

Introductory Packet

Conduct and Behavior Problems: Intervention and Resources for School Aged Youth

(Revised 2015)



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Overview

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

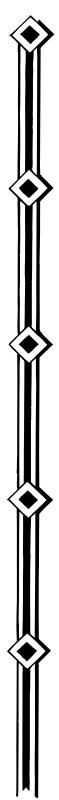
Differences in intervention needed are discussed with respect to variations in the degree of problem manifested and include e ploration of environmental accommodations behavioral strategies and medication.

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



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I. Classifying Conduct and Behavioral Problems:

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

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

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



I. Classifying Conduct and Behavioral Problems:

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

A. Rethinking How Schools Address Student Misbehavior Disengagement

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

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

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

Disengaged Students, Misbehavior, and Social Control

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

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

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

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

Reacting to Misbehavior

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

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

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

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

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

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

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

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

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

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

Positive Behavioral Interventions and Supports

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

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

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

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

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

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

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

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

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

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

Focusing on Underlying Motivation to Address Concerns About Engagement

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

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

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

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

practices that instigate and exacerbate problems.

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

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

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

Promoting Social and Emotional Learning

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

In some form or another, every school has goals that emphasize a desire to enhance students' personal and social functioning. Such goals reflect

an understanding that social and emotional growth plays an important role in

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

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

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

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

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

together to promote children's social, emotional, and academic success."

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

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

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

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

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

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

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

Promotion of Mental Health

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

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

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

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

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

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

Concluding Comments

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

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

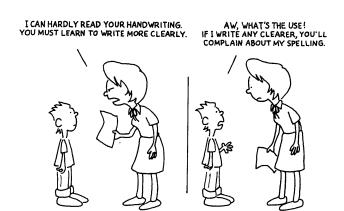
Now, it is time for school improvement decision makers and planners to fully address these matters.

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Also note: The journal *Educational Psychologist* devoted all of volume 42 (2007) to motivational interventions. See contents at http://www.leaonline.com/toc/ep/42/4



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

B. Labeling Troubled and Troubling Youth: The Name Game

She's depressed.

That kid's got an attention deficit hyperactivity disorder.

He's learning disabled.

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

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

Diagnosing Behavioral, Emotional, and Learning Problems

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

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

A Broad View of Human Functioning

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

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

Toward a Broad Framework

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

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

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

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

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

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

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

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

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

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

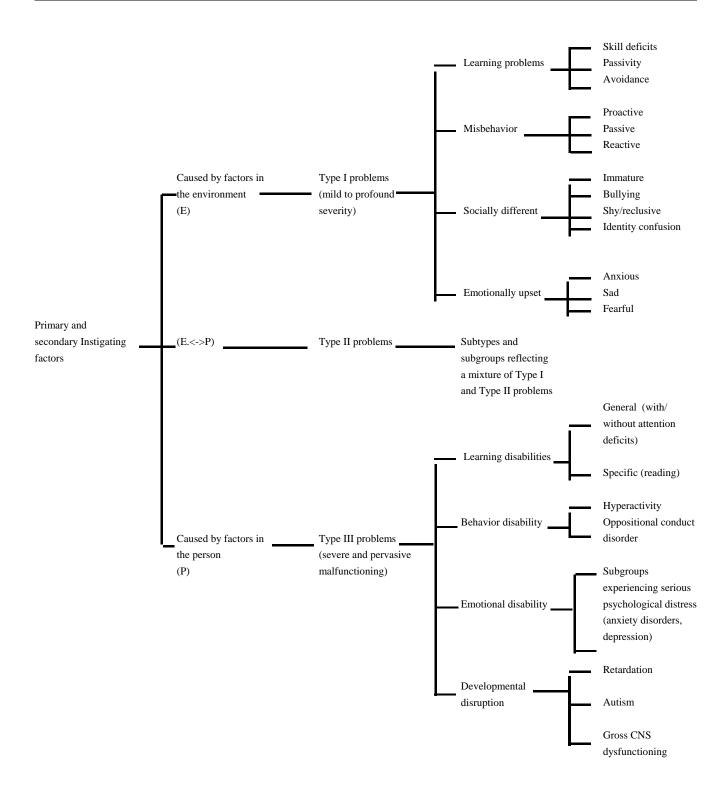
Nicholas Hobbs

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

References

Bandura, A. (1978). The self system in reciprocal determination. *American Psychologist*, *33*, 344-358.

Ryan, W. (1971). *Blaming the victim*. New York: Random House.



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

I. Classifying ...

C. Environmental Situations and Potentially Stressful Events

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

ENVIRONMENTAL SITUATIONS AND POTENTIALLY STRESSFUL EVENTS CHECKLIST

Challenges to Primary Support Group

Challenges to Attachment Relationship
Death of a Parent or Other Family Member

Marital Discord

Divorce

Domestic Violence

Other Family Relationship Problems

Parent-Child Separation

Changes in Caregiving

Foster Care/Adoption/Institutional Care

Substance-Abusing Parents

Physical Abuse

Sexual Abuse

Quality of Nurture Problem

Neglect

Mental Disorder of Parent

Physical Illness of Parent

Physical Illness of Sibling

Mental or Behavioral disorder of Sibling

Other Functional Change in Family

Addition of Sibling

Change in Parental Caregiver

Community of Social Challenges

Acculturation

Social Discrimination and/or Family Isolation

Educational Challenges

Illiteracy of Parent

Inadequate School Facilities

Discord with Peers/Teachers

Parent or Adolescent Occupational Challenges

Unemployment

Loss of Job

Adverse Effect of Work Environment

Housing Challenges

Homelessness

Inadequate Housing

Unsafe Neighborhood

Dislocation

Economic Challenges

Poverty

Inadequate Financial Status

Legal System or Crime Problems

Other Environmental Situations

Natural Disaster

Witness of Violence

Health-Related Situations

Chronic Health Conditions

Acute Health Conditions

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

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

INFANCY-TODDLERHOOD (0-2Y) BEHAVIORAL MANIFESTATIONS

Illness-Related Behaviors

Emotions and Moods

Change in crying Change in mood

Sullen, withdrawn

Impulsive/Hyperactive or Inattentive **Behaviors**

Increased activity

Negative/Antisocial Behaviors

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

Feeding, Eating, Elimination Behaviors

Change in eating

Self-induced vomiting

Nonspecific diarrhea, vomiting

Somatic and Sleep Behaviors

Change in sleep

Developmental Competency

Regression or delay in developmental

attainments

Inability to engage in/sustain play

Sexual Behaviors

Arousal behaviors

Relationship Behaviors

Extreme distress with separation Absence of distress with separation

Indiscriminate social interactions

Excessive clinging

Gaze avoidance, hypervigilant gaze

MIDDLE CHILDHOOD (6-12Y) BEHAVIORAL MANIFESTATIONS

Illness-Related Behaviors

Transient physical complaints

Emotions and Moods

Sadness

Anxiety

Changes in mood

Preoccupation with stressful

situations

Self -destructive

Fear of specific situations

Decreased self-esteem

Impulsive/Hyperactive or Inattentive

Behaviors

Inattention

High activity level

Impulsivity

Negative/Antisocial Behaviors

Aggression

Noncompliant

Negativistic

Feeding, Eating, Elimination Behaviors

Change in eating

Transient enuresis, encopresis

Somatic and Sleep Behaviors

Change in sleep

Developmental Competency

Decrease in academic performance

Sexual Behaviors

Preoccupation with sexual issues

Relationship Behaviors

Change in school activities

Change in social interaction such as

withdrawal

Separation fear/ Fear being alone

Substance Use/Abuse...

EARLY CHILDHOOD (3-5Y) BEHAVIORAL MANIFESTATIONS

Illness-Related Behaviors

Emotions and Moods

Generally sad Self-destructive behaviors

Impulsive/Hyperactive or Inattentive

Rehaviors

Inattention

High activity level

Negative/Antisocial Behaviors

Tantrums

Negativism

Aggression

Uncontrolled, noncompliant

Feeding, Eating, Elimination Behaviors

Change in eating

Fecal soiling

Bedwetting

Somatic and Sleep Behaviors

Change in sleep

Developmental Competency Regression or delay in developmental attainments

Sexual Behaviors

Preoccupation with sexual issues

Relationship Behaviors

Ambivalence toward independence

Socially withdrawn, isolated

Excessive clinging

Separation fears

Fear of being alone

ADOLESCENCE (13-21Y) BEHAVIORAL MANIFESTATIONS

Illness-Related Behaviors

Transient physical complaints

Emotions and Moods

Sadness

Self-destructive

Anxietv

Preoccupation with stress

Decreased self-esteem

Change in mood

Impulsive/Hyperactive or Inattentive **Behaviors**

Inattention

Impulsivity

High activity level

Negative/Antisocial Behaviors

Aggression

Antisocial behavior

Feeding, Eating, Elimination Behaviors

Change in appetite

Inadequate eating habits

Somatic and Sleep Behaviors

Inadequate sleeping habits

Oversleeping

Developmental Competency

Decrease in academic achievement

Sexual Behaviors

Preoccupation with sexual issues

Relationship Behaviors

Change in school activities

School absences

Change in social interaction such as withdrawal

Substance Use/Abuse...

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



II. The Broad Continuum of Conduct and Behavioral Problems

- A. Developmental Variations
- B. Problems
- C. Disorders

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

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

II. The Broad Continuum of Conduct and Behavioral Problems

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

DEVELOPMENTAL VARIATION

Negative Emotional Behavior Variation

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

COMMON DEVELOPMENTAL PRESENTATIONS

Infancy

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

Early Childhood

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

Middle Childhood

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

Adolescence

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

SPECIAL INFORMATION

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

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

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

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

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

DEVELOPMENTAL VARIATIONS

Aggressive/Oppositional Variation

Oppositionality

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

DEVELOPMENTAL VARIATIONS

Aggressive/Oppositional Variation

Aggression

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

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

COMMON DEVELOPMENTAL PRESENTATIONS

Infancy

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

Early Childhood

The child's negative behavior includes saying "now as well as all of the above behaviors but with increased sophistication and purposefulness. The child engages in brief arguments, uses bad language, purposely does the opposite of what is asked, and procrastinates.

