classroom. These interactions may not even be behavior related-something as simple as saying "good morning" or asking "how are you doing" could be a positive interaction.

*Following the Behavior Intervention Plan that has been developed by the IEP team:

Example: The paraeducator implements the procedures within the BIP (that was designed by the IEP team) either by carrying out specific steps or following through with re-teaching, prompting or monitoring the student through data collection.

*Giving positive feedback:

Example: As the student displays appropriate behavior in school situations that may act as triggers, the paraeducator acknowledges the student by giving positive feedback such as: "I noticed you were doing _____. You were practicing what we learned in class," or "I liked how you _____ today during reading."

*Reinforcement of social skills displayed by the student:

Example: As the paraeducator sees the student displaying/utilizing steps from social skills taught in class/school, the paraeducator gives specific verbal praise or tangible reinforcement to the student.

*Re-teaching rules and expectations:

Example: Upon the display of aggressive behavior, the paraeducator gives the student instruction regarding the steps of dealing with anger, frustration, disappointment, etc. and practices ways the student could implement the steps the next time the incident occurs.

*Modeling expected behavior:

Example: If the paraeducator monitors the student and sees misbehavior or if the paraeducator is simply doing tit as a preventative measure, they model the expected behavior through role play, paper-pencil activities, etc. to allow the student to see the right way of acting in given situations.

*Giving positive praise:

Example: As the student performs the appropriate behavior, the paraeducator sees it and gives positive, specific praise to the student.

*Building positive relationships with the student:

Example: Paraeducator builds positive relationships with the student through positive interaction with them (knowing what they like, asking how they are doing, etc.) being consistent, etc.

*Monitoring behavior and data collection:

Example: Paraeducator watches/monitors a students behavior with data collection methods fitting the specific behavior (duration, frequency, etc.).

*Collaboration with the supervising teacher:

Example: The paraeducator works with the classroom teacher (supervising teacher) to become trained or to implement behavioral strategies, follow the BIP/IEP and/or monitor student behavior via data collection. This collaboration could also be used to problem solve better ways to deal with student misbehavior.

Mixed Positive and Punitive Approach: Partially Aligned (2)

*Restating the classroom rules/expectations:

Example: When the student displays inappropriate behavior, the paraeducator only states the rule/expectations but does not reteach or instruct on how to display the appropriate behavior.

*Leveled Systems:

Example: As misbehavior is seen, the paraeducator implements a leveled system with the student, taking away privileges and positive interventions as the student moves down levels. The student can also use appropriate behavior to move levels toward positive, proactive interventions and reinforcement.

*Informal observation/assessment:

Example: When interacting or monitoring students, the paraeducator sees that misbehavior has decreased and notes it informally to the classroom teacher or others saying something like, “I notice that John isn’t picking fights as much during recess.”

*Talking to the student:

Example: Upon the display of misbehavior, the paraeducator may pull the student aside to "talk to them" about why they are engaging in the misbehavior or even finding out what is wrong.

*Time taken away from activity or peers:

Example: If the student misbehaves, the paraeducator (without positive, proactive intervention first) starts taking time away from a preferred activity or friend as a consequence for the misbehavior.

*Subjective evaluation:

Example: The paraeducator may state "I think that he/she is acting better," or "he seems happier with this new intervention," but the evaluation is based on the paraeducators opinion about the student rather than an objective evaluation.

Punitive Approach: Unaligned (1)

*Detention:

Example: Upon misbehavior by the student, the paraeducator refers or takes the student to detention (without the use of positive, preventative measures being utilized first).

*Reprimands:

Example: The paraeducator reprimands (gives negative comments to the student) when the student displays inappropriate behavior. This negative interaction can be either in a one-to-one situation or in front of the whole group or class.

*Office referral:

Example: When the student misbehaves, instead of a direct intervention by the paraeducator, they send the student to the office, allowing for the school administrators to deal with the problem.

*Student Removal:

Example: The student is removed from the situation in which the misbehavior is occurring (possibly through restraining) to a different location or the timeout room that is seclusionary.

*Unclear expectations:

Example: Expectations regarding behavior for various settings or classroom/school rules are either unknown or unclear to the student. This may also include the interventions being implemented with inconsistency so the student is unsure what they types of actions receiving praise/consequences.

*Time out:

Example: Anytime the student has been removed from the classroom or instruction for a timeout (non-seclusionary or seclusionary) with in the classroom or in a timeout room.

No Intervention Present: (0)

*No direct answer or response is given:

Example:When the paraeducator does not give a direct answer/response as to if there would be an intervention with the student's behavior by stating "NA" or leaves an item on the survey/questionnaire blank.

