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An Evidence-Based Evaluation of Behavior Management Practices
Among Paraprofessionals

Jordan Mark Goodman

A thesis submitted to the faculty of
Brigham Young University
in partial fulfillment of the requirements for the degree of
Educational Specialist

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ABSTRACT

An Evidence-Based Evaluation of Behavior Management Practices Among Paraprofessionals

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Paraprofessionals (i.e., paid school employees working under the supervision of licensed and certified personnel) are being given expanded roles and responsibilities in schools. Unfortunately, many paraprofessionals in the United States are not well trained and are asked to take on responsibilities they have not been prepared for. One of those responsibilities is managing student behavior. The purpose of this study was to evaluate paraprofessionals' self-reported behavior management practices. Using a survey, we collected information concerning paraprofessionals' feelings of confidence in managing problem behavior, techniques to manage problem behavior, feelings concerning their behavior management training, and their views on certain problem behaviors. A total of 191 paraprofessionals completed some or all of the survey. The participants reported high levels of confidence in managing problem behaviors as well as high training needs. Findings suggest that paraprofessionals encounter low-intensity behaviors (i.e., off-task, passive noncompliance, and disruptive) more frequently and high-intensity behaviors (i.e., verbal and physical aggression) less frequently. Low-intensity behaviors also tend to be less difficult to manage and less problematic in the classroom, whereas the high-intensity behaviors were rated more difficult to manage and more problematic. Paraprofessionals' preferred behavior management strategy for the majority of behaviors encountered was reported to be verbal reprimand. Additional research and training regarding effective behavior management practices for paraprofessionals is supported by the results of this study.

Keywords: behavior modification, paraprofessional personnel, special education, training

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CHAPTER 1

Introduction

Licensed teachers are under increased pressure to provide a broad range of supports to an increasingly diverse student population. These teachers are often unable to provide all of the individualized instruction that each student needs (Ghere & York-Barr, 2007). Paraprofessionals offer one possible solution to this problem. Paraprofessionals are paid employees who work under the supervision of licensed or certified school professionals. They aid in instruction, data collection, behavior management, and student progress monitoring to support teachers and students.

At present, many schools struggle to fill all of their open teaching and staff positions (Suter & Giangreco, 2009). For many schools, hiring paraprofessionals is a less expensive alternative to hiring more teachers because they most often work part time, do not collect benefits, and are paid on a lower pay scale (Giangreco, Suter, & Doyle, 2010). As a result, paraprofessionals are becoming more involved in the classroom, especially in special education classrooms, and their roles continue to expand (Brock & Carter, 2013). Paraprofessionals often spend their time working one-on-one with students who struggle academically, socially, and behaviorally. However, paraprofessionals usually have lower levels of education, less training generally, and less experience than their teacher counterparts (Brown, Farrington, Ziegler, Knight, & Ross, 1999; Giangreco, Edelman, Broer, & Doyle, 2001). What little training they receive is primarily focused on teaching skills, with very little training focused on behavior management techniques (Walker & Smith, 2015) that would help them faced the added duties that paraprofessionals frequently face such as managing behavior in the classrooms, hallways, playgrounds, and lunchrooms (Leff, Power, Costigan, & Manz, 2003; Suter & Giangreco, 2009).

As paraprofessional roles continue to increase, addressing the training received by those in the profession is important, specifically training regarding behavior management techniques.

Paraprofessionals are becoming more prevalent in schools, and their roles continue to increase. Unfortunately, their training is often lacking, and they are unprepared to meet the demands of their positions. One of the main areas of concern is the ability to manage student behavior, which has become a large part of paraprofessionals' duties. The purpose of this study is to evaluate how paraprofessionals view behavior management and how they report managing challenging behavior. This study will address the following questions: (a) how do paraprofessionals rate their confidence levels in managing problem behavior (e.g., class disruptions, off-task behavior, opposition towards teacher), (b) to what degree do paraprofessionals feel that they receive adequate training for managing problem behavior, (c) what behavioral management techniques do paraprofessionals use to manage problem behavior, (d) how frequently do paraprofessionals encounter specific problem behaviors, (e) which behaviors do paraprofessionals find most problematic in classroom settings, and how difficult is it to manage problem behaviors, and (f) what are the characteristics of paraprofessionals?

CHAPTER 2

Literature Review

Paraprofessionals in Schools

Within the United States there were an estimated 1,300,000 paraprofessionals in 2009, and within Utah, the state in which this study took place, an estimated 8,500 paraprofessionals were employed in 2009 (Alexander, Ashbaker, Fillmore, Giddings, & Likins, 2009). Over the past couple of decades, the number of paraprofessionals working in schools has continued to increase (Giangreco et al., 2001; Walker, 2017). Across the world, the number of paraprofessionals has also been on the rise (Higgins & Gulliford, 2014; Sharma & Salend, 2016). This growth of paraprofessional use in schools has become even more pronounced in special education classrooms. Within special education, paraprofessionals have become more prevalent than special education teachers themselves. These paraprofessionals aid special education teachers through providing instruction, lesson plans for educational purposes, and social and behavioral support (Brock & Carter, 2013).

Carter, O'Rourke, Sisco, and Pelsue (2009) conducted a survey of 313 paraprofessionals who reported behavior management, one-on-one instruction, creating relationships, and small group instruction as the most common duties they were asked to perform. The large majority of these paraprofessionals split their time between inclusive and self-contained special education classrooms. Over 33% reported working exclusively in general education classrooms and just over 27% reported working exclusively in special education classrooms. Paraprofessionals reported working in a variety of settings (e.g., general education classrooms, special education classrooms), and giving different types of instruction (e.g., one-on-one instruction, group instruction) with a variety of students (e.g., students with learning disabilities, autism, etc.). This

diversity of experience suggests that paraprofessionals need to be effective in a broad range of settings.

In addition to their roles of instructing and providing support, paraprofessionals spend much of their time managing student behavior. From their survey, Carter and colleagues (2009) discovered that just under 80% of the respondents said that behavior management was a task they performed daily or weekly. Suter and Giangreco (2009) surveyed 128 special educators and found that after implementing teaching instructions, the paraprofessionals spent most of their time providing behavioral supports to students. They also found that inappropriate use of, or overreliance on, paraprofessionals can create behavioral problems. As paraprofessionals continue to take an increasingly vital role within schools, their responsibilities will continue to increase. However, reliance on paraprofessionals to fulfill their expanding responsibilities, such as behavior management, should lead to student improvement rather than creating issues. Therefore, training paraprofessionals in their roles as instructors and behavior managers becomes essential for them to effectively fulfill their responsibilities within the schools.

Paraprofessional Training

The Every Student Succeeds Act of 2015 continues the recommendation of No Child Left Behind that all new paraprofessional hires have completed at least two years of higher education, received an associate's degree or higher, or demonstrated a certain level of educational knowledge through an academic assessment (No Child Left Behind, 2002). Fortunately, according to Brock and Carter (2013), differences in paraprofessional educational backgrounds do not seem to have a detrimental effect on implementation of practices. Approximately 68% of paraprofessionals have a GED or high school diploma as their highest educational attainment, and approximately 28% have an associate's or bachelor's degree. Giangreco et al. (2010) found

that even though paraprofessional roles are expanding, it is becoming increasingly difficult to hire and retain qualified paraprofessionals. Among the reasons they found that paraprofessionals do not persist with the profession are their lack of training, lack of administrative support, and being given duties outside of their abilities. The researchers suggested that the lack of training on behavior management was one of the top concerns for paraprofessionals. Paraprofessionals working with students one-on-one tend to have higher turnover rates than their colleagues, which in turn can have a negative effect on educational programs in which paraprofessionals can play a large part. In addition, team member relationships are impacted because the loss of a paraprofessional often increases the burdens on other teachers (Ghere & York-Barr, 2007). It follows that a more effective training program would help ease initial concerns for paraprofessionals and help lower the turnover rate, and, therefore, help keep down the financial and educational costs associated with turnover.

Numerous studies have indicated that when paraprofessionals receive the proper training and are able to effectively implement an evidence-based intervention, the outcomes tend to be positive (Ashbaker & Morgan, 2006; Kotkin, 1998; Rispoli, Neely, Lang, & Ganz, 2011). Especially with paraprofessionals who are working with students in special education, proper training seems to have a positive outcome as evidenced by Brock and Carter's (2013) systematic review, which found that when properly trained, paraprofessionals have the capability to improve outcomes for students with intellectual and developmental delays. In addition, these paraprofessionals are capable of effectively implementing evidence-based practices when they receive requisite training. Effective trainings for paraprofessionals working with students in general education classrooms as well as students in special education classrooms already exist, but unfortunately, they are not used as commonly in practice as they are in research.