Middle Childhood

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

Adolescence

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

SPECIAL INFORMATION

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

COMMON DEVELOPMENTAL PRESENTATIONS

Infancy

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

Early Childhood

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

Middle Childhood

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

Adolescence

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

SPECIAL INFORMATION

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

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

PROBLEM

Negative Emotional Behavior Problem

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

COMMON DEVELOPMENT PRESENTATIONS

Infancy

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

Early Childhood

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

Middle Childhood

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

Adolescence

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

SPECIAL INFORMATION

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

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

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

PROBLEM

Aggressive/Oppositional Problem

Oppositionality

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

PROBLEM

Aggressive/Oppositional Problem

Aggression

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

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

COMMON DEVELOPMENT PRESENTATIONS

Infancy

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

Early Childhood

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

Middle Childhood

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

Adolescence

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

SPECIAL INFORMATION

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

COMMON DEVELOPMENT PRESENTATIONS

Infancy

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

Early Childhood

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

Middle Childhood

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

Adolescence

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

SPECIAL INFORMATION

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

C. Disorders that Meet the Criteria of a Mental Disorder as Defined by the Diagnostic and Statistical Manual of the American Psychiatric Association (IV-I994)

DISORDERS

Conduct Disorder Childhood Onset

Conduct Disorder Adolescent Onset

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

(see DSM-IV criteria ...)

Adjustment Disorder With Disturbance of Conduct

(see DSM-IV criteria ...)

Disruptive Behavior Disorder, NOS

(see DSM-I V criteria ...)

Infancy

It is not possible to make the diagnosis.

Early Childhood

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

Middle Childhood

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

Adolescence

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

SPECIAL INFORMATION

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

^{*}Adapted from *The Clas sification of Child and Adolescent Mental Diagnoses in Primary Care.* (1996) American Academy of Pediatrics

DISORDERS

Oppositional Defiant Disorder

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

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

(see DSM-IV Criteria...)

COMMON DEVELOPMENT PRESENTATIONS

Infancy

It is not possible to make the diagnosis.

Early Childhood

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

Middle Childhood

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

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

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



III. Interventions for Conduct and Behavior Problems

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



III. Interventions for Conduct and Behavior Problems

A. Intervention Focus in Dealing with Misbehavior

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

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

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

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

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

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

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

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

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

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

Exhibit 1

Defining and Categorizing Discipline Practices

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

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

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

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

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

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

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

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

Exhibit 2

About Logical Consequences

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

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

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

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

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

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

Intervention Focus in Dealing with Misbehavior

I. Preventing Misbehavior

A. Expand Social Programs

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

B. Improve Schooling

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

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

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

II. Anticipating Misbehavior

A. Personalize Classroom Structure for High Risk Students

- 1. Identify underlying motivation for misbehavior
- 2. Design curricula to consist primarily of activities that are a good match with the identified individual's intrinsic motivation and developmental capability
- 3. Provide extra support and direction so the identified individual can cope with difficult situations (including steps that can be taken instead of misbehaving)
- B. Develop Consequences for Misbehavior that are Perceived by Students as Logical (i.e., that are perceived by the student as reasonable fair, and nondenigrating reactions which do not reduce one' sense of autonomy)

III. During Misbehavior

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

IV. After Misbehavior

- A. Implement Discipline Logical Consequences/Punishment
 - 1. Objectives in using consequences
 - a. Deprive student of something s/he wants
 - b. Make student experience something s/he doesn't want
 - 2. Forms of consequences
 - a. Removal/deprivation (e.g., loss of privileges, removal from activity)
 - b. Reprimands (e.g., public censure)
 - c. Reparations (e.g., of damaged or stolen property)
 - d. Recantations (e.g., apologies, plans for avoiding future problems)
- B. Discuss the Problem with Parents
 - 1. Explain how they can avoid exacerbating the problem
 - 2 Mobilize them to work preventively with school
- C. Work Toward Prevention of Further Occurrences (see I & II)

The center at UCLA is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the

School Mental Health Project, Dept. of Psychology, UCLA.

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III. Interventions ...

B. Behavioral Initiatives in Broad Perspective What is a Behavioral Initiative?

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

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

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

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

Behavioral Initiatives in Broad Perspective

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

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While our center took the lead in preparing this document, we benefited greatly from the contributions of our partners at the Center for Effective Collaboration and Practice (CECP) directed by David Osher and input from Carl Smith at the Mountain Plains Regional Resource Center at Drake University.

Other References Related to Behavior Concerns

III. Interventions ...

C. Addressing Student Problem Behavior

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

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

- Acknowledgments
- Introduction
- IDEA Rights and Requirements
- IEP Team Roles and Responsibilities
- Why a Functional Assessment of Behavior is Important
- Conducting a Functional Behavioral Assessment
- Identifying the Problem Behavior
- Possible Alternative Assessment Strategies
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- Addressing Skill Deficits
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- Modifying the Learning Environment
- Providing Supports
- Evaluating the Behavior Intervention Plan
- Summary
- Resources
- Appendix A
- Appendix B

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The document has been broken up into several smaller pages for easy loading. A Table of Contents is located on the left side of each page. Each entry in the table is linked to a section of the text.

The <u>document in its entirety</u> is also available for download in PDF at http://cecp.air.org/fba/problembehavior/funcanal.pdf

III. Interventions . . .

D. Rethinking Discipline

Rethinking Discipline to Improve School Climate

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

Disparities in School Discipline Practices

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

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

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

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

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

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



About School Climate

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

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

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

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

About Discipline

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

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

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

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

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

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

About Traditional Disciplinary Practices

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

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

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

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

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

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

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

Enhancing School Climate and Addressing Student Misbehavior

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

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

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

An Environment that Promotes Social and Emotional Development/Learning

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

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

Social & Emotional Environment

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

Academic Environment

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

Why Do Students Misbehave?

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

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

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

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

Addressing Barriers to Learning and Teaching

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

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

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

We have covered all of this in-depth elsewhere (see references in the box below).

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

- Classroom Management http://smhp.psych.ucla.edu/qf/clssroom.htm
- Discipline Codes and Policies http://smhp.psych.ucla.edu/qf/Discip.htm
- Behavior Problems and Conduct Disorders http://smhp.psych.ucla.edu/qf/p3022_01.htm
- Classroom Climate/Culture and School Climate/Culture and Environments that Support Learning – http://smhp.psych.ucla.edu/qf/environments.htm
- School Improvement Planning http://smhp.psych.ucla.edu/qf/improvement.htm
- School Turnaround and Transformation http://smhp.psych.ucla.edu/qf/turnaround.htm

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

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

Concluding Comments

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

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

All this is fundamental to enhancing school climate.

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III. Interventions ... D. Rethinking Discipline (cont.)

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

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

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

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

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

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

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

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

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

Working Toward Prevention of Further Occurrences

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

References and Resources

Behavior Problems: What's a School to Do? http://smhp.psych.ucla.edu/behprob.htm

What Teachers Can Do to Promote Social and Emotional Learning http://www.edutopia.org/php/article.php?id=Art_685&key=020

Creating Caring Schools. http://ici.umn.edu/ products/impact/182/over4.html

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

During Misbehavior

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

After Misbehavior

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

III. Interventions ... D. Rethinking Discipline (cont.)

Reducing Behavior Problems in the Elementary School Classroom

http://www.ies.ed.gov/ncee/wwc/pdf/practice_guides/behavior_pg_092308.pdf

Introduction to Practice Guide From the What Works Clearinghouse

Overview

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

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

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

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

^{1.} Adelman and Taylor (2005).

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

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

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

Moderate

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

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

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

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

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

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

^{2.} Bandura (1977).

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

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

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

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

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

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

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

^{5.} Hamre and Pianta (2005).

^{6.} Zins et al. (2004).

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

Another principle that underlies the panel's recommendations is the critical need for increased cultural competence in developing positive relationships in school and community contexts. As our school and community populations become increasingly diverse, all school staff are challenged to learn about, become sensitive to, and broaden their perspectives regarding what may be unfamiliar ways of learning, behaving, and relating. Teachers can establish an inclusive classroom environment through practices such as using and reinforcing language that is gender neutral and free of stereotypes, selecting curricular materials that reflect and honor the cultures and life experiences of students in the class, encouraging and respecting the participation of all students in classroom activities, and holding high expectations for all learners.9 School leaders can be proactive in supporting opportunities for expanding the cultural competence of school staff through "a vigorous, ongoing, and systemic process of professional development"¹⁰ that involves building trusting relationships among school staff, taking on issues of personal culture and social disparities, and engaging the entire school community in creating a welcoming environment for all students and their families.

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

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

^{7.} Bryk and Schneider (2002).

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

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

^{10.} Howard (2007), p. 16.