*Stating that they would not intervene with the behavior:

Example: When/if the paraeducator decides not to intervene with the student's behavior or does not intervene because they turn the situation over to the teacher without an attempt to intervene.

Appendix B

Paraeducator Survey

Demographic Data

1. Gender:
   - ☐ Male
   - ☐ Female
2. Age:
   - ☐ 20-29
   - ☐ 30-39
   - ☐ 40-49
   - ☐ 50-59
   - ☐ 60 or older

3. Ethnicity:
   - ☐ Multi-racial
   - ☐ Black/African American
   - ☐ Native American/Alaskan Native
   - ☐ Hispanic American/Latino
   - ☐ Asian American/Pacific Islander
   - ☐ White/Caucasian
   - ☐ Other_____

4. Are you employed

   ☐ Full time ☐ Part Time

   How many years have you worked in a special education classroom?
5. What is your educational training?

   - ☐ GED
   - ☐ High School
   - ☐ Some College, up to 2 years
   - ☐ Associate degree
   - ☐ Bachelor degree
   - ☐ Masters degree
   - ☐ Other _____

6. How many hours of training have you received in behavior or classroom management?

   ☐ 0-4 (such as a ½ day workshop)

   ☐ 4-16 (for example; a full day workshop or 2 two full day workshops or part of a college course)

   ☐ 16 hours or more

7. In addition to training courses, you may have developed skills in managing behavior other places such as after school programs, scouting, Utah State Hospital, hospital settings, mental health settings, etc.) What skills do you believe you have gained that are specific to behavior management? Check all that apply.

   ☐ Positive praising for things done correctly
   ☐ Bringing a group to attention (getting everyone quiet and ready to listen)
   ☐ How to collect data
   ☐ Teaching students to follow instructions
   ☐ Reduction of hitting, kicking, swearing, etc.
   ☐ Prevention of bad behavior (hitting, swearing, etc.)
   ☐ Recognition of depression or other emotional concerns

   Please list the setting(s) where you gained these skills.

8. In your current job, have you received behavior or classroom management training?

Appendix C

Case Studies

Below are case studies of Amy, Jon and Don. Each is a student who has been identified as Emotionally Disturbed, and each displays aggressive behaviors. Please answer all three questions after each case. Use techniques and procedures that you would normally use in your current classroom.

Amy

Characteristics: Amy is a fifth grade student who is performing 2 years behind academically. She is currently receiving resource assistance in reading and math. Family stressors include an alcoholic grandmother, a blended family (stepfather) and a dysfunctional home life; including marital conflict, lack of discipline, and poverty. Family members are loving toward Amy but two instances of sexual molestation have been confirmed.

Behavior: Amy displays aggressive behaviors towards her peers when she does not get her way or isn't given her choice of who or what to play with. These aggressive behaviors include hitting and kicking. These incidences have typically occurred on the playground or during periods of free time, but are now starting to be displayed during group instruction when Amy is paired with another student to complete assigned work.

1. Would you have attempted to intervene with the student? If so, how?

2. What would you consider to be the best strategy for dealing with this student's behavior?

3. What are some indications that you have been successful in managing the behavior?

Jon

Characteristics: Jon is a second grader whose teacher judges him to have academically average performance in spelling, handwriting, social studies, and P.E. and below average academic performance in reading, language, math, science and music. Jon was retained in first grade and has attended 3 different schools. Jon's mother is aware of his behavior problems and is supportive with school staff.

Behavior: Jon's behavior is continually verbally abusive. When speaking with teachers, he uses offensive, vulgar words and has given verbal threats of assault and aggression towards teachers if asked to do a task that is not preferred. He has been suspended for this behavior in the past.

1. Would you have attempted to intervene with the student? If so, how?

2. What would you consider to be the best strategy for dealing with this student's behavior?

3. What are some indications that you have been successful in managing the behavior?

Don

Characteristics: Don, a first grader, seems like a typical kid-tall, slender, and often disheveled. His mother and father both work during the day, while Don is at school. His mother is currently fighting a severe illness, troubled with depression and fatigue. At school, interactions between teachers and classmates seem warm and inviting. Don could sit through story time (sometimes for long amounts of time passing) with little or no behavior problems.

Behavior: When given a simple request to turn in homework, asked to correct a mistake on his assignment or given a mild rebuke, Don's behavior turns into disruption. He begins shouting obscenities, overturns desks and vandalizes classroom property (displays, furniture, toys, etc.). Don shows temporary compliance at times and then begins his disruption again.

1. Would you have attempted to intervene with the student? If so, how?

2. What would you consider to be the best strategy for dealing with this student's behavior?

3. What are some indications that you have been successful in managing the behavior?