Given the complex nature and the scope of paraprofessional roles within schools, current training practices may be inadequate. Carter and colleagues (2009) found that schools seem to focus on informal on-the-job training that can help paraprofessionals receive individualized training. This individualized training seems encouraging, yet as Carter and colleagues indicated, the specificity involved is still lacking compared to best practice. Unfortunately, it is not feasible to provide the necessary depth of on-the-job training to support paraprofessionals in such varied contexts and formats. In addition, most paraprofessional training provided as part of a research study is much more specific than the trainings given in practice (Brock & Carter, 2013). School districts tend to train paraprofessionals using large group in-service trainings with little follow-up to ensure the training is put into practice (Giangreco et al., 2010; Mason et al., 2017). In their review, Brock and Carter (2013) suggested that most trainings found in their review used initial training and follow-up training or support, which has been shown to be very effective. Unfortunately, these studies do not translate to current practice. Most paraprofessionals receive stand-alone trainings without follow-up training or ongoing support, and paraprofessionals are given unclear instructions and are often not trained to support special education students.

Breton (2010) found that, while all states have certain certification standards for special education teachers regarding trainings, there are many states where paraprofessionals are not held to similar standards and therefore do not receive adequate training for their needs. Paraprofessionals are not receiving adequate pre-service, in-service training, or supervision to help them fulfill their responsibilities. In fact, paraprofessionals often are given responsibilities for which they have not received any type of training.

Despite meeting the initial qualifications, paraprofessionals are often still unprepared to meet the requirements of their jobs. Most schools only require paraprofessionals to have at least

an associate's degree in order to qualify (NCLB, 2002), but most often, this degree does not require any training or education in how to teach or manage problem behavior (Walker & Smith, 2015). Many types of paraprofessional trainings have shown to be effective, but these trainings are not widely available and often are not feasible or cost effective to implement (Rispoli et al., 2011). Walker and Smith (2015) found that while most training for paraprofessionals focuses on instructional skills training, only 20% of the studies they reviewed focused on any type of behavior management training. This would indicate that even those paraprofessionals who have received some type of training have likely not received behavior management training. Kotkin (1998) found that paraprofessionals could be useful in implementing a behavioral program, but it was difficult to find paraprofessionals who had received adequate initial training to prepare them for the additional training necessary to develop the skills to implement a behavior plan. Hence, even while paraprofessionals receive initial training to allow them to function within their job responsibilities, the foundational knowledge received during this training was often inadequate to prepare them for further training, especially within behavior management.

The responsibility of providing training for paraprofessionals often lands on teachers and other school staff. Walker and Smith (2015) found that staff members working in supervisory roles to paraprofessionals were often expected to monitor progress and give on-the-job training to paraprofessionals. Unfortunately, these staff members were unprepared to meet these demands. As Walker and Smith (2015) discovered, special education teachers have indicated that they have received limited training on preparing and supervising paraprofessionals. They often resort to using their own experiences when supervising paraprofessionals rather than formal preparation. In addition, because of the lack of formal supervision training and time constraints, special education teachers often are unable to provide preferred methods of supervision such as

planning specific instructions for paraprofessionals, meeting with paraprofessionals face-to-face, or giving written instructions or feedback (French, 2001). Paraprofessionals' lack of preparation and training can become a burden for teachers and staff who themselves have not received adequate training to provide effective supervision.

In essence, paraprofessionals—who at times are unprepared for their responsibilities—are being placed in positions to help special education students while being supervised by special educators who themselves have not been prepared to do so. While there are many requirements put into place to ensure paraprofessionals are prepared for their responsibilities, these requirements at times fall short. The training that is provided is often insufficient to address the breadth of paraprofessional responsibilities, which in turn puts a burden on other staff and teachers as well the students under paraprofessional instruction. This burden is especially apparent when looking at the behavior management difficulties that paraprofessionals face.

Behavior Management

Within special education classrooms, paraprofessionals are becoming even more prevalent than in general education classrooms. They are being asked to do more, and most of their responsibilities, after instruction, fall under behavior management (Suter & Giangreco, 2009). Students in special education classrooms often exhibit higher rates of aggressive and disruptive behavior than those in other classrooms. Current practice aimed to benefit these students and their academic or behavioral/emotional needs must improve (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005). One solution has been to add more paraprofessionals, which can become problematic when the paraprofessionals being hired have not received adequate training and don't have the confidence to deal with this problem behavior. Studies have shown that paraprofessionals are often the least prepared school personnel to manage problem

behavior, yet they are frequently turned to for just that purpose (Brown et al., 1999; Giangreco et al., 2001). In other words, the children who have the highest needs are being helped by the school personnel who are the least trained to meet those needs.

Students with a disability label, such as emotional or behavioral disorders, are much more likely to work with a paraprofessional who has not been adequately trained to educate or manage the behavior (Giangreco et al., 2010). These students are more likely to receive one-on-one help from paraprofessionals, yet many of those paraprofessionals are unprepared to meet the demands placed on them. More than half of the schools in the reviewed studies in Suter and Giangreco (2009) indicated that their special education paraprofessionals were used for one-on-one supports and that the second-most frequent reason that the schools gave as to why they assigned paraprofessionals to act as one-on-one supports was behavioral support. Over 80% of the students receiving this one-on-one instruction were said to exhibit moderate to severe behavioral problems. Unfortunately, there is a mismatch between the roles paraprofessionals are assigned within schools and the skills they possess to fulfill those roles. Typically, they are inadequately trained to work with the populations they are assigned to and to perform the duties being asked of them. As a result, this vulnerable population of students (i.e., students with a disability classification) is not receiving adequate and proper support to help them overcome the behavioral and academic obstacles that impede their education.

The classroom is not the only place where paraprofessionals provide behavioral support. Paraprofessionals are often used to monitor behavior outside of the classroom. In fact, studies suggest that a majority of bullying and physical aggression happens on the playground (Craig, Gregus, Elledge, Pastrana, & Cavell, 2016; Leff et al., 2003; Mulryan-Kyne, 2014). In addition, students show an increase of both physical and verbal violations in high-density areas, such as

cafeterias, hallways, and playgrounds, as well as during arrival and departure times. These non-classroom settings can account for between 37% and 53% of incidents of problem behavior (Cash, Bradshaw, & Leaf, 2015). These studies suggest that students' time spent outside of the classroom leads to an increase of physical and verbal behavioral problems. It often falls to the paraprofessionals to manage the behavior of large groups of students, yet they frequently do not have the tools to fulfill that responsibility.

The lunchroom and playground are usually less structured than the classroom, and this lack of structure and the high density of students in these areas make it difficult to provide adequate personnel for supervision. In addition to a decrease in supervision, students may exhibit problem behavior outside of classrooms because of greater independence (Cash et al., 2015). The lack of structure in the halls, in the cafeteria, and on the playground, combined with the lack of training provided for the paraprofessionals who supervise in these areas, can lead to difficulties managing the behaviors presented (Leff et al., 2003). Cafeterias, playgrounds, and high-density areas, as well as difficult classroom circumstances, illustrate the difficulties of using undertrained paraprofessionals to manage behaviors.

CHAPTER 3

Method

Population

The target population for this survey included all paraprofessionals working in public schools across four Utah school districts, as well as participants who accessed the survey via a paraprofessional social media group. To be included in this study, participants met the following criteria: first, they were currently employed as a paraprofessional in one of the participating districts or were paraprofessionals who were part of the paraprofessional social media group, and second, they had reading skills commensurate with the language of the survey, as evidenced by completing the survey. The sample of respondents included paraprofessionals working in elementary schools, junior high schools, and high schools in both general education and special education settings across the populations served in public schools.

Demographics

Table 1 presents data relevant to the demographic characteristics of the paraprofessionals who completed the survey. A total of 191 paraprofessionals completed all or part of the survey in the spring of 2019. The large majority of the respondents worked in Utah, but several paraprofessionals throughout the United States responded to the survey ($n = 13$). Of the 191 participants, 94.8% reported being female. The participants ranged in age from 19 to 79 and averaged 43.8 years of age, with the majority of the participants being between 41 and 50 years of age ($n = 62$, 33.5%). Of the participants that reported their race ($n = 190$, 99.45%), the majority of the participants identified themselves as White ($n = 168$, 88.4%). These respondents ($n = 190$) reported little experience as paraprofessionals, with 49.5% ($n = 94$) reporting 3 years or less of experience and 25.3% ($n = 48$) of respondents reporting 1 year or less in experience.

The mean number of years of experience reported was 6.3 years, with a median of 4 years of experience.

Table 1

Paraprofessional Demographic Information

Demographic	Number	%
Gender		
Male	8	4.2
Female	181	94.8
Prefer Not to Respond	2	1.1
Race		
White	168	88.4
Hispanic	9	4.7
Asian	5	2.6
Polynesian	1	0.5
Black	0	0.0
Native American	0	0.0
Prefer Not to Respond	1	0.5
Mixed Race	6	3.2
Years of Experience		
1 or less	48	25.3
1–3	46	24.2
3–5	28	14.7
5–10	29	15.3
More Than 10	39	20.5
Age		
30 or Younger	36	19.5
31–40	31	16.8
41–50	62	33.5
51–60	41	22.2
Older Than 60	15	8.1

Many of the participants completed some college-level coursework or earned a college degree ($n = 163$, 85.3%) with a bachelor's degree being the most common degree earned ($n = 55$, 28.8%) and a master's degree being the highest achievement ($n = 8$, 4.2%). Of the respondents who reported their education level ($n = 191$), 36.5% reported attending college but not earning a degree. Of the paraprofessionals who reported the subject of their studies while in college ($n = 155$), the most common subject was education ($n = 32$, 20.7%; see Table 2).