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

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

III. Interventions ...

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

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

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

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

Developing Peer Relationships at School

>Peer relationships: Promoting positive peer relationships during childhood (2014), C.A. Rohrbeck & L.S. Gray. In T.P. Gullotta & M. Bloom (Eds.), *Encyclopedia of Primary Prevention and Health Promotion*. New York: Springer. http://link.springer.com/referenceworkentry/10.1007/978-1-4614-5999-6_137

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

>Promoting positive peer relationships (2008), H.Ming-tak. In H. Ming-tak & L. Wai-shing (Eds.), *Classroom management: Creating a positive learning environment*. Hong Kong University Press. http://dx.doi.org/10.5790/hongkong/9789622098886.003.0007

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

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

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

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

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

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

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

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

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

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

- 3. Prepare accessible materials for all students to choose, and equipment that support children's social activities (provide materials that can meet students' interests, e.g.,teachers can provide many color pencils and white papers to students who are interested in painting)
- 4. Set up a schedule that allows for some free time to play (frequent change of schedule is not good for students to engage in social play; snack time is a good practice for students to talk and share food; teachers can participate during snack time to "model, guide, and encourage polite conversation" and sharing behavior)
- 5. Observe and help solve the conflicts (teachers do not need to engage in students' activities but are encouraged to observe them; if there are conflicts or bullying behaviors, teachers need to help solve these problems; if teachers' support is needed, especially during interaction among disabled students, teachers should step in and guide the interactions; discuss with students about when they had conflicts with others and how should they solve these problems).
- >Friendships, peer acceptance, and group membership: Relations to academic achievement in middle school (1997). K.R. Wentzel & K. Caldwell, *Child Development*, *65*, 1198-1209. http://www.jstor.org/stable/1132301?seq=1#page_scan_tab_contents

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

- 1. There was a significant relation between peer acceptance and GPA in sixth grade. Peer acceptance was also significantly correlated with reciprocal friendship in sixth grade.
- 2. As for girls, groups membership was correlated with both six and seventh grade GPA. There was also a significant relation between peer acceptance and sixth and seventh grade GPA.
- 3. For boys, all three peer variables, except for reciprocal friendship, can predicate GPA in sixth grade.
- 4. For both boys and girls, there was a significant and positive relationship between peer acceptance and reciprocal friendship.
- 5. For girls, reciprocal friendship was significantly correlated with emotional distress in sixth and eighth grade.
- 6. For boys, eighth grade GPA was positively correlated with prosocial behavior and peer acceptance during middle school year, and negatively linked with sixth and eighth grade antisocial behavior.
- 7. For girls, there was a significant correlation between group membership and peer acceptance, antisocial behavior in sixth grade, and reciprocal friendship.
- 8. For boys, there was a significant link between group membership and sixth grade antisocial behavior, eighth grade emotional distress and prosocial behavior. http://www.sciencedirect.com/science/article/pii/S1747938X13000122
- >A meta-analysis of the effects of face-to-face cooperative learning. Do recent studies falsify or verify earlier findings? E. Kyndt, E. Raes, B. Lismont, F. Timmers, E. Cascallar, & F. Dochy (2013). *Educational Research Review 10*, 133–149.

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

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

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

>Peer Relationships -

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

>Social and Emotional Development and Social Skills – http://smhp.psych.ucla.edu/qf/p2102 05.htm

>Classroom and School Climate/Culture -http://smhp.psych.ucla.edu/qf/environments.htm

>Youth Culture & Subgroups - http://smhp.psych.ucla.edu/qf/youthculture.htm

Peer Relationships and Bullying

>White House report/bullying—and the power of peers (2011). P.C. Rodkin, *Promoting Respectful Schools*, 69, 10-16.

http://www.ascd.org/publications/educational-leadership/sept 1.1/vol69/num01/Bullying% F2% 80% 94 And

leadership/sept11/vol69/num01/Bullying%E2%80%94And-the-Power-of-Peers.aspx

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

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

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

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

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

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

- 3. When the bully is their friends, students decide not to intervene even though they do not like what he or she does. Teachers should let kids know that a healthy friendship will bear some disagreements.
- 4. Students will not intervene bullying when the bullied is not their friends. Teachers should teach students to build up empathy to the bullied so that they are more likely to help.
- 5. Most students want to "be normal" so they do not want to stand out.
- 6. Students do not know what they should do to stop the bullying.
- >Vulnerable children in varying classroom contexts: Bystanders' behaviors moderate the effects of risk factors on victimization (2010). A. Kärnä, M. Voeten, E. Poskiparta, & C. Salmivalli, *Merrill-Palmer Quarterly*, *56*, 261-282. http://www.jstor.org/stable/23098070

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

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

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

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

>Bullying --

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

>Gangs -

http://smhp.psych.ucla.edu/qf/p3009_01.htm

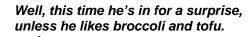
>Conflict Resolution in Schools –

http://smhp.psych.ucla.edu/qf/p2108 02.htm

>Youth Culture & Subgroups --

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

I see that bully stole your lunch again.





Peer Relationships as a Helping Intervention

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

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

> Peer acceptance and friendship as predictors of early adolescents' adjustment across the middle school transition (2011). J.N. Kingery, & C.A. Erdley, &K.C. Marshall, *Merrill-Palmer Quarterly*, *57*(3), 215-243.

"nu.edu/journals/merrill-palmer_quarterly/v057/57.3.kingery.html

Findings indicate

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

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

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

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

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

 Investigated how severity of disability (mild or severe) and classroom composition (heterogeneous and non-heterogeneous) affect the acceptance of included students with disabilities. Results suggest that peers are more likely to and better accept included students with severe disabilities if they are included in non-heterogeneous classroom. However, students with mild disabilities are better accepted by peers in heterogeneous classroom.
- >Effective intervention with urban at risk secondary English Language Learners: A case study using peer teachers in an innovative summer course (2012). L. Gerena, & L. Keiler. *The Bilingual Research Journal*, *35*, 76-97. http://www.tandfonline.com/doi/abs/10.1080/15235882.2012.667372#.Va1Z3bXn9lA

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

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

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

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

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

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

>Peer Relationships -

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

>Social and Emotional Development and Social Skills – http://smhp.psych.ucla.edu/qf/p2102 05.htm

>Classroom and School Climate/Culture --

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

>Youth Culture & Subgroups --

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

>Conflict Resolution in Schools – http://smhp.psych.ucla.edu/qf/p2108_02.htm

Note: Too often lost in discussing the development and impact of peer relationships is the voice of young people. See *Youth Participation: Making It Real.* http://smhp.psych.ucla.edu/pdfdocs/youthpartic.pdf

III. Interventions ...

F. Empirically Supported Treatments

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

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

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

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

In this update, we identified 16 EBTs, of which 15 met criteria for probably efficacious treatments and one of which met criteria for a well-established treatment (shown in Table 2). As in the original review, no treatment was identified as evidence based by evidence from single-subject design studies. Because of a recording error in the earlier review, one treatment previously classified as well established was reclassified in this review as probably efficacious,1 and three treatments previously classified as probably efficacious did not meet PE criteria in this review.2 Seven treatments previously classified as probably efficacious maintained this classification. In addition, 6 new treatments met PE criteria in this review, and 1 previously identified treatment with two versions shown to be superior to attention placebo conditions has now been reclassified as 2 separate probably efficacious treatments. We briefly describe these 16 evidence-based treatments.

EBT TREATMENT PROTOCOLS

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

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

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

Group Assertive Training (Huey & Rank, 1984)

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

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

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

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

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

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

Incredible Years Parent Training (IY-PT)

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

Incredible Years Child Training (IY-CT)

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

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

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

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

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

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

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

Multisystemic Therapy (MST; Henggeler & Lee, 2003)

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

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

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

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

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

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

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

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

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

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

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

Positive Parenting Program (Triple P; Sanders, 1999)

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

Triple P Standard Individual Treatment

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

Triple P Enhanced Treatment

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

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

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

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

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

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

PSST + Parent Management Training

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

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

In PSST + PMT, Both the PSST component and the PMT component of this combined treatment are provided individually to children and parents rather than in group format, and the child and parent components occur concurrently. In the PMT component, parents meet for 13 to 16 individual parent-training sessions of approximately 11/2 to 2 hr each. The content of PSST and PMT is not overlapping, but parents and children are informed of what the other is learning. Thus, parents learn about the problem-solving steps and are encouraged to praise their child's use of the skills. Similarly, children are informed about what their parents are learning and attend selected PMT sessions that involve negotiating and contracting reinforcement contingencies. One well-conducted study found PSST + PMT superior to a contact placebo control condition for 7- to 12-year-old children hospitalized for antisocial behavior. This evidence-based combination treatment meets criteria for a probably efficacious treatment (see Table 1).

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

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

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

Evidence-Based Treatment for Children and Adolescents

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

Conduct and Oppositional Problems

Introduction

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

Conduct/Oppositional Disorders

(with treatment options for each)

Oppositional Defiant Disorder

Conduct Disorder

III. Interventions ...

G. PSYCHOTROPIC MEDICATIONS

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



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

A. Anti-psychotics

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

B. Anti-manic

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

C. Beta-adenergic antagonists

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

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



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

Revisiting Medication for Kids



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

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

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

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

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

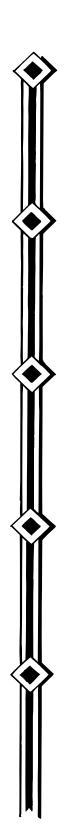
I am not making these things up. These three cases have so far occupied the last three days of my week, and I'm telling you about them not to garner sympathy for the kids (only two of whom have any sympathy coming in any case), or for me (despite my clearly deserving some), but to focus attention on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

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

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

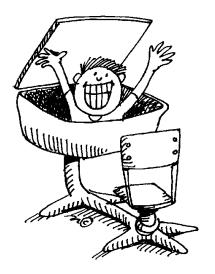
The point I'm trying to make is that every sector of today's society contributes to this pressure to prescribe. Parents believe medication will cure, schools believe it, courts believe it, even nonpsychiatric mental health professionals believe it. Well, I don't believe it, and it's been my experience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





IV. A Few Resource Aids

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plain talk about...

dealing with the **ANGRY CHILD**

NATIONAL INSTITUTE OF MENTAL HEALTH • Division of Communications and Education • Plain Talk Series • Ruth Key, editor

Handling children's anger can be puzzling, draining, and distressing for adults. In fact, one of the major problems in dealing with anger in children is the angry feelings that are often stirred up in us. It has been said that we as parents, teachers, counselors, and administrators need to remind ourselves that we were not always taught how to deal with anger as a fact of life during our own childhood. We were led to believe that to be angry was to be bad, and we were often made to feel guilty for expressing anger.

It will be easier to deal with children's anger if we get rid of this notion. Our goal is not to repress or destroy angry feelings in children—or in ourselves—but rather to accept the feelings and to help channel and direct them to constructive ends.

Parents and teachers must allow children to feel all their feelings. Adult skills can then be directed toward showing children acceptable ways of expressing their feelings. Strong feelings cannot be denied, and angry outbursts should not always be viewed as a sign of serious problems; they should be recognized and treated with respect.

To respond effectively to overly aggressive behavior in children we need to have some ideas about what may have triggered an outburst. Anger may be a defense to avoid painful feelings; it may be associated with failure, low self-esteem, and feelings of isolation; or it may be related to anxiety about situations over which the child has no control.

Angry defiance may also be associated with feelings of dependency, and anger may be associated with sadness and depression. In childhood, anger and sadness are very close to one another and it is important to remember that much of what an adult experiences as sadness is expressed by a child as anger.

Before we look at specific ways to manage aggressive and angry outbursts, several points should be highlighted:

- We should distinguish between anger and aggression. Anger is a temporary emotional state caused by frustration; aggression is often an attempt to hurt a person or to destroy property
- Anger and aggression do not have to be dirty words. In other words, in looking at aggressive behavior in children, we must be careful to distinguish between behavior that indicates emotional problems and behavior that is normal.

In dealing with angry children, our actions should be motivated by the need to protect and to teach, not by a desire to punish. Parents and teachers should show a child that they accept his or her feelings, while suggesting other ways to express the feelings. An adult might say, for example, "Let me tell you what some children would do in a situation like this . . ." It is not enough to tell children what behaviors we find unacceptable. We must teach them acceptable ways of coping. Also, ways must be found to communicate what we expect of them. Contrary to popular opinion, punishment is not the most effective way to communicate to children what we expect of them.

Responding to the Angry Child

Some of the following suggestions for dealing with the angry child were taken from *The Aggressive Child* by Fritz Redl and David Wineman. They should be considered helpful ideas and not be seen as a "bag of tricks."

• Catch the child being good. Tell the child what behaviors please you. Respond to positive efforts and reinforce good behavior. An observing and sensitive parent will find countless opportunities during the day to make such comments as, "I like the way you come in for dinner without being reminded"; "I appreciate your hanging up your clothes even though you were in a hurry to get out to play"; "You were really patient while I was on the phone"; "I'm dad you shared your snack with your sister"; "I like the way you're able to think of others"; and "Thank you for teeing the truth about what really happened."

Similarly, teachers can positively reinforce good behavior with statements like, "I know it was difficult for you to wait your turn, and I'm pleased that you could do it"; "Thanks for sitting in your seat quietly"; "You were thoughtful in offering to help Johnny with his spelling"; "You worked hard on that project, and I admire your effort."

Deliberately ignore inappropriate behavior that can be tolerated. This doesn't mean that you should ignore the child, just the behavior. The "ignoring" has to be planned and consistent. Even though this behavior may be tolerated, the child must recognize that it is inappropriate.

Provide physical outlets and other alternatives. It is important for children to have opportunities for physical exercise and movement, both at home and at school.

Manipulate the surroundings. Aggressive behavior can be encouraged by placing children in tough, tempting situations. We should try to plan the surroundings so that certain things are less apt to happen. Stop a "problem" activity and substitute, temporarily, a more desirable one.

Sometimes rules and regulations, as wall as physical space, may be too confining.

Use closeness and touching. Move physically closer to the child to curb his or her angry impulse. Young children are often calmed by having an adult nearby.

Express interest in the child's activities. Children naturally try to involve adults in what they are doing, and the adult is often annoyed at being bothered. Very young children (and children who are emotionally deprived) seem to need much more adult involvement in their interests. A child about to use a toy or tool in a destructive way is sometimes easily stopped by an adult who expresses interest in having it shown to him. An outburst from an older child struggling with a difficult reading selection can be prevented by a caring adult who moves near the child to say, "Show me which words are giving you trouble."

Be ready to show affection. Sometimes all that is need can be tolerated d for any angry child to regain control is a sudden hug or other impulsive show of affection. Children with serious emotional problems, however, may have trouble accepting affection.

Ease tension through humor. Kidding the child out of a temper tantrum or outburst offers the child an opportunity to "save face." However, it is important to distinguish between face-saving humor and sarcasm or teasing ridicule.

Appeal directly to the child. Tell him or her how you feel and ask for consideration. For example, a parent or a teacher may gain a child's cooperation by saying, "I know that noise you're making doesn't usually bother me, but today I've got a headache, so could you find something else you'd enjoy doing?"

Explain situations. Help the child understand the cause of a stressful situation. We often fail to realize how easily young children can begin to react properly once they understand the cause of their frustration.

Use physical restraint. Occasionally a child may lose control so completely that he has to be physically restrained or removed from the scene to prevent him from hurting himself or others. This may also "save face" for the child. Physical restraint or removal from the scene should not be viewed by the child as punishment but as a means of saying, "You can't do that." In such situations, an adult cannot afford to lose his or her temper, and unfriendly remarks by other children should not be tolerated.

Encourage children to see their strengths as well as their weaknesses. Help them to see that they can reach their goals.

Use promises and rewards. Promises of future pleasure can be used both to start and to stop behavior. This approach should not be compared with bribery. We must know what the child likes—what brings him pleasure— and we must deliver on our promises.

Say "NO!" Limits should be clearly explained and

enforced. Children should be free to function within those limits.

Tell the child that you accept his or her angry feelings, but offer other suggestions for expressing them. Teach children to put their angry feelings into words, rather than fists.

Build a positive self-image. Encourage children to see themselves as valued and valuable people.

Use punishment cautiously. There is a fine line between punishment that is hostile toward a child and punishment that is educational.

Model appropriate behavior. Parents and teachers should be aware of the powerful influence of their actions on a child's or group's behavior.

Teach children to express themselves verbally. Talking helps a child have control and thus reduces acting out behavior. Encourage the child to say, for example, "I don't like your taking my pencil. I don't feel like sharing just now."

The Role of Discipline

Good discipline includes creating an atmosphere of quiet firmness, clarity, and conscientiousness, while using reasoning. Bad discipline involves punishment which is unduly harsh and inappropriate, and it is often associated with verbal ridicule and attacks on the child's integrity.

As one fourth grade teacher put it: "One of the most important goals we strive for as parents, educators, and mental health professionals is to help children develop respect for themselves and others." While arriving at this goal takes years of patient practice, it is a vital process in which parents, teachers, and all caring adults can play a crucial and exciting role. In order to accomplish this, we must see children as worthy human beings and be sincere in dealing with them.

Adapted from "The Aggresive Child" by Luleen S. Anderson, Ph.D., which appeared in *Children today* (Jan-Fcb 1978) published by the Children's Bureau, ACYF, DHEW. (Reprinting permission unnecessary.)

DHHS Publication No. (ADDS) 85-781 Printed 1978 Revised 1981 Reprinted 1985



Anger Control Problems

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Background—How do we define anger? Anger is a social emotion, involving some type of conflict between people (Bowers, 1987), and because it allows people to identify and resolve sources of conflict, it is considered to be a normal part of our social interactions. More specifically, Novaco (1985) defines anger as a stress response that has three response components: cognitive, physiological, and behavioral. The cognitive component is characterized by a person's perceptions and interpretations of a social situation. The physical component of anger may involve an increase in both adrenaline flow and muscle tension. Behaviorally, anger is frequently seen in tantrum behaviors, yelling, hitting, and kicking. Children with anger control problems fall into two different categories: (a) those with a behavioral excess (anger is too intense, too frequent, or both), or (b) those with a behavioral deficit (an inability to express anger). Because anger can serve as a constructive force in relationships, children who are unable to express their anger in ways that facilitate conflict resolution are considered to have anger problems (Bowers, 1987).

Development—

Behavioral manifestations of anger change from flailing arms and kicking legs in infancy to temper tantrums at 18 months, and finally, to verbal expressions of anger as a child's language skills develop (Gesell, Ilg, Ames, & Bullis, 1977). Tantrums usually appear during the second year, reach a peak by age 3, and are decreasing by age 4 (Bowers, 1991). How anger is expressed is learned by watching, listening to, or interacting with others and varies across and within cultures (Bowers, 1987). Because aggressive children are most often referred because of their behavior problems, the focus of the interventions offered below will deal with children who have excessive anger. Aggressive behavior, defined as the set of interpersonal actions that consist of verbal and physical behaviors that are destructive or injurious to others or to objects, is displayed by most children (Bandura, 1973; Lochman, 1984). Aggression poses a problem when it is exceptionally severe, frequent, and/or chronic (Lochman, White, & Wayland, 1991). Children who display a wide range of different kinds of aggressive, antisocial behavior, and who are highly antisocial in multiple settings are at greatest risk for aggression problems in adulthood (Loeber & Schmaling, 1985), and for negative outcomes such as criminality, personality disorder, and substance abuse (Robins, 1978; Kandel, 1982; Lochman, 1990). Causes—Feindler (1991) indicates that faulty perceptions, biases, beliefs, self-control deficits, and high states of emotional and physiological arousal contribute to the aggressive child's response to provocation. Aggressive youths generate fewer effective solutions and fewer potential consequences in hypothetical problem-solving situations (Asarnow & Callan, 1985), and display irrational, illogical, and distorted social information processing (Kendall, 1989).

What Should I Do as a Parent/Teacher?—

The first step is to define and assess the situation. The following areas of investigation are suggested:

- 1) What is the severity of the problem (frequency, intensity, duration, pervasiveness)?
- (2) What factors may be causing the anger (e.g., academic frustration, grieving, illness,

abuse problems with peers, parental divorce)?

- (3) What happens after the child/adolescent has an outburst?
- (4) What skills and attitudes do the child, family, and school bring to the intervention process?