Table 2

Paraprofessional Education

Demographic	Number	%
Education		
High School	25	13.1
Some College	71	37.2
Associate's Degree	29	15.2
Bachelor's Degree	55	28.8
Master's Degree	8	4.2
Other	3	1.6
Subject of Education		
Education	32	20.7
Social Sciences	30	19.4
Communication	8	5.2
Math & Sciences	24	15.5
Business	10	6.5
Language	9	5.8
Arts	9	5.8
Generals	21	13.6
Other	12	7.7

Paraprofessional Survey

The purpose of this survey was to evaluate how paraprofessionals view behavior management and how they report managing challenging behavior. We asked two broad types of questions: paraprofessional information questions and problem behavior questions. The revised survey (see Appendix) was created using Qualtrics, an online survey administration program.

Qualtrics provides online survey technology that allows researchers to create several types of questions (e.g., open-ended, Likert scale, multiple choice), keep track of distributed survey responses, and quickly analyze data (www.qualtrics.com). The survey was accessed online using a computer or mobile device via an email link.

To develop this survey, the first author worked with researchers experienced in conducting survey research. The content of the questions was drawn primarily from two sources: the work of Preston (2015), and Utah's Least Restrictive Behavior Interventions (LRBI) manual (State of Utah Department of Education, 2015). Preston (2015) used mixed methods research of educator surveys to determine the most common trouble behaviors that a paraprofessional might encounter. We adapted the behaviors identified by Preston for use in the current survey to identify 10 classes of behavior that paraprofessionals would be likely to encounter. The LRBI manual is provided by the Utah State Board of Education to help provide guidance and understanding of effective behavior supports and systems that educators can use to create a positive environment in Utah schools. The manual includes several options to address and manage problem behaviors (State of Utah Department of Education, 2015). Using this manual, we developed a list of possible behavior interventions that paraprofessionals might use to respond to problem behavior. The classes of behavior, derived from Preston (2015), and responses to behavior, derived from the LRBI manual (State of Utah Department of Education, 2015) were included in the first iteration of the survey. This first iteration of the survey was developed by the second author and a research assistant and was distributed as a pilot test of the survey to a limited sample of paraprofessionals ($n = 53$) in a rural school district. This version was the basis for the current survey. Considering the responses of the initial sample, we made a number of modifications to the survey, which was then reviewed by three experts in relevant

research fields. One of the experts was a researcher and professor in qualitative research methods and survey design. The two other researchers were professors with experience and backgrounds in special education, school psychology, and behavior management. Based on the expert reviews we created scaled and multiple-choice questions targeting the paraprofessionals' perception of the frequency and severity of 10 classes of behavior. In addition, we made format changes and clarified the terminology where possible to make the survey easier to complete.

After editing the survey to reflect the expert analysis, in order to validate the content and usability of the survey, we administered the survey to a group of three paraprofessionals at a local elementary school for cognitive think aloud interviews. The cognitive think-aloud interviews involved the paraprofessionals reviewing and evaluating the survey together. This gave them an opportunity to evaluate the survey and present any issues with the survey items or presentation. All of the items were reviewed and discussed to verify clarity of the items on the survey. In addition, the paraprofessionals gave feedback concerning survey length and item content. They felt that some of the questions were redundant and unnecessarily increased the survey length; they also found that several questions were unclear and did not provide adequate information for accurate responses. The interviews led to minor revisions to clarify definitions and terminology and removal of open-ended survey items that were replications of the content from previous items.

Finally, we distributed the electronic survey to a group of four paraprofessionals different from those in the previous step to ensure ease of access, to ensure clarity of items, and to evaluate their responses to determine construct validity. These paraprofessionals gave feedback concerning their experience taking the survey. They reported no difficulties with the formatting

or questions. However, upon inspection of specific responses to survey items, the researchers found a few questions to be redundant and removed them from the survey.

Paraprofessional information questions. Paraprofessional information questions included questions about demographics, job descriptions/responsibilities, and job perceptions. Demographics questions included age, race/ethnicity, gender, and level of education. In order to understand paraprofessionals' job description and responsibilities, we asked questions concerning the setting in which they worked (e.g., general education, special education), which grade level/s they worked with, how long they have worked as paraprofessionals, and the total number of students for whom they are responsible. Paraprofessionals' perceptions such as confidence in behavior management and job satisfaction were measured on a 6-point Likert scale. We also measured their feelings regarding how well they knew the students they were working with using a 4-point Likert scale. The purpose of these questions was twofold: first, to determine demographic trends among the sample of respondents (e.g., age, gender), and second to identify any moderating variables that reliably predict patterns of responding among participants.

Problem behavior questions. Questions in this section targeted the paraprofessionals' perception of the frequency and severity of 9 classes of behavior. The specific classes of behavior included in the survey were noncompliance, defiance, off-task, disruptive, out of seat, physical aggression, isolation, inappropriate self-stimulatory behavior, and verbal aggression. The participants were asked to rank order these classes of behavior in terms of their frequency, difficulty to manage, and how problematic the behaviors are, with 1 being the highest on that category and 10 being the lowest on that category. In addition, they rated each class of behavior on a scale of 1–100 in terms of frequency, magnitude, and difficulty to manage. The

paraprofessionals were then asked to determine which behavior management technique they would use first when managing each class of behavior by selecting from a pre-established list of possible responses including verbal reprimand, time-out, removal of tokens, removal of privileges, ignoring, office disciplinary referral, call parents, level systems, and praising other students for appropriate behaviors.

Though not the primary focus of this survey, we included one question addressing prevention strategies. With the advent of the positive behavior intervention and support movement, antecedent strategies have become more widely accepted and implemented. We included this question to give respondents an outlet to express their efforts to prevent the occurrence of problem behavior rather than always responding to problem behavior when it occurs. This was an open-ended question, so respondents could report any strategies they used. Finally, the participants were asked if they felt like additional training in behavior management would be useful and what specific area of behavior management training they felt would be most useful.

Procedure

The researchers contacted district-level administrators (i.e., Special Education directors) and invited them to have their paraprofessionals participate in the study. As part of participation we agreed to send a report summarizing the anonymous responses from the paraprofessionals employed by their district. Following Institutional Review Board requirements for this study, the district-level administrators were provided a link to the survey and information on the purpose of the survey, which they then sent to the paraprofessionals via email. The survey was sent to paraprofessionals from participating school districts. The survey link allowed the participants to take the survey anonymously on their computer or mobile devices. At no point did the district-

level administrators have access to individual responses or respondent identities. When the paraprofessionals accessed the survey, they were given information concerning the purpose of the survey, and they were informed that completion of the survey was optional and that no identifiable information would be collected. Additionally, they were informed that completing the survey would constitute informed consent for participation in the study. The survey was made available for 1 month. After 2 weeks, we provided the district-level administrators with a prompt encouraging the paraprofessionals to complete the survey while it was still available and thanking those who had completed it. When the final week of the availability of the survey came, another email was provided to the district-level administrators to remind the paraprofessionals that the survey availability was coming to a close and to encourage them to complete the survey. Additionally, in order to increase participation of paraprofessionals throughout the United States, we contacted owners of a social media group focused on paraprofessionals to invite them to allow us to distribute the survey among their members. Following Institutional Review Board requirements for this study, the researchers provided a link to the survey and information on the purpose of the survey on the social media page in which participants could access and anonymously complete the survey. After receiving all responses, we downloaded the data from Qualtrics in the form of an Excel spreadsheet and worked on summarizing and analyzing the results.

Data Analysis

Data from the survey was analyzed primarily using descriptive statistics (e.g., frequencies in the response distributions, percentages). This was done to identify any patterns in responses. The two open-ended survey items concerning perceived training needs and successful proactive strategies were reviewed using inductive coding to uncover themes throughout the responses.

The survey item responses were reviewed and placed in categories based on similarities and patterns in the responses. The coded items were then reviewed to identify any themes that may be represented in the data (Bogdan & Biklen, 2007). To verify the credibility of data coding, a peer review process was used. A second reviewer sorted the item responses according to the categories established by the first reviewer through the inductive coding to determine whether the themes were representative of the paraprofessional responses. The themes were then analyzed using descriptive statistics. Once the descriptive statistics were analyzed we disaggregated information based on the demographic information (e.g., age of student population, paraprofessional job experience, and job setting), creating groups for comparison. We then compared data by group using a chi-squared test to determine whether response distributions were statistically different. This analysis allowed us to use the comparison groups to better understand paraprofessionals' confidence in behavior management and perceptions on their training based on experience, age, education, and so on. In addition, we were able to compare paraprofessional behavior management techniques and perception of the problem behavior they encountered by setting, student age group, paraprofessional experience, etc., which allowed us to evaluate how paraprofessional characteristics affect their view on behavior management and how they report managing challenging behavior.

Based on our previous sample and other relevant research, we anticipated our sample's paraprofessional characteristics to be representative of similar populations; that is, predominantly female, ranging in age from 18 to 60, and somewhat educated (i.e., high school diploma) (Ashbaker & Morgan, 2006; Giangreco et al., 2010). We believed that the most common response to problematic behavior would be verbal reprimands.