An observation of specific behaviors used by the child and his/her peer group in the setting in which the problem behavior occurs is an important component of the assessment process. This allows a direct comparison of the child's behavior with his/her peer group. Recording the frequency, duration, and intensity of anger outbursts can provide further information- in addition, it may be beneficial to record descriptions of: (a) how the anger is manifested (e.g., hitting, yelling, threatening), (b) the setting in which the behavior occurs (e.g., time of day, location, type of activity), and (c) the events that occur before (stressors that provoke anger) and after the anger outburst (the consequences). Finally, normative measures (Feindler & Fremouw, 1983), interviews (students, parents, and teachers), and an examination of self-monitoring and selfevaluation data (Feindler & Fremouw, 1983) often provide valuable information to the person(s) investigating the situation. Once the problem has been defined, the following approaches are recommended:

- (1) Try to keep your composure; it is important to appear approachable, empathetic, calm, and understanding (Bowers, 1987);
- (2) Try to model the appropriate use of anger in situations where anger can be used to facilitate conflict resolution;
- (3) Praise children when they are not angry (Bowers, 1987);
- (4) Suggest that the explosive child temporarily leave the room to regain composure (Bowers, 1987);

- (5) if further treatment is necessary, the following interventions have been suggested by Bower (1987):
- (a) Stress-inoculation training, a procedure that allows the child/adolescent to acquire coping skills, including adaptive self-statements and relaxation. This three step process involves cognitive preparation, skills acquisition, and applied practice.
- (b) Behavior modification strategies such as response cost, mediated essay, behavioral contracting, and direct reinforcement of alternative behavior (DRA) are often useful with nonverbal or noncompliant children; and
- (c) Social skills training, which systematically teaches and reinforces behaviors that enhance social competence, can reduce the child's/adolescent's need to rely on anger for problem resolution.

Feindler (1991) suggests that there are five basic components of anger control training: "(1) arousal reduction, (2) cognitive change, (3) behavioral skills development, (4) moral reasoning development, and (5) appropriate anger expression." Feindler also suggests that there are a number of strategies that can be used to enhance the maintenance and generalization of anger control training techniques. For example, Feindler and her colleagues (i.e., Feindler, Marriott, & Iwata, 1984) have recommended the use of group anger control training programs over individual anger control training programs. They suggest that the role-played scenarios of conflict and the provocation that occur in the group training experience are more like the "real world" experiences that occur when the therapy session is over. Incorporating strategies to enhance self-management (self-observation, self-recording, selfreinforcement, and self-punishment) and selfefficacy (belief that the treatment will be effective and that the child can actually implement the skills) also seem to be imperative. In addition, the use of contingency management (e.g., cues in the environment, goal-setting intervention, and homework assignments), and the inclusion of additional change agents (e.g., staff members, parents, church youth groups, peer trainers, self-help groups) are believed to increase the effectiveness of the training.

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Behavioral Disorders: Focus on Change

ERIC Digest

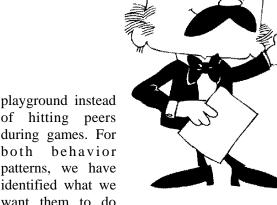
FOCUS ON BEHAVIORS THAT NEED TO BE **CHANGED**

Students who are referred to as having "conduct disorders" and students who are referred to as having "emotional disabilities," "behavioral disorders," "serious emotional disturbances," or "emotional and behavioral disorders" have two common elements that are instructionally relevant: (1) they demonstrate behavior that is noticeably different from that expected in school or the community and (2) they are in need of remediation.

In each instance, the student is exhibiting some form of behavior that is judged to be different from that which is expected in the classroom. The best way to approach a student with a "conduct disorder" and a student with a "behavioral disorder" is to operationally define exactly what it is that each student does that is discrepant with the expected standard. Once it has been expressed in terms of behaviors that can be directly observed, the task of remediation becomes clearer. A student's verbally abusive behavior can be addressed, whereas it is difficult to directly identify or remediate a student's "conduct disorder," since that term may refer to a variety of behaviors of widely different magnitudes. The most effective and efficient approach is to pinpoint the specific behavioral problem and apply data-based instruction to remediate it. (Lewis, Heflin, & DiGangi, 1991, p.9)

IDENTIFY NEW BEHAVIORS TO BE DEVELOPED

Two questions need to be addressed in developing any behavior change procedure regardless of the student's current behavioral difficulty: "What do I want the student to do instead?" and "What is the most effective and efficient means to help the student reach his or her goals?" Regardless of whether the student is withdrawn or aggressive, the objective is to exhibit a response instead of the current behavior. We may want the student to play with peers on the playground instead of playing alone. We may want the student to play appropriately with peers on the



of hitting peers during games. For both behavior patterns, we have identified what we want them to do

instead of the current problem behavior. (Lewis, Heflin, & DiGangi, 1991, p.14)

Using effective teaching strategies will promote student academic and social behavioral success. Teachers should avoid focusing on students' inappropriate behavior and, instead, focus on desirable replacement behaviors. Focusing behavior management systems on positive, prosocial replacement responses will provide students with the opportunity to practice and be reinforced for appropriate behaviors. Above all else, have fun with students! Humor in the classroom lets students view school and learning as fun. Humor can also be used to avoid escalating behaviors by removing the negative focus from the problem. (Lewis, Heflin, & DiGangi, 1991, p.26).

PROVIDE OPPORTUNITIES TO PRACTICE **NEW BEHAVIORS**

If we expect students to learn appropriate social skills we must structure the learning environment so that these skills can be addressed and practiced. We need to increase the opportunity for students to interact within the school environment so that prosocial skills can be learned. If all a student does is perform as a passive participant in the classroom, then little growth in social skill acquisition can be expected. Just as students improve in reading when they are given the opportunity to read, they get better at interacting when given the opportunity to initiate or respond to others' interactions.

It is necessary to target specific prosocial behaviors for appropriate instruction and assessment to occur. Prosocial behavior includes such things as:

- Taking turns, working with partner, following directions.
- Working in group or with others.
- Displaying appropriate behavior toward peers and adults.
- Increasing positive relationships.
- Demonstrating positive verbal and nonverbal relationships.
- Showing interest and caring.
- Settling conflicts without fighting.
- Displaying appropriate affect. (Algozzine, Ruhl, & Ramsey, 1991, pp. 22-23)

TREAT SOCIAL SKILLS DEFICITS AS ERRORS IN LEARNING

Social skills deficits or problems can be viewed as errors in learning; therefore, the appropriate skills need to be taught directly and actively. It is important to base all social skill instructional decisions on individual student needs. In developing a social skill curriculum it is important to follow a systematic behavior change plan.

During assessment of a student's present level of functioning, two factors should be addressed. First, the teacher must determine whether the social skill problem is due to a skill deficit or a performance deficit. The teacher can test the student by directly asking what he or she would do or can have the student role play responses in several social situations (e.g., "A peer on the bus calls you a name. What should you do?").

- If the student can give the correct response but does not display the behavior outside the testing situation, the social skill problem is probably due to a performance deficit.
- If the student cannot produce the socially correct response, the social skill problem may be due to a skill deficit.

More direct instruction may be required to overcome the skill deficits, while a performance deficit may simply require increasing positive contingencies to increase the rate of displaying the appropriate social response. During assessment, it is important to identify critical skill areas in which the student is having problems.

Once assessment is complete, the student should be provided with direct social skill instruction. At this point, the teacher has the option of using a prepared social skill curriculum or developing one independently. It is important to remember that since no single published curriculum will meet the needs of all students, it should be supplemented with teacher-developed or teacher-modified lessons.

Social skill lessons are best implemented in groups of 3 to 5 students and optimally should include socially competent peers to serve as models. The first social skill group lesson should focus on three things:

- (1) an explanation of why the group is meeting,
- (2) a definition of what social skills are, and
- (3) an explanation of what is expected of each student during the group. It may also be helpful to implement behavior management procedures for the group (i.e., contingencies for compliance and non-compliance).

It is important to prompt the students to use newly learned skills throughout the day and across settings to promote maintenance and generalization. It is also important to reinforce the students when they use new skills. (Lewis, Heflin, & DiGangi, 1991, pp.17-18)

TEACH STUDENTS TO TAKE RESPONSIBILITY FOR THEIR OWN LEARNING

Often overlooked is the need to increase student independence in learning. Students with BD may be particularly uninvolved in their learning due to problems with self-concept, lack of a feeling of belonging to the school, and repeated failures in school. Instructional strategies involving self-control, self-reinforcement, self-monitoring, self-management, problem solving, cognitive behavior modification, and metacognitive skills focus primarily on teaching students the skills necessary for taking responsibility and showing initiative in making decisions regarding their own instruction. These strategies, typically used in combination or in a "package format" that incorporates extrinsic

reinforcement, have shown promise for enhancing student learning and independence. (Gable, Laycock, Maroney, & Smith, 1991, p.24)

FOCUS ON FUNCTIONAL SKILLS THAT WILL HAVE BROAD APPLICATIONS

Essential in a curriculum for students with behavioral problems are skills that can directly improve the ultimate functioning of the student and the quality of his or her life. The concept of functional skills is not limited to the areas of self-help or community mobility, but also include skills such as those required to seek and access assistance, be life-long independent learners, respond to changes in the environment, succeed in employment, be adequately functioning adults and parents, and achieve satisfying and productive lives. The concepts of the functional curriculum approach, the criterion of ultimate functioning, and participation to the highest degree possible in life must be extended to students with BD, many of whom will otherwise fail to fulfill their potential. (Gable, Laycock, Maroney, & Smith, 1991, p.28)

This digest was developed from selected portions of three 1991 ERIC publications listed below. These books are part of a nine-book series, "Working with Behavioral Disorders." Stock No. P346.

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ED358674 Jun 93 Behavioral Disorders: Focus on Change. ERIC Digest #518.

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This publication was prepared with funding from the Office of Educational Research and Improvement, U.S. Department of Education, under contract no. RI88062007. The opinions expressed in this report do not necessarily reflect the positions or policies of OERI or the Department of Education.

Bullying: Facts for Schools and Parents

http://www.naspcenter.org/factsheets/bullying_fs.html

By Andrea Cohn & Andrea Canter, Ph.D., NCSP National Association of School Psychologists

Bullying is a widespread problem in our schools and communities. The behavior encompasses physical aggression, threats, teasing, and harassment. Although it can lead to violence, bullying typically is not categorized with more serious forms of school violence involving weapons, vandalism, or physical harm. It is, however, an unacceptable anti-social behavior that is *learned* through influences in the environment,

A *bully* is someone who directs physical, verbal, or psychological aggression or harassment toward others, with the goal of gaining power over or dominating another individual. Research indicates that bullying is more prevalent in boys than girls, though this difference decreases when considering indirect aggression (such as verbal threats).

A *victim* is someone who repeatedly is exposed to aggression from peers in the form of physical attacks, verbal assaults, or psychological abuse. Victims are more likely to be boys and to be physically weaker than peers. They generally do not have many, if any, good friends and may display poor social skills and academic difficulties in school

Facts About Bullying

- Bullying is the most common form of violence in our society; between 15% and 30% of students are bullies or victims.
- A recent report from the American Medical Association on a study of over 15,000 6th-10th graders estimates that approximately 3.7 million youths engage in, and more than 3.2 million are victims of, moderate or serious bullying each year.

- Between 1994 and 1999, there were 253 violent deaths in school, 51 casualties were the result of multiple death events. Bullying is often a factor in school related deaths.
- Membership in either bully or victim groups is associated with school drop out, poor psychosocial adjustment, criminal activity and other negative long-term consequences.
- Direct, physical bullying increases in elementary school, peaks in middle school and declines in high school. Verbal abuse, on the other hand, remains constant. The U.S. Department of Justice reports that younger students are more likely to be bullied than older students.
- Over two-thirds of students believe that schools respond poorly to bullying, with a high percentage of students believing that adult help is infrequent and ineffective.
- 25% of teachers see nothing wrong with bullying or putdowns and consequently intervene in only 4% of bullying incidents.

Why Do Some Children and Adolescents Become Bullies?

Most bullying behavior develops in response to multiple factors in the environment—at home, school and within the peer group. There is no one cause of bullying. Common contributing factors include:

Family factors: The frequency and severity of bullying is related to the amount of adult supervision that children receive—bullying behavior is reinforced when it has no or inconsistent consequences. Additionally, children who observe parents and siblings exhibiting bullying behavior, or who are themselves victims, are likely to develop bullying behaviors. When

children receive negative messages or physical punishment at home, they tend to develop negative self concepts and expectations, and may therefore attack before they are attacked—bullying others gives them a sense of power and importance.

- School factors: Because school personnel often ignore bullying, children can be reinforced for intimidating others. Bullying also thrives in an environment where students are more likely to receive negative feedback and negative attention than in a positive school climate that fosters respect and sets high standards for interpersonal behavior.
- Peer group factors: Children may interact in a school or neighborhood peer group that advocates, supports, or promotes bullying behavior. Some children may bully peers in an effort to "fit in," even though they may be uncomfortable with the behavior.

Why Do Some Children and Adolescents Become Victims?

- Victims signal to others that they are insecure, primarily passive and will not retaliate if they are attacked. Consequently, bullies often target children who complain, appear physically or emotionally weak and seek attention from peers.
- Studies show that victims have a higher prevalence of overprotective parents or school personnel; as a result, they often fail to develop their own coping skills.
- Many victims long for approval; even after being rejected, some continue to make ineffective attempts to interact with the victimizer.

How Can Bullying Lead to Violence?

- Bullies have a lack of respect for others' basic human rights; they are more likely to resort to violence to solve problems without worry of the potential implications.
- Both bullies and victims show higher rates of fighting than their peers.
- Recent school shootings show how victims' frustration with bullying can turn into vengeful violence.

What Can Schools Do?

Today, schools typically respond to bullying, or other school violence, with reactive measures. However, installing metal detectors or surveillance cameras or hiring police to patrol the halls have no tangible positive results. Policies of "Zero Tolerance" (severe consequence for any behavior defined as dangerous such as bullying or carrying a weapon) rely on exclusionary measures (suspension, expulsion) that have long-term negative effects.

Instead, researchers advocate school-wide prevention programs that promote a positive school and community climate. Existing programs can effectively reduce the occurrence of bullying; in fact, one program decreased peer victimization by 50%. Such programs require the participation and commitment of students, parents, educators and members of the community. Effective school programs include:

- Early intervention. Researchers advocate intervening in elementary or middle school, or as early as preschool. Group and building-wide social skills training is highly recommended, as well as counseling and systematic aggression interventions for students exhibiting bullying and victim behaviors. School psychologists and other mental health personnel are particularly well-trained to provide such training as well as assistance in selecting and evaluating prevention programs.
- *Parent training*. Parents must learn to reinforce their children's positive behavior patterns and model appropriate interpersonal interactions. School psychologists, social workers and counselors can help parents support children who tend to become victims as well as recognize bullying behaviors that require intervention.
- *Teacher training*. Training can help teachers identify and respond to potentially damaging victimization as well as to implement positive feedback and modeling to address appropriate social interactions. Support services personnel working with administrators can help design effective teacher training modules.
- Attitude change. Researchers maintain that society must cease defending bullying behavior as part of growing up or with the attitude of "kids will be kids." Bullying can be stopped! School personnel should never ignore bullying behaviors.
- Positive school environment. Schools with easily understood rules of conduct, smaller class sizes and fair discipline practices report less violence. A positive school climate will reduce bullying and victimization.

What Can Parents Do?

- Contact the school's psychologist, counselor or social worker and ask for help around bullying or victimization concerns. Become involved in school programs to counteract bullying.
- Provide positive feedback to children for appropriate social behaviors and model interactions that do not include bullying or aggression.
- *Use alternatives to physical punishment*, such as the removal of privileges, as a consequence for bullying behavior.
- **Stop bullying behavior** as it is happening and begin working on appropriate social skills early.

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Online:

National Mental Health and Education Center for Children and Families (NASP) www.naspcenter.org

Safe and Responsive Schools Project www.indiana.edu/~safeschl/

Safe Schools/Healthy Students Action Center http://www.cdc.gov/HealthyYouth/

National Resource Center for Safe Schools http://www.safetyzone.org/

This article was developed from a number of resources including the chapter by George Batsche.

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AMERICAN ACADEMY OF CHILD \mathcal{E} ADOLESCENT PSYCHIATRY

BULLYING

Bullying is a common experience for many children and adolescents. Surveys indicate that as many as half of all children are bullied at some time during their school years, and at least 10% are bullied on a regular basis.

Bullying behavior can be physical or verbal. Boys tend to use physical intimidation or threats, regardless of the gender of their victims. Bullying by girls is more often verbal, usually with another girl as the target. Recently, bullying has even been reported in online chat rooms and through e-mail.

Children who are bullied experience real suffering that can interfere with their social and emotional development, as well as their school performance. Some victims of bullying have even attempted suicide rather than continue to endure such harassment and punishment.

Children and adolescents who bully thrive on controlling or dominating others. They have often been the victims of physical abuse or bullying themselves. Bullies may also be depressed, angry or upset about events at school or at home. Children targeted by bullies also tend to fit a particular profile. Bullies often choose children who are passive, easily intimidated, or have few friends. Victims may also be smaller or younger, and have a harder time defending themselves.

If you suspect your child is bullying others, it's important to seek help for him or her as soon as possible. Without intervention, bullying can lead to serious academic, social, emotional and legal difficulties. Talk to your child's pediatrician, teacher, principal, school counselor, or family physician. If the bullying continues, a comprehensive evaluation by a child and adolescent psychiatrist or other mental health professional should be arranged. The evaluation can help you and your child understand what is causing the bullying, and help you develop a plan to stop the destructive behavior.

If you suspect your child may be the victim of bullying ask him or her to tell you what's going on. You can help by providing lots of opportunities to talk with you in an open and honest way.

It's also important to respond in a positive and accepting manner. Let your child know it's not his or her fault, and that he or she did the right thing by telling you. Other specific suggestions include the following:

- Ask your child what he or she thinks should be done.
 What's already been tried? What worked and what didn't?
- Seek help from your child's teacher or the school guidance counselor. Most bullying occurs on playgrounds, in lunchrooms, and bathrooms, on school buses or in unsupervised halls. Ask the school administrators to find out about programs other schools and communities have used to help combat

bullying, such as peer mediation, conflict resolution, and anger management training, and increased adult supervision.

- Don't encourage your child to fight back. Instead, suggest that he or she try walking away to avoid the bully, or that they seek help from a teacher, coach, or other adult.
- Help your child practice what to say to the bully so he or she will be prepared the next time.
- Help your child practice being assertive. The simple
 act of insisting that the bully leave him alone may
 have a surprising effect. Explain to your child that
 the bully's true goal is to get a response.
- Encourage your child to be with friends when traveling back and forth from school, during shopping trips, or on other outings. Bullies are less likely to pick on a child in a group.

If your child becomes withdrawn, depressed or reluctant to go to school, or if you see a decline in school performance, additional consultation or intervention may be required. A child and adolescent psychiatrist or other mental health professional can help your child and family and the school develop a strategy to deal with the bullying. Seeking professional assistance earlier can lessen the risk of lasting emotional consequences for your child.



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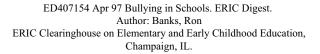
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Bullying in Schools

by Ron Banks





Bullying in schools is a worldwide problem that can have negative consequences for the general school climate and for the right of students to learn in a safe environment without fear. Bullying can also have negative lifelong consequences--both for students who bully and for their victims. Although much of the formal research on bullying has taken place in the Scandinavian countries, Great Britain, and Japan, the problems associated with bullying have been noted and discussed wherever formal schooling environments exist.

Bullying is comprised of direct behaviors such as teasing, taunting, threatening, hitting, and stealing that are initiated by one or more students against a victim. In addition to direct attacks, bullying may also be more indirect by causing a student to be socially isolated through intentional exclusion. While boys typically engage in direct bullying methods, girls who bully are more apt to utilize these more subtle indirect strategies, such as spreading rumors and enforcing social isolation (Ahmad & Smith, 1994; Smith & Sharp, 1994). Whether the bullying is direct or indirect, the key component of bullving is that the physical or psychological intimidation occurs repeatedly over time to create an ongoing pattern of harassment and abuse (Batsche & Knoff, 1994; Olweus, 1993).