CHAPTER 4

Results

We created this survey to better understand paraprofessionals' (a) confidence levels in managing problem behavior, (b) perceptions of their training and possible training needs for managing problem behavior, (c) techniques to manage and prevent problem behavior, (d) perceptions of how frequently certain problem behaviors occur, (e) perceptions of which behaviors are most problematic in classroom settings and how difficult these behaviors are to manage, and (f) meaningful relationships between participant characteristics and patterns of responding.

Setting

Table 3 presents data relevant to the settings in which paraprofessionals who completed the survey worked. Of the participants in the study who responded to the work setting question ($n = 190$), 17.3% ($n = 33$) worked exclusively within general education classrooms and the majority ($n = 143$, 75.3%) worked in a special education setting of some type. Participants indicated the number of students for which they were responsible using open-ended response. Their responses were then grouped based on breaks in the data (see Table 4). The median number of students the participants reported being responsible for was 13.5 students ($n = 185$) and the most common response was being responsible for 11–20 students ($n = 57$, 30.8% of responses). A large percentage of the participants ($n = 101$, 53.2%) worked in a primary school setting, preschool to 6th grade, and the remainder worked in a secondary school setting ($n = 79$, 41.6%) or with multiple populations ($n = 10$, 5.3%). Of the paraprofessionals who answered the question about how familiar they are with the students they work with ($n = 188$), almost all of the respondents indicated that they know their students very well ($n = 102$, 54.3%) or well ($n = 79$,

Table 3

Paraprofessional Setting Information

Demographic	Number	%
Setting		
General Education	33	17.3
SPED—Resource	49	25.7
SPED—Self Contained	60	31.4
Both SPED settings	15	7.9
General and Special Education	19	10.0
Other	14	7.3
Population Served		
Primary	101	53.2
Pre-K	7	3.7
Elementary (1–6)	94	49.5
Multiple populations	10	5.3
Secondary	79	41.6
Jr. High (7–9)	42	22.1
High school (10–12)	33	17.4
Post–High School	4	2.1
Familiarity with Students		
Know Students Very well	102	54.3
Know Students Well	79	42.0
Don't Know Students Very Well	7	3.7
Don't Know Students Well at All	0	0.0
Job Satisfaction		
Very Satisfied	67	35.5
Satisfied	87	46.0
Somewhat Satisfied	29	15.3
Somewhat Unsatisfied	3	1.6
Unsatisfied	0	0.0
Very Unsatisfied	3	1.6

42.0%). A large majority of the participants reported being satisfied with their job as a paraprofessional with 81.5% ($n = 154$) of respondents reporting some level of job satisfaction (i.e., very satisfied or satisfied). Of these respondents, the most common responses on the Likert scale were being satisfied with their job ($n = 87$, 46.0%).

Table 4

Number of Students Under Care

Group	Number	%	Mean	SD
1	12	6.49	1.0	0.0
2–10	47	25.41	7.4	2.6
11–20	57	30.81	14.0	2.5
21–99	42	22.70	38.7	14.6
100 or More	19	10.27	342.7	256.7
Varies	8	4.32		

Reported Behavior Management Confidence Levels

A large majority of the participants rated themselves as confident in managing problem behavior, with 65.1% ($n = 123$) of respondents reporting some level of confidence (i.e., very confident or confident). Of these respondents, 48.7% ($n = 92$) rated themselves as confident, 16.4% ($n = 31$) rated themselves as very confident and 30.2% ($n = 57$) rated themselves as somewhat confident in managing problem behavior. Only 1.6% ($n = 3$) of paraprofessionals reported being somewhat unconfident and 3.2% ($n = 6$) reported being very unconfident in their behavior management skills.

Training Needs

When looking at the perceived training needs of paraprofessionals, 89.8% ($n = 115$) of respondents who answered this question ($n = 128$) felt that additional training for managing problem behavior would be useful. The most common areas in which these respondents reported a desire to receive training were general behavior management training, student-specific

behavior management (e.g., how to work with students with autism, oppositional defiance), and training specific to the participants' work settings (e.g., training for their specific classroom, school, district), with 19.3% ($n = 16$) of respondents reporting a desire to receive training in each of these areas. Additionally, 12.1% ($n = 10$) of the participants reported training regarding physical aggression (i.e., de-escalating an aggressive student, self-defense, restraints, etc.) would be useful, 8.4% ($n = 7$) reported that preventative and proactive behavior training would be useful, and 2.4% ($n = 2$) of participants indicated that training in de-escalation techniques would be useful. An additional 16.9% ($n = 14$) of respondents indicated that they either didn't know what training would be useful or that any training would be useful.

Problem Behavior Frequency

Participants reported encountering low-intensity behaviors (i.e., off-task, out of seat, disruptive, noncompliance) more often than high-intensity behaviors (i.e., physical aggression, verbal aggression). When asked what percentage of their students engage in problem behaviors the paraprofessionals considered each behavior independently on a scale from 1 to 100. This may have led to an overestimation of behavior as each column adds up to more than 100% (see Table 5). The paraprofessionals reported that 53.2% of the students they work with engage in off task behavior followed by passive noncompliance (37.8%) and disruptive behaviors (35.5%). Paraprofessionals reported that physical aggression and isolation were behaviors in which a low percentage of students engaged. When asked what percentage of the total problem behavior they encounter came from each specific behavior, the average response from paraprofessionals indicated that 50.4% percent of problem behaviors encountered are off-task behaviors. That was followed by passive noncompliance and disruptive behaviors. The lowest percentage of problem behaviors encountered were physical aggression and isolation. Additionally, the participants

rated the frequency of each behavior using a 5-point Likert scale ranging from 1 (*multiple times a day*) to 5 (*less than once a week*).

Table 5

Behavior Frequency

Variables	Rank Average	Rank (mode)	% of students engaged in problem behavior	Likert Average	% of all problem behavior
Off Task	1	1	53.2	1.44	50.4
Passive Noncompliance	2	2	37.8	1.78	42.5
Disruptive	3	3	35.5	1.93	35.4
Out of Seat	4	4	27.5	2.16	19.7
Active Defiance	5	5	22.2	2.82	26.1
Inappropriate Self-Stimulatory Behavior	6	7	22.4	2.88	18.7
Isolation	7	6	13.7	3.53	9.6
Verbal Aggression	8	8	24.7	3.09	25.3
Physical Aggression	9	9	13.2	4.17	13.7

Problematic and Challenging Problem Behaviors

The behaviors that were reported to be the most problematic and most challenging to manage in classroom settings were aggressive behaviors (i.e., physical and verbal aggression). The paraprofessionals were asked to rate each behavior according to how disruptive the behavior was in the classroom, with 1 being not disruptive and 100 being very disruptive. Responses indicated that physical aggression, active defiance, and verbal aggression were highly disruptive (see Table 6).

Table 6

Most Disruptive Behaviors

Variables	Rank Average	Rank (mode)	Average rating
Active Defiance	1	2	70.7
Physical Aggression	2	1	84.1
Disruptive	3	4	57.7
Verbal Aggression	4	3	67.7
Passive Noncompliance	5	8	38.7
Off Task	6	7	37.2
Out of Seat	7	6	32.4
Inappropriate Self-Stimulatory Behavior	8	5	39.8
Isolation	9	9	17.5

Isolation and out of seat were rated as the least disruptive behaviors. The paraprofessionals were also asked to rate each behavior according to how challenging the behavior is to manage in the classroom, with 1 being not challenging to manage and 100 being very challenging to manage. Physical aggression, active defiance, and verbal aggression were rated as the most challenging to manage. The responses indicated that out-of-seat, isolation, and off-task behaviors were the least challenging behaviors to manage (see Table 7).

Table 7

Most Challenging to Manage Behaviors

Variables	Rank Average	Rank (mode)	Average rating
Active Defiance	1	2	57.2
Physical Aggression	2	1	69.3
Disruptive	3	4	39.8
Passive Noncompliance	4	6	37.5
Verbal Aggression	5	3	44.3
Inappropriate Self-Stimulatory Behavior	6	5	35.1
Off Task	7	8	28.8
Out of Seat	8	7	18.1
Isolation	9	9	23.4

Preferred Behavior Management Techniques

Paraprofessionals reported using verbal reprimand as a first response to manage off-task (54% of respondents, $n = 70$), passive non-compliance (49%, $n = 63$), disruptive (55%, $n = 70$), out-of-seat (63%, $n = 80$), active defiance (43%, $n = 55$), inappropriate self-stimulatory (49%, $n = 62$), and verbally aggressive (51%, $n = 64$) behaviors (see Table 6). Verbal reprimand was also the second-most common response to managing isolation (25%, $n = 32$) and physical aggression (28%, $n = 36$). A time-out was the most common response for managing physical aggression (36%, $n = 46$) and the second-most common response for managing verbal aggression (18%, $n = 22$) and active defiance (24%, $n = 30$). Ignoring was reported to be the most common technique to manage isolation behavior (32%, $n = 41$) and was the second-most common response in managing inappropriate self-stimulatory behavior (23%, $n = 29$). While praising others was never the most common response for managing behaviors, it was found to be the second-most common response to off-task (32%, $n = 41$), passive non-compliance (31%, $n = 40$), disruptive

(12%, $n = 15$), and out-of-seat behaviors (19%, $n = 24$) as well as the third-most common response to manage isolation (18%, $n = 23$). Giving office discipline referrals (ODR) was the third-most common response for managing physical aggression (16%, $n = 21$). All other responses were selected by fewer than 10% of the respondents. Table 8 provides the preferred behavior management techniques for paraprofessional to manage each individual behavior. The percentages in each column represent 100% of the responses for managing each behavior.