EXTENT OF THE PROBLEM

Various reports and studies have established that approximately 15% of students are either bullied regularly or are initiators of bullying behavior (Olweus, 1993). Direct bullying seems to increase through the elementary years, peak in the middle school/junior high school years, and decline during

the high school years. However, while direct physical assault seems to decrease with age, verbal abuse appears to remain constant. School size, racial composition, and school setting (rural, suburban, or urban) do not seem to be distinguishing factors in predicting the occurrence of bullying. Finally, boys engage in bullying behavior and are victims of bullies more frequently than girls (Batsche & Knoff, 1994; Nolin, Davies, & Chandler, 1995; Olweus, 1993; Whitney & Smith, 1993).

CHARACTERISTICS OF BULLIES AND VICTIMS

Students who engage in bullying behaviors seem to have a need to feel powerful and in control. They appear to derive satisfaction from inflicting injury and suffering on others, seem to have little empathy for their victims, and often defend their actions by saying that their victims provoked them in some way. Studies indicate that bullies often come from homes where physical punishment is used, where the children are taught to strike back physically as a way to handle problems, and where parental involvement and warmth are frequently lacking. Students who regularly display bullying behaviors are generally defiant or oppositional toward adults, antisocial, and apt to break school rules. In contrast to prevailing myths, bullies appear to have little anxiety and to possess strong self-esteem. There is little evidence to support the contention that they victimize others because they feel bad about themselves (Batsche & Knoff, 1994; Olweus, 1993).

Students who are victims of bullying are typically anxious, insecure, cautious, and suffer from low self-esteem, rarely defending themselves or retaliating when confronted by students who bully

them. They may lack social skills and friends, and they are often socially isolated. Victims tend to be close to their parents and may have parents who can be described as overprotective. The major defining physical characteristic of victims is that they tend to be physically weaker than their peers--other physical characteristics such as weight, dress, or wearing eyeglasses do not appear to be significant factors that can be correlated with victimization (Batsche & Knoff, 1994; Olweus, 1993).

CONSEQUENCES OF BULLYING

As es tablished by studies in Scandinavian countries, a strong correlation appears to exist between bullying other students during the school years and experiencing legal or criminal troubles as adults. In one study, 60% of those characterized as bullies in grades 6-9 had at least one criminal conviction by age 24 (Olweus, 1993). Chronic bullies seem to maintain their behaviors into adulthood, negatively influencing their ability to develop and maintain positive relationships (Oliver, Hoover, & Hazler, 1994).

Victims often fear school and consider school to be an unsafe and unhappy place. As many as 7% of America's eighth-graders stay home at least once a month because of bullies. The act of being bullied tends to increase some students' isolation because their peers do not want to lose status by associating with them or because they do not want to increase the risks of being bullied themselves. Being bullied leads to depression and low self-esteem, problems that can carry into adulthood (Olweus, 1993; Batsche & Knoff, 1994).

PERCEPTIONS OF BULLYING

Oliver, Hoover, and Hazler (1994) surveyed students in the Midwest and found that a clear majority felt that victims were at least partially responsible for bringing the bullying on themselves. Students surveyed tended to agree that bullying toughened a weak person, and some felt that bullying "taught" victims appropriate behavior. Charach, Pepler, and Ziegler (1995) found that students considered victims to be "weak," "nerds," and "afraid to fight back." However, 43% of the students in this study said that they try to help the victim, 33% said that they should help but do not, and only 24% said that bullying was none of their business.

Parents are often unaware of the bullying problem and talk about it with their children only to a limited extent (Olweus, 1993). Student surveys reveal that a low percentage of students seem to believe that adults will help. Students feel that adult intervention is infrequent and ineffective, and that telling adults will only bring more harassment from bullies. Students report that teachers seldom or never talk to their classes about bullying (Charach, Pepler, & Ziegler, 1995). School personnel may view bullying as a harmless right of passage that is best ignored unless verbal and psychological intimidation crosses the line into physical assault or theft.

INTERVENTION PROGRAMS

Bullying is a problem that occurs in the social environment as a whole. The bullies' aggression occurs in social contexts in which teachers and parents are generally unaware of the extent of the problem and other children are either reluctant to get involved or simply do not know how to help (Charach, Pepler, & Ziegler, 1995). Given this situation, effective interventions must involve the entire school community rather than focus on the perpetrators and victims alone. Smith and Sharp (1994) emphasize the need to develop whole-school bullying policies, implement curricular measures, improve the schoolground environment, and empower students through conflict resolution, peer counseling, and assertiveness training. Olweus (1993) details an approach that involves interventions at the school, class, and individual levels. It includes the following components:

- An initial questionnaire can be distributed to students and adults. The questionnaire helps both adults and students become aware of the extent of the problem, helps to justify interventionefforts, and serves as a benchmark to measure the impact of improvements in school climate onceother intervention components are in place.
- A parental awareness campaign can be conducted during parent-teacher conference days, through parent newsletters, and at PTA meetings. The goal is to increase parental awareness of the problem, point out the importance of parental involvement for program success, and encourage parental support of program goals. Questionnaire results are publicized.

- Teachers can work with students at the class level to develop class rules against bullying. Many programs engage students in a series of formal role-playing exercises and related assignments that can teach those students directly involved in bullying alternative methods of interaction. These programs can also show other students how they can assist victims and how everyone can work together to create a school climate where bullying is not tolerated (Sjostrom & Stein, 1996).
- Other components of anti-bullying programs include individualized interventions with the bullies and victims, the implementation of cooperative learning activities to reduce social isolation, and increasing adult supervision at key times (e.g., recess or lunch). Schools that have implemented Olweus's program have reported a 50% reduction in bullying.

CONCLUSION

Bullying is a serious problem that can dramatically affect the ability of students to progress academically and socially. A comprehensive intervention plan that involves all students, parents, and school staff is required to ensure that all students can learn in a safe and fear-free environment.

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This publication was funded by the Office of Educational Research and Improvement, U.S. Department of Education, under contract no. RR93002007. The opinions expressed in this report do not necessarily reflect the positions or policies of OERI. ERIC Digests are in the public domain and may be freely reproduced.



Excerpts from

BULLYING:PEER ABUSE IN SCHOOLS

U.S. Department of Education



Every day in our Nation's schools, children are threatened, teased, taunted and tormented by schoolyard bullies. For some children, bullying is a fact of life that they are told to accept as a part of growing up. Those who fail to recognize and stop bullying practices as they occur actually promote violence, sending the message to children that might indeed makes right.

Bullying often leads to greater and prolonged violence. Not only does it harm its intended victims, but it also negatively affects the climate of schools and the opportunities for all students to learn and achieve in school.

What Is Bullying?

Bullying among children is commonly defined as intentional, repeated hurtful acts, words or other behavior, such as name-calling, threatening and/or shunning committed by one or more children against another. These negative acts are not intentionally provoked by the victims, and for such acts to be defined as bullying, an imbalance in real or perceived power must exist between the bully and the victim.

Bullying may be physical, verbal, emotional or sexual in nature. For example:

- **Physical bullying** includes punching, poking, strangling, hair pulling, beating, biting and excessive tickling.
- **Verbal bullying** includes such acts as hurtful name calling, teasing and gossip.
- Emotional bullying includes rejecting, terrorizing, extorting, defaming, humiliating, blackmailing, rating/ranking of personal characteristics such as race, disability, ethnicity, or perceived sexual orientation, manipulating friendships, isolating, ostracizing and peer pressure.
- **Sexual bullying** includes many of the actions listed above as well as exhibitionism, voyeurism, sexual propositioning, sexual harassment and abuse involving actual physical contact and sexual assault.

Bullying among schoolchildren is quite common in the United States. In a study of junior high and high school students from small Midwestern towns, 88 percent of students reported having observed bullying, and 76.8 percent indicated that they had been a victim of bullying at school. Of the nearly 77 percent who had been victimized, 14 percent indicated that they experienced severe reactions to the abuse.

A study of 6,500 fourth- to sixth-graders in the rural South indicated that during the three months preceding the survey, one in four students had been bullied with some regularity and that one in 10 had been bullied at least once a week. In the same survey, approximately one in five children admitted that they had bullied another child with some regularity during the three months preceding the survey.

Bullying also occurs under names. Various forms of hazing—including "initiation rites" perpetrated against new students or new members on a sports team—are nothing more than bullying. Same-gender and crossgender sexual harassment in many cases also qualifies as bullying.

Who Is Hurt?

Bullying and harassment often interfere with learning. Acts of bullying usually occur away from the eyes of teachers or other responsible adults. Consequently, if perpetrators go unpunished, a climate of fear envelops the victims.

Victims can suffer far more than actual physical harm:

- Grades may suffer because attention is drawn away from learning.
- Fear may lead to absenteeism, truancy or dropping out.
- Victims may lose or fail to develop self-esteem, experience feelings of isolation and may become withdrawn and depressed.
- As students and later as adults, victims may be hesitant to take social, intellectual, emotional or vocational risks.
- If the problem persists, victims occasionally feel compelled to take drastic measures, such as vengeance in the form of fighting back, weapon-carrying or even suicide.

 Victims are more likely than non-victims to grow up being socially anxious and insecure, displaying more symptoms of depression than those who were not victimized as children.

Bystanders and peers of victims can be distracted from earning as well. They may:

- Be afraid to associate with the victim for fear of lowering their own status or of retribution from the bully and becoming victims themselves;
- fear reporting bullying incidents because they do not want to be called a "snitch," a "tattler" or an "informer":
- experience feelings of guilt or helplessness for not standing up to the bully on behalf of their classmate;
- be drawn into bullying behavior by group pressure;
- feel unsafe, unable to take action or a loss of control.

Bullies themselves are also at risk for long-term negative outcomes. In one study, elementary students who perpetrated acts of bullying attended school less frequently and were more likely to drop out of school than other students. Several studies suggest that bullying in early childhood may be an early sign of the development of violent tendencies, delinquency and criminality.