Table 8

Preferred Behavior Management Techniques for Managing Behaviors

Techniques	Off Task	PNC	Disrupt	Out of Seat	Active Defiance	ISSB	Isolation	Verbal Aggression	Physical Aggression
Verbal Reprimand	54%	49%	55%	63%	43%	49%	25%	51%	28%
Praise	32%	31%	12%	19%	6%	9%	18%	7%	2%
Others									
Remove Tokens	5%	6%	9%	6%	4%	4%	2%	4%	0%
Remove Privileges	2%	7%	6%	2%	9%	1%	6%	7%	4%
Ignore	2%	2%	5%	8%	2%	23%	32%	4%	2%
ODR	0%	0%	1%	0%	5%	1%	0%	2%	16%
Call Parents	0%	0%	0%	0%	1%	1%	1%	0%	3%
Level Systems	2%	2%	4%	1%	2%	1%	4%	4%	2%
Time-Out	1%	1%	9%	0%	24%	7%	5%	18%	36%

Note. PNC = passive non-compliance, ISSB = inappropriate self-stimulatory behavior, ODR = office discipline referral

The most common preventative behavior management technique, reported by 27.7% of respondents, was creating a good classroom environment (i.e., clear expectations, structure, and relationship-based environment). Use of behavior systems and rewards (20.9%) and positive praise (20.4%) were the next common preventative behavior management techniques.

Paraprofessionals also reported using talking with the students (15.7%) and punishment (7.9%) as preventative measures. The remainder of the responses (7.3%) did not fit in any category.

Analysis of Relationships

There was a statistically significant association between the paraprofessional setting and reported management of noncompliance ($\chi^2(35, N = 128) = 50.38, p < .05$). Paraprofessional use of verbal reprimands and removal of privileges are higher in general education and resource settings and are lower in self-contained settings than we would expect when managing noncompliance. Additionally, removal of tokens is much higher in self-contained settings. There was also a statistically significant association between the paraprofessional setting and management of physical aggression ($\chi^2(40, N = 127) = 61.15, p < .05$). When managing physically aggressive behaviors, use of ODRs was found to be higher in the general education and resource setting. Results also indicate that paraprofessionals in resource settings use time-outs more than expected, and those in general education use them less than would be expected. Additionally, a statistically significant association was found between the paraprofessional setting and percent of physically aggressive behaviors ($\chi^2(20, N = 112) = 57.79, p < .05$). When looking at the percentage of behaviors encountered across settings, the percentage of physical aggression is higher in resource settings and lower in the self-contained settings.

There was also a statistically significant association between grade levels taught and reported management of noncompliance ($\chi^2(21, N = 128) = 47.12, p < .05$). Paraprofessionals in elementary schools reported using verbal reprimand to manage noncompliance less than expected, and paraprofessionals in junior high schools reported using verbal reprimands more than expected. Additionally, paraprofessionals in elementary levels reported higher use of praise and removal of privileges than expected, while paraprofessionals in junior high and high schools

reported lower use of those techniques. A statistically significant association was also found between grade levels taught and reported management of out-of-seat behavior ($\chi^2(18, N = 126) = 30.40, p < .05$). When managing out-of-seat behavior, elementary school paraprofessionals reported higher levels of ignoring than expected while junior high school paraprofessionals reported lower levels of ignoring and higher levels of praise than expected.

There were multiple associations between reported difficulty in managing aggressive behaviors and other areas. A statistically significant association was found between reported difficulty in managing physical aggression and years of experience as a paraprofessional ($\chi^2(12, N = 121) = 22.19, p < .05$). The results indicate that paraprofessionals who have less than 1 year of experience tend to report physical aggression to be moderately difficult to manage rather than very difficult. Paraprofessionals with 1 to 5 years of experience reported physical aggressions to be very difficult rather than moderately difficult. There was also a statistically significant association between reported difficulty in managing verbal aggression and paraprofessional education level ($\chi^2(16, N = 122) = 26.49, p < .05$). When looking at difficulty in managing verbal aggression, paraprofessionals with associate's and bachelor's degrees reported moderate levels of difficulty managing verbal aggression more often than expected and reported high levels of difficulty less often than expected. Paraprofessionals who had completed some college reported moderate levels of difficulty managing verbal aggression less often and high levels of difficulty more often than expected.

Finally, there was a statistically significant association between reported number of students the paraprofessionals were responsible for and what percentage of behavior they encountered was active defiance ($\chi^2(8, N = 121) = 19.50, p < .05$). Paraprofessionals who were responsible for 21 or more students reported encountering active defiance less often than

expected. Those responsible for 1 to 10 students reported encountering active defiance somewhat more than expected. There were no statistically significant associations between any other areas.

CHAPTER 5

Discussion

The purpose of this study was to evaluate paraprofessionals' perceptions of how frequently certain problem behaviors occur, which behaviors are most problematic in classroom settings, and how difficult these behaviors are to manage, as well as their confidence in managing problem behavior, preferred strategies to manage and prevent problem behavior, and perceptions of their training and possible training needs for managing problem behavior. Although many studies have addressed paraprofessionals roles in implementing evidence-based instruction, few studies have addressed their role in behavior management.

Confidence and Training Needs

This study builds on previous research by Walker (2017) in which paraprofessionals reported perceived skills, training needs, and preferred training methods for a specific behavior-based intervention. Walker's study suggested that 51–71% of their participants reported moderate-to-high skill levels, yet 45%–56% of respondents also reported needing moderate-to-high levels of training. These results are comparable to the results of the current study, which show that the paraprofessionals were confident in their own ability to manage problem behavior, with 65.08% reporting high levels of confidence and 89.84% of respondents indicating that they could use increased training in behavior management. The current study showed higher levels of reported training needs and similar confidence in behavior management skills when compared to the Walker study. The most common types of training that participants reported would be useful were general behavior management training, student-specific behavior management, and training specific to the participants' work settings. These results also reflected those of the Walker study, which reported general training in the area of behavioral intervention, individualized behavioral

intervention, and training specific to disability categories to be the most common needs for training.

Despite the high levels of confidence managing problem behavior for the majority of respondents in this study, the majority of respondents also reported that behavior management training would be useful. These results lead to the question of why they reported the desire for additional training on behavior management if they truly felt confident managing problem behavior. Paraprofessionals may have reported feelings of confidence in managing problem behaviors due to prestige bias, a response style that distorts answers to impress researchers and gain prestige (Bloch, 2004). Respondents may have reported high levels of confidence because they would be viewed favorably by others, whereas low levels of confidence would not be viewed favorably. However, the results may reflect accurate feelings of confidence and show that despite that confidence, the paraprofessionals are looking to gain more knowledge about managing more challenging behaviors. Another area of training that respondents reported would be useful was training regarding physical aggression, including de-escalating an aggressive student, self-defense, and restraints. This result is supported by Walker (2017), who reported that 9% of the study's paraprofessionals needed training in managing aggressive and dangerous behaviors. More intense behaviors such as physical aggression were reported to happen less frequently; however, they were also reported as more challenging to manage. In spite of the fact that paraprofessionals in this study rated themselves as confident in managing problem behaviors, their responses also indicate that training in high-intensity behaviors, or the more challenging behaviors to manage, would be useful.

Paraprofessional Characteristics and Behavior Management

Of the paraprofessionals in this study, 44% reported having an associate's or bachelor's degree. That stands in contrast to a national sample size, in which 30% of the participants have an associate's or bachelor's degree (Brock & Carter, 2013). This may indicate that the sample in this study is more educated than a more nationally representative sample would be. Most of the responses came from paraprofessionals in Utah, indicating that paraprofessionals in this state may be slightly more educated than in other states. Those who received an associate's or bachelor's degree reported less difficulty managing verbal aggression, while those with some college completed reported it as more difficult. Of the respondents who spent time in college, 20.65% took courses in education. These respondents may have received some training on proper instructional practice and behavior management strategies which could contribute to feelings of being able to manage problematic verbal aggression. This training and experience may also affect the confidence being reported by the participants, which may help explain the aforementioned high levels of confidence managing problem behaviors. This result may indicate that a more educated paraprofessional population, such as the population in this study, would have received training or experiences through their college education that prepare them to manage verbal aggression.

Regarding the distribution of paraprofessionals across settings, 17% of paraprofessionals worked exclusively in general education classrooms, a lower figure than the 33% reported by Carter et al. (2009). Additionally, Carter et al. reported that 27.7% worked exclusively in special education settings, whereas the current study's results showed 65% working in special education settings. These results point to a more special-education-based paraprofessional population being represented in this sample compared to the results from Carter et al. These differences may be

due to allocation of money and spending within the districts or states of the current study. Utah tends to have high student populations and low per pupil spending in, which may lead to a lack of funds to be able to pay for paraprofessional supports in the general education setting, whereas there may be more funds available in special education to provide for paraprofessional salaries (United States Census Bureau, 2020).

This high special education population has more representation in the self-contained setting than a resource setting, perhaps reflecting a tendency for districts in Utah to provide more paraprofessional help in self-contained settings. This increase in staffing resources would lead to the ability to use a token economy and time-outs, behavior management techniques that tend to require more resources and supports, as well as increase the ability to deal with aggressive behaviors in the self-contained classrooms. These greater levels of support and resources may affect the behaviors seen in the classroom as evidenced by decreased aggressive behaviors as reported.

Ghere and York-Barr's work (2007) indicates that paraprofessionals in resource settings provide the special education teacher more opportunity to focus on the classroom, whereas no paraprofessional help can lead to more problems in the classroom. Physical aggression was reported to happen more often in the resource setting than other settings. Special education settings tend to see higher levels of difficult behavior (Gianegreco et al., 2010), and self-contained classrooms receive greater support through increased numbers of staff. This trend could explain reports of higher levels of physical aggression in the resource settings, which contain higher levels of difficult behavior and less support than self-contained settings. Results from the current study indicate that general education and resource settings seem to be more reliant on quick and less-involved behavior management techniques (i.e., verbal reprimand and

removal of privileges) as well as assistance from the office for discipline in physically aggressive situations, perhaps due to less paraprofessional support available in those settings. This preference may be due to the larger number of students and fewer resources in general education and resource settings that make them more reliant these methods.

Physical aggression was more likely in a resource setting, but paraprofessionals with less experience were less likely to report physical aggression to be difficult to manage. This result could be due to less experienced paraprofessionals having less responsibility to manage aggressive behaviors. Special education teachers reported that it often takes between 1 and 12 months for paraprofessionals to become proficient at working with students (Ghere & York-Barr, 2007), which might lead to more experienced paraprofessionals or other staff providing support when high-intensity behaviors occur. These results demonstrate that more educated and experienced paraprofessionals could be an asset in the resource classroom, where there tend to be more aggressive behaviors, because the data shows that they could be more equipped to handle these challenging behaviors.

Behaviors and Behavior Management Techniques

The findings from this study contribute to the literature by providing information on problem behaviors encountered by paraprofessionals, as well as their preferred behavior management techniques. The results of this study indicate that paraprofessionals perceive an inverse relationship between the intensity of problem behavior and the frequency of problem behavior. According to participant responses, low-intensity behaviors, such as off-task, passive noncompliance, and disruptive behaviors occur more frequently and are seen the most often by paraprofessionals whereas high-intensity behaviors such as verbal and physical aggression were the least frequently occurring behaviors. Additionally, the high-intensity behaviors (i.e., active

defiance, physical aggression, and verbal aggression) were reported to be more disruptive in the classroom, and these behaviors also tend to be more challenging to manage. Aggressive behaviors were also an area where paraprofessionals felt additional training would be useful. These results may indicate that the behaviors that are more common are less challenging to manage because they are more familiar to the paraprofessionals. Another possibility could be that the more intense behaviors are more challenging to manage, and therefore paraprofessionals and other staff members might take extra precautions to prevent and reduce those higher-intensity behaviors as well as more strict punishments for displaying that behavior.

Paraprofessionals reported using verbal reprimand first when encountering problem behavior for seven of the nine possible behaviors. Verbal reprimand was also the second-most common response for the other two behaviors. Verbal reprimand is a strategy that requires no special training, takes little time, and requires no additional materials or resources. One area where verbal reprimands were not as common as expected was at the elementary level. Paraprofessionals at the elementary level are more likely to use praise and removal of privileges and less likely to use verbal reprimands when managing noncompliance, whereas paraprofessionals in the junior high schools were more likely to use verbal reprimands and less likely to use praise or removal of privileges. These techniques may be due to the differences between elementary and secondary settings. Given that verbal reprimand is the preferred strategy of paraprofessionals for nearly every behavior, there is a need to evaluate how these verbal reprimands are given and if there is a better method for this strategy. This would be even more important in the junior high school setting where verbal reprimand is used more to manage noncompliance, which was rated as the second-most frequent problem behavior. Precision requests are a more structured approach to use verbal reprimands. This is an approach that is

outlined and approved through the LRBI manual as an effective behavior support and system that educators can use to create a positive environment in Utah schools (State of Utah Department of Education, 2015).

One area of concern based on participant responses is the preferred behavior management techniques for isolation. The most common response for managing isolation was ignoring, with 32% of respondents reporting using ignoring to manage isolation. This response is problematic, as isolation is often an escape-maintained behavior in which the student isolates to escape task demands. Ignoring this type of behavior would reinforce the behavior rather than helping to eliminate it. Typically, behavior management techniques for escape-maintained behavior require some type of continued task demands to be effective (Geiger, Carr, & LeBlanc, 2010). Planned ignoring is a behavior management technique that is best used when working with students with attention-maintained behavior (State of Utah Department of Education, 2015). This response is a problematic use of behavior management strategies by paraprofessionals and suggests that the participants lack understanding of elimination and reinforcement of escape-maintained behavior. If a student engages in isolation, the likelihood that they will receive effective or appropriate help from paraprofessionals is slim.

Limitations

Information provided by the current study provides insight into the paraprofessional characteristics and the behaviors seen and managed by these paraprofessionals, primarily in suburban or rural areas of Utah. Most of the paraprofessionals represented in the sample worked in Utah and, while several of the districts in the sample were based in rural or suburban populations, there were no urban populations available for participation. Only four districts in the state of Utah participated in the study. Of those participating districts, participation was

somewhat limited with few respondents. Therefore, the sample size is only representative of rural or suburban populations with similar populations to the current study, and within those populations, the participation varied. Further research is needed with a more diverse and broad sample size including respondents in different areas of the United States.

It is difficult to distribute the survey to all of the paraprofessionals in each district. There is no list of paraprofessional contact information, which makes distributing the survey difficult. Additionally, we had to rely on special education teachers, principals, and district leaders to send the survey to the paraprofessionals they were working with. We were unable to collect information about how many paraprofessionals the survey was distributed to, and therefore we were unable to calculate a response rate. Within those districts, it can also be difficult to contact paraprofessionals because of lack of contact information, and paraprofessionals often do not have access to a computer or the Internet while at work, making it difficult for them to complete the survey. There were no incentives provided for completion of the survey, which may have led to less motivation for many of those who received the survey to complete it. Once the participants began the survey, the length of the survey may have also affected the participants' willingness to complete the survey. Due to these factors, the distribution and response rates were not as effective as desired.

Another limitation to this study was the use of self-report data. Self-report data can be unreliable and susceptible to biases such as prestige bias, as mentioned previously. The survey was also distributed in the spring, when most of the respondents likely had a full year to work with and get to know their students. The timing of the data collection may influence the responses from the participants, and the results may be different than if the data were collected at a different time. Consequently, the information we received, while it provides reliable

information concerning paraprofessionals' perceptions, does not necessarily provide accurate data for what is actually happening in the classroom. Future research could focus on corroborating the data and information we have received from paraprofessionals' self-report combined with observational data taken in the classroom.

Future Research

The paraprofessionals who participated in this study indicated a need for further instruction and training in behavior management. The most common behavior management technique reported by the participants was verbal reprimand. Given that this is the most common behavior management technique, it would be more efficient to build on the skills that the paraprofessionals have gained in this area to help them improve their use of verbal reprimands than to try to shift to new techniques. It stands that it would be of value to provide training to help paraprofessionals improve their use of verbal reprimands using more structured and evidence-based verbal reprimand techniques such as precision requests (State of Utah Department of Education, 2015). While verbal reprimand was reported to be the most used behavior management technique, this information doesn't provide insight as to if it is used effectively. Observational studies could provide new insight into how paraprofessionals are using verbal reprimand and the efficacy of their practices. Understanding their use of verbal reprimand could give insight into when the technique is used, the frequency of reprimands, and what can be done to improve the practice. This information could then be used to inform the creation of useful and effective paraprofessional training to help manage a variety of behaviors.

The paraprofessionals reported several areas where additional training would be useful. This study found that paraprofessionals reported a desire to receive more training in student-specific and setting-specific behavior management, among other areas. Many studies have

addressed disability-specific behavior management techniques that could be adapted and developed for paraprofessional training. Future researchers may want to evaluate paraprofessionals' repertoire of behavior management strategies to understand common deficits in their behavior management strategies. This evaluation could reveal areas of possible improvement to paraprofessional behavior management techniques and could help advance their ability to manage different behaviors and ensure that appropriate techniques are being used in these difficult environments.

Additionally, studies addressing how special education teachers and staff can more effectively provide setting-specific behavior management training would be very valuable because these individuals are often responsible for providing that setting-specific behavior management (Walker & Smith, 2015). Preparing staff and special education teachers to provide useful and effective behavior management trainings in these areas would be a valuable area of future research.

Conclusion

In summary, the findings of this study provided valuable information on problematic behaviors in the classroom that are encountered by paraprofessionals and their use of behavior management techniques. The majority of participants indicated high levels of confidence in managing behaviors; however, many participants also reported using ineffective strategies to eliminate isolation behavior, and the results do not indicate the effectiveness of their preferred behavior management technique of verbal reprimand. Future training could focus on providing paraprofessionals with appropriate knowledge of behaviors and behavior management to improve their efficacy in the classroom.

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APPENDIX

Paraprofessional Behavior Management Survey

Q1

Implied Consent

My name is Christian Sabey, I am a professor at Brigham Young University from the Department of Counseling Psychology and Special Education. My research assistant, Jordan Goodman, is a graduate student studying School Psychology at Brigham Young University. We are conducting research to help Iron County School District improve the training and support of paraprofessionals. You are being invited to participate in this research study of **An Evidence-based Evaluation of Behavior Management Practices Among Paraprofessionals**. We are interested in finding out about what paraprofessional do when students engage in problem behavior.

Your participation in this study will require the completion of the following online survey. This should take approximately **18** minutes of your time. Your participation will be anonymous and there will be no way for anyone to verify if you have or have not complete the survey. You will not be contacted again in the future. You will not be paid for being in this study. This survey involves minimal risk to you. The benefits, however, may impact society by helping increase knowledge about how to train and support paraprofessionals on behavior management.

You do not have to be in this study if you do not want to be. You do not have to answer any question that you do not want to answer for any reason. We will be happy to answer any questions you have about this study. If you have further questions about this project or if you

have a research-related problem you may contact me, Christian Sabey, at christian_sabey@byu.edu or 8014228361.

If you have any questions about your rights as a research participant you may contact the IRB Administrator at A-285 ASB, Brigham Young University, Provo, UT 84602; irb@byu.edu; (801) 422-1461. The IRB is a group of people who review research studies to protect the rights and welfare of research participants.

The completion of this survey implies your consent to participate. If you choose to participate, please complete the attached survey by May 22nd. Thank you!

Q2 Please indicate your gender.

- Male (1)
- Female (2)
- Prefer not to respond (4)

Q3 Please indicate your age.

Q4 Please indicate your race/ethnicity. **(Check all that apply)**

Caucasian/White (1)

Latino(a)/Hispanic (2)

Black/African American (3)

Polynesian/Pacific Islander (4)

Native American (5)

Asian/Asian American (6)

Prefer not to answer (7)

Q5 In what type of classroom do you work primarily? **(check all that apply)**

Regular education (1)

Special education (resource) (2)

Special education (self-contained) (3)

Other (4) _____

Q6 Please indicate what district you work in

Q7 What grade(s) do you currently work with? (**check all that apply**)

Preschool (1)

Kindergarten (2)

1st (3)

2nd (4)

3rd (5)

4th (6)

5th (7)

6th (8)

7th (9)

8th (10)

9th (11)

10th (12)

11th (13)

12th (14)

Post high school (15)

Q8 What is the total number of students that you are currently responsible for?

Q9 For how many years have you worked as a paraprofessional?

Q10 How well do you know the students that you are currently working with?

- Very well (1)
 - Well (2)
 - Not very well (3)
 - Not well at all (4)
-

Q11 What is the highest level of education that you have completed?

- High School (1)
- Some college (2)
- Associate's degree (3)
- Bachelor's degree (4)
- Master's degree (5)
- Doctoral degree (6)
- Other (7) _____

Q12 What did you study in college?

Q13 Please rate your level of confidence with managing problem behavior.

- Very confident (1)
- Confident (2)
- Somewhat confident (3)
- Somewhat unconfident (6)
- Unconfident (4)
- Very unconfident (5)

Q14 Please rate your satisfaction with your job as a paraprofessional.

- Very satisfied (1)
- Satisfied (2)
- Somewhat satisfied (3)
- Somewhat unsatisfied (6)
- Unsatisfied (4)
- Very unsatisfied (5)

Q15 For the following behaviors, please consider any context in which you would be responsible to manage students' behavior (e.g., classroom, playground, halls, library, etc.)

Q16 Noncompliance (not following directions or expectations) **0 = least and 100 = most**

0 10 20 30 40 50 60 70 80 90 100

How problematic is noncompliance? ()	
How difficult is it to manage noncompliance? ()	
What percentage of the students in your class(es) engage in noncompliance? ()	
What percentage of the problem behavior that you encounter is noncompliance? ()	

Q17 How frequently do you encounter noncompliance?

- Multiple times a day (1)
- Once a day (2)
- Two to four times a week (3)
- Once a week (4)
- Less than once a week (5)

Q18 Defiance (not following direction and some form of aggression, i.e., verbal, physical, relational, etc.) **0 = least 100=most**

0 10 20 30 40 50 60 70 80 90 100

How problematic is defiance? ()	
How difficult is to manage defiance? ()	
What percentage of the students in your class(es) engage in defiance? ()	
What percentage of the problem behavior that you encounter is defiance? ()	



Q19 How frequently do you encounter defiance?

- Multiple times a day (1)
- Once a day (2)
- Two to four times a week (3)
- Once a week (4)
- Less than once a week (5)

Page Break

Q20 Off-task (not engaged in the task at hand) **0 = least 100 = most**

0 10 20 30 40 50 60 70 80 90 100

How problematic is off-task behavior? ()	
How difficult is to manage off-task behavior? ()	
What percentage of the students in your class(es) engage in off-task behavior? ()	
What percentage of the problem behavior that you encounter is off-task behavior? ()	



Q21 How frequently do you encounter off-task behavior?

- Multiple times a day (1)
- Once a day (2)
- Two to four times a week (3)
- Once a week (4)
- Less than once a week (5)

Page Break

Q22 Disruptive (any action that distracts from the task at hand excluding forms of aggression) 0

= least 100 = most

0 10 20 30 40 50 60 70 80 90 100

How problematic is disruptive behavior? ()	
How difficult is to manage disruptive behavior? ()	
What percentage of the students in your class(es) engage in disruptive behavior? ()	
What percentage of the problem behavior that you encounter is disruptive behavior? ()	



Q23 How frequently do you encounter disruptive behavior?

- Multiple times a day (1)
- Once a day (2)
- Two to four times a week (3)
- Once a week (4)
- Less than once a week (5)

Page Break

Q24 Out of seat – 0 = least 100 = most

0 10 20 30 40 50 60 70 80 90 100

How problematic is out of seat behavior? ()	
How difficult is to manage out of seat behavior? ()	
What percentage of the students in your class(es) engage in out of seat behavior? ()	
What percentage of the problem behavior that you encounter is out of seat behavior? ()	



Q25 How frequently do you encounter out of seat behavior?

- Multiple times a day (1)
- Once a day (2)
- Two to four times a week (3)
- Once a week (4)
- Less than once a week (5)

Page Break

Q26 Physical aggression (any physical action that could be damaging to people or property) **0 = least 100 = most**

0 10 20 30 40 50 60 70 80 90 100

How problematic is physical aggression? ()	
How difficult is to manage physical aggression? ()	
What percentage of the students in your class(es) engage in physical aggression? ()	
What percentage of the problem behavior that you encounter is physical aggression? ()	



Q27 How frequently do you encounter physical aggression?

- Multiple times a day (1)
- Once a day (2)
- Two to four times a week (3)
- Once a week (4)
- Less than once a week (5)

Page Break

Q28 Isolation (student removes himself from interactions with others) **0 = least 100 = most**

0 10 20 30 40 50 60 70 80 90 100

How problematic is isolation? ()	
How difficult is to manage isolation? ()	
What percentage of the students in your class(es) engage in isolation? ()	
What percentage of the problem behavior that you encounter is isolation? ()	



Q29 How frequently do you encounter isolation?

- Multiple times a day (1)
- Once a day (2)
- Two to four times a week (3)
- Once a week (4)
- Less than once a week (5)

Page Break

Q30 Inappropriate self-stimulatory behavior (any physical action that does not involve others, that is either socially inappropriate or inhibits learning, e.g., hand flapping, rocking, etc.) **0 =**

least 100 = most

0 10 20 30 40 50 60 70 80 90 100

How problematic is inappropriate self-stimulatory behavior? ()	
How difficult is to manage inappropriate self-stimulatory behavior? ()	
What percentage of the students in your class(es) engage in inappropriate self-stimulatory behavior? ()	
What percentage of the problem behavior that you encounter is inappropriate self-stimulatory behavior? ()	

Q31 How frequently do you encounter inappropriate self-stimulatory behavior?

- Multiple times a day (1)
- Once a day (2)
- Two to four times a week (3)
- Once a week (4)
- Less than once a week (5)

Page Break

Q32 Verbal aggression (any words or vocal sounds directed at others that are inappropriate, extremely loud, or hurtful) **0 = least 100 = most**

0 10 20 30 40 50 60 70 80 90 100

How problematic is verbal aggression? ()	
How difficult is to manage verbal aggression? ()	
What percentage of the students in your class(es) engage in verbal aggression? ()	
What percentage of the problem behavior that you encounter is verbal aggression? ()	

Q33 How frequently do you encounter verbal aggression?

- Multiple times a day (1)
- Once a day (2)
- Two to four times a week (3)
- Once a week (4)
- Less than once a week (5)

Page Break

Q34 Rank the behaviors from most **problematic** (1) to least problematic (10). Problematic behaviors are those which cause the most stress in the environments.

_____ Noncompliance (not following directions) (1)

_____ Defiance (not following direction and some form of aggression i.e. verbal, physical, relational, etc.) (2)

_____ Off-task (not engaged in the task at hand) (3)

_____ Disruptive (any action that distracts from the task at hand excluding forms of aggression) (4)

_____ Out of seat (5)

_____ Physical aggression (any physical action that could be damaging to people or property) (6)

_____ Isolation (student removes himself from interactions with others) (7)

_____ Inappropriate self-stimulatory behavior (any physical action that does not involve others that is either socially inappropriate or inhibits learning) (8)

_____ Verbal aggression (any words or vocal sounds directed at others that are inappropriate, extremely loud, or hurtful) (9)

Q35 Rank the behaviors from most **challenging** to manage (1) to least challenging (10).

Challenging behaviors are those which are the hardest behaviors to change.

_____ Noncompliance (not following directions) (1)

_____ Defiance (not following direction and some form of aggression i.e. verbal, physical, relational, etc.) (2)

_____ Off-task (not engaged in the task at hand) (3)

_____ Disruptive (any action that distracts from the task at hand excluding forms of aggression) (4)

_____ Out of seat (5)

_____ Physical aggression (any physical action that could be damaging to people or property) (6)

_____ Isolation (student removes himself from interactions with others) (7)

_____ Inappropriate self-stimulatory behavior (any physical action that does not involve others that is either socially inappropriate or inhibits learning) (8)

_____ Verbal aggression (any words or vocal sounds directed at others that are inappropriate, extremely loud, or hurtful) (9)

Q36 Rate the behaviors from most **frequent** (1) to least frequent (10)

- _____ Noncompliance (not following directions) (1)
- _____ Defiance (not following direction and some form of aggression i.e. verbal, physical, relational, etc.) (2)
- _____ Off-task (not engaged in the task at hand) (3)
- _____ Disruptive (any action that distracts from the task at hand excluding forms of aggression) (4)
- _____ Out of seat (5)
- _____ Physical aggression (any physical action that could be damaging to people or property) (6)
- _____ Isolation (student removes himself from interactions with others) (7)
- _____ Inappropriate self-stimulatory behavior (any physical action that does not involve others that is either socially inappropriate or inhibits learning) (8)
- _____ Verbal aggression (any words or vocal sounds directed at others that are inappropriate, extremely loud, or hurtful) (9)
-

Q37 When a student is off-task, which of the following behavior management systems are you **most likely** to use first?

- Verbal Reprimand (say something to the student to change his/her behavior) (1)
- Time-out (remove student from the regular class setting) (2)
- Removal of tokens (take away points or tokens that can be exchanged for rewards/prizes) (3)
- Removal of privileges (take away access to things the student likes (e.g., treats, recess, games, etc.)) (4)
- Ignoring (not paying attention to the student until the problem behavior stops) (5)
- Office disciplinary referral (send the student to the office for administration to handle) (6)
- Call parents (7)
- Level systems (move student from a higher level to a lower level) (8)
- Praise other students for appropriate behavior (9)
- Other (10) _____

Q38 When a student is being verbally aggressive, which of the following behavior management strategies are you **most likely** to use first?

- Verbal Reprimand (say something to the student to change his/her behavior) (1)
- Time-out (remove student from the regular class setting) (2)
- Removal of tokens (take away points or tokens that can be exchanged for rewards/prizes) (3)
- Removal of privileges (take away access to things the student likes (e.g., treats, recess, games, etc.)) (4)
- Ignoring (not paying attention to the student until the problem behavior stops) (5)
- Office disciplinary referral (send the student to the office for administration to handle) (6)
- Call parents (7)
- Level systems (move student from a higher level to a lower level) (8)
- Praise other students for appropriate behavior (9)
- Other (10) _____

Q39 When a student is non-compliant, which of the following behavior management strategies are you **most likely** to use first?

- Verbal Reprimand (say something to the student to change his/her behavior) (1)
- Time-out (remove student from the regular class setting) (2)
- Removal of tokens (take away points or tokens that can be exchanged for rewards/prizes) (3)
- Removal of privileges (take away access to things the student likes (e.g., treats, recess, games, etc.)) (4)
- Ignoring (not paying attention to the student until the problem behavior stops) (5)
- Office disciplinary referral (send the student to the office for administration to handle) (6)
- Call parents (7)
- Level systems (move student from a higher level to a lower level) (8)
- Praise other students for appropriate behaviors (9)
- Other (10) _____

Q40 When a student is out of seat, which of the following behavior management strategies are you **most likely** to use first?

- Verbal Reprimand (say something to the student to change his/her behavior) (1)
- Time-out (remove student from the regular class setting) (2)
- Removal of tokens (take away points or tokens that can be exchanged for rewards/prizes) (3)
- Removal of privileges (take away access to things the student likes (e.g., treats, recess, games, etc.)) (4)
- Ignoring (not paying attention to the student until the problem behavior stops) (5)
- Office disciplinary referral (send the student to the office for administration to handle) (6)
- Call parents (7)
- Level systems (move student from a higher level to a lower level) (8)
- Praise other students for appropriate behaviors (9)
- Other (10) _____

Q41 When a student exhibits physical aggression, which of the following behavior management strategies are you **most likely** to use first?

- Verbal Reprimand (say something to the student to change his/her behavior) (1)
- Time-out (remove student from the regular class setting) (2)
- Removal of tokens (take away points or tokens that can be exchanged for rewards/prizes) (3)
- Removal of privileges (take away access to things the student likes (e.g., treats, recess, games, etc.)) (4)
- Ignoring (not paying attention to the student until the problem behavior stops) (5)
- Office disciplinary referral (send the student to the office for administration to handle) (6)
- Call parents (7)
- Level systems (move student from a higher level to a lower level) (8)
- Praise other students for appropriate behaviors (9)
- Other (10) _____

Q42 When a student isolates himself/refuses any social interaction, which of the following behavior management systems are you **most likely** to use first?

- Verbal Reprimand (say something to the student to change his/her behavior) (1)
- Time-out (remove student from the regular class setting) (2)
- Removal of tokens (take away points or tokens that can be exchanged for rewards/prizes) (3)
- Removal of privileges (take away access to things the student likes (e.g., treats, recess, games, etc.)) (4)
- Ignoring (not paying attention to the student until the problem behavior stops) (5)
- Office disciplinary referral (send the student to the office for administration to handle) (6)
- Call parents (7)
- Level systems (move student from a higher level to a lower level) (8)
- Praise other students for appropriate behaviors (9)
- Other (10) _____

Q43 When a student engages in distracting self-stimulatory behavior, which of the following behavior management systems are you **most likely** to use first?

- Verbal Reprimand (say something to the student to change his/her behavior) (1)
- Time-out (remove student from the regular class setting) (2)
- Removal of tokens (take away points or tokens that can be exchanged for rewards/prizes) (3)
- Removal of privileges (take away access to things the student likes (e.g., treats, recess, games, etc.)) (4)
- Ignoring (not paying attention to the student until the problem behavior stops) (5)
- Office disciplinary referral (send the student to the office for administration to handle) (6)
- Call parents (7)
- Level systems (move student from a higher level to a lower level) (8)
- Praise other students for appropriate behaviors (9)
- Other (10) _____

Q44 When a student is defiant, which of the following behavior management systems are you **most likely** to use first?

- Verbal Reprimand (say something to the student to change his/her behavior) (1)
- Time-out (remove student from the regular class setting) (2)
- Removal of tokens (take away points or tokens that can be exchanged for rewards/prizes) (3)
- Removal of privileges (take away access to things the student likes (e.g., treats, recess, games, etc.)) (4)
- Ignoring (not paying attention to the student until the problem behavior stops) (5)
- Office disciplinary referral (send the student to the office for administration to handle) (6)
- Call parents (7)
- Level systems (move student from a higher level to a lower level) (8)
- Praise other students for appropriate behaviors (9)
- Other (10) _____

Q45 When one of your students is disruptive, which of the following behavior management systems are you **most likely** to use first?

- Verbal Reprimand (say something to the student to change his/her behavior) (1)
 - Time-out (remove student from the regular class setting) (2)
 - Removal of tokens (take away points or tokens that can be exchanged for rewards/prizes) (3)
 - Removal of privileges (take away access to things the student likes (e.g., treats, recess, games, etc.)) (4)
 - Ignoring (not paying attention to the student until the problem behavior stops) (5)
 - Office disciplinary referral (send the student to the office for administration to handle) (6)
 - Call parents (7)
 - Level systems (move student from a higher level to a lower level) (8)
 - Praise other students (9)
 - Other (10) _____
-

Q46 What is the most effective proactive strategy that you use to prevent problem behavior?

Q47 Do you feel that additional training on behavior management would be useful?

Yes (1)

No (2)

Q48 What additional training would you like to participate in?

Q49 Thank you for taking the time to complete this survey! We appreciate it very much.