A Comprehensive Approach:

Bullying and the harm that it causes are seriously underestimated by many children and adults. Educators, parents and children concerned with violence prevention must also be concerned with e phenomenon of bullying and its link to other violent behaviors.

Research and experience suggest that comprehensive efforts that involve teachers and other school staff, students, parents and community members are likely to be more effective than purely classroom-based approaches. Identified by the Center for the Study and Prevention of Violence as one of 10 model violence prevention proms is that of Norwegian researcher Dan Olweus. The U.S. application of his comprehensive model program included the following core elements.

School-level interventions

- Administration of a student questionnaire to determine the nature and extent of bullying problems at school.
- Formation of a bullying prevention coordination committee (a small group of energetic teachers, administrators, counselors and other school staff, who plan and monitor the school's activities).
- Teacher in-service days to review findings from the questionnaire, discuss problems of bullying, and plan the school's violence prevention efforts.
- School wide events to launch the program (e.g., via school television or assemblies).

- Increased supervision in areas that are hot spots for bullying and violence at the school.
- Development of school wide rules and sanctions against bullying.
- Development of a system to reinforce prosocial behavior (e.g., "Caught you Caring" initiatives).
- Parent involvement in school activities (e.g., highlighting the program at PTA meetings, school open houses, and special violence prevention programs; encouraging parents' participation in planning activities and school events).

Classroom Activities

 Regularly scheduled classroom meetings during which students and teachers engage in discussion, roleplaying and artistic activities related to preventing bullying and other forms of violence among students.

Individual Interventions

- Immediate intervention by school staff in all bullying incidents.
- Involvement of parents of bullies and victims of bullying, where appropriate.
- Formation of "friendship groups" or other supports for students who are victims of bullying.
- Involvement of school counselors or mental health professionals, where appropriate.

Community Activities

- Efforts to make the program known among a wide range of residents in the local community (e.g., convening meetings with leaders of the community to discuss the school's program and problems associated with bullying, encouraging local media coverage of the school's efforts, engaging student in efforts to discuss their school's program with informal leaders of the community).
- Involvement of community members in the school's anti-bullying activities (e.g., soliciting assistance from local business to support aspects of the program, involving community members in school district wide "Bully-Free Day" events).
- Engaging community members, students, and school personnel in anti-bullying efforts within the community (e.g., introducing core program elements into summer church school classes).

Clearly, there is no "silver bullet" for preventing bullying other forms of violence at school. A comprehensive approach, such as this one, shows the most promise in helping to create a safe school environment that will help children to grow academically and socially. Before implementing any efforts to address bullying or other violence at school, school administrators should keep in

5mind that:

- Ideally, efforts should begin early—as children transition into kindergarten—and continue throughout a child's formal education;
- Effective programs require strong leadership and ongoing commitment on the part of school personnel;
- Ongoing staff development and training are important to sustain programs;
- Programs should be culturally sensitive to student diversity issues and developmentally appropriate; and
- Parental and community involvement in the planning and execution of such programs is critical.

Following are suggested action steps, strategies and resources that school administrators, educators, students and parents can employ in an effort to stop bullying in schools.

Action Steps for School Administrators

- Assess the awareness and the scope of the bullying problem at your school through student and staff surveys
- Closely supervise children on the playgrounds and in classrooms, hallways, rest rooms, cafeterias and other areas where bullying occurs in your school.
- Conduct school wide assemblies and teacher/staff in service training to raise awareness regarding the problem of bullying and to communicate a zero tolerance for such behavior.
- Post and publicize clear behavior standards, including rules against bullying, for all students. Consistently and fairly enforce such standards.
- Encourage parent participation by establishing on campus parents' centers that recruit, coordinate and encourage parents to take part in the educational process and in volunteering to assist in school activities and projects.
- Establish a confidential reporting system that allows children to report victimization and that records the details of bullying incidents.
- Ensure that your school has all legally required policies and grievance procedures for sexual discrimination. Make these procedures known to parents and students.
- Receive and listen receptively to parents who report bullying. Establish procedures whereby such reports are investigated and resolved expeditiously at the school level in order to avoid perpetuating bullying.
- Develop strategies to reward students for positive, inclusive behavior.
- Provide school wide and classroom activities that are designed to build self-esteem by spotlighting special talents, hobbies, interests and abilities of all students and that foster mutual understanding of and appreciation for differences in others.

Strategies for Classroom Teachers

- Provide students with opportunities to talk about bullying and enlist their support in defining bullying as unacceptable behavior.
- Involve students in establishing classroom rules against bullying. Such rules may include a commitment from the teacher to not "look the other way" when incidents involving bullying occur.
- Provide classroom activities and discussions related to bullying and violence, including the harm that they cause and strategies to reduce them.
- Develop a classroom action plan to ensure that students know what to do when they observe a bully/ victim confrontation.
- Teach cooperation by assigning projects that require collaboration. Such cooperation teaches students how to compromise and how to assert without demanding. Take care to vary grouping of participants and to monitor the treatment of participants in each group.
- Take immediate action when bullying is observed. All teachers and school staff must let children know that they care and will not allow anyone to be mistreated. By taking immediate action and dealing directly with the bully, adults support both the victim and the witnesses.
- Confront bullies in private. Challenging a bully in front of his/her peers may actually enhance his/her status and lead to further aggression.
- Notify the parents of both victims and bullies when a confrontation occurs, and seek to resolve the problem expeditiously at school.
- Refer both victims and aggressors to counseling whenever appropriate.
- Provide protection for bullying victims, whenever necessary. Such protection may include creating a buddy system whereby students have a particular friend or older buddy on whom they can depend and with whom they share class schedule information and plans for the school day.
- Listen receptively to parents who report bullying and investigate reported circumstances so that immediate and appropriate school action may be taken.
- Avoid attempts to mediate a bullying situation. The difference in power between victims and bullies may cause victims to feel further victimized by the process or believe that they are somehow at fault.

Strategies for Students

Students may not know what to do when they observe a classmate being bullied or experience such victimization themselves. Classroom discussions and activities may help students develop a variety of appropriate actions that they can take when they witness or experience such victimization. For instance, depending on the situation and their own level of comfort, students can:

- seek immediate help from an adult;
- report bullying/victimization incidents to school personnel:
- speak up and/or offer support to the victim when they see him/her being bullied—for example, picking up the victim's books and handing them to him or her;
- privately support those being hurt with words of kindness or condolence;
- express disapproval of bullying behavior by not joining in the laughter, teasing or spreading of rumors or gossip; and
- attempt to defuse problem situations either singlehandedly or in a group—for example, by taking the bully aside and asking him/her to "cool it."

Strategies for Parents

The best protection parents can offer their children who are involved in a bully/victim conflict is to foster their child's confidence and independence and to be willing to take action when needed. The following suggestions are offered to help parents identify appropriate responses to conflict experienced by their children at school:

- Be careful not to convey to a child who is being victimized that something is wrong with him/her or that he/she deserves such treatment. When a child is subjected to abuse from his or her peers, it is not fair to fault the child's social skills. Respect is a basic right: All children are entitled to courteous and respectful treatment. Convince your child that he or she is not at fault and that the bully's behavior is the source of the problem.
- It is appropriate to call the school if your child is involved in a conflict as either a victim or a bully. Work collaboratively with school personnel to address the problem. Keep records of incidents so that you can be specific in your discussion with school personnel about your child's experiences at school.
- You may wish to arrange a conference with a teacher, principal or counselor. School personnel may be able to offer some practical advice to help you and your child. They may also be able to intervene directly with each of the participants. School personnel may have observed the conflict firsthand and may be able to corroborate your child's version of the incident, making it harder for the bully or the bully's parents to deny its authenticity.
- While it is often important to talk with the bully or his/her parents, be careful in your approach. Speaking directly to the bully may signal to the bully that your child is a weakling. Speaking with the parents of a bully may not accomplish anything since lack of parental involvement in the child's life is a typical characteristic of parents of bullies. Parents of bullies may also fail to see anything wrong with bullying, equating it to "standing up for oneself."

- Offer support to your child but do not encourage dependence on you. Rescuing your child from challenges or assuming responsibility yourself when things are not going well does not teach your child independence. The more choices a child has to make, the more he or she develops independence, and independence can contribute to self-confidence.
- Do not encourage your child to be aggressive or to strike back. Chances are that it is not his or her nature to do so. Rather, teach your child to be assertive. A bully often is looking for an indication that his/her threats and intimidation are working. Tears or passive acceptance only reinforces the bully's behavior. A child who does not respond as the bully desires is not likely to be chosen as a victim. For example, children can be taught to respond to aggression with humor and assertions rather than acquiescence.
- Be patient. Conflict between children more than likely
 will not be resolved overnight. Be prepared to spend
 time with your child, encouraging your child to
 develop new interests or strengthen existing talents and
 skills that will help develop and improve his/her self
 esteem. Also help your child to develop new or bolster
 existing friendships. Friends often serve as buffers to
 bullying.
- If the problem persists or escalates, you may need to seek an attorney's help or contact local law enforcement officials. Bullying or acts of bullying should not be tolerated in the school or the community. Students should not have to tolerate bullying at school any more than adults would tolerate such situations at work.

Classroom Resources

Both bullies and their victims need help in learning new says to get along in school. Children need to learn about training, using and abusing power and about the differences between negotiating and demanding. They must also learn to consider the needs, behaviors and feelings of others. Curriculum developers and publishers now offer a variety of prevention/intervention materials to eliminate bullying and other forms of personal conflict from school life. Curricula such as those listed below are examples of tools that may be used as *part* of a comprehensive approach to bullying:

- *No Bullying*. This Johnson Institute curriculum, first Implemented during the 1996-97 school year in schools across the country, describes the tell-or-tattle dilemma facing many victims of bullying. Teachers are given step-by-step guidelines on how to teach students the difference between telling and tattling. Teachers are also shown how to establish and use immediate consequences when dealing with bullies.
- Bullyproof: A Teacher's Guide on Teasing and Bullying for Use with Fourth and Fifth Grade Students. This guide

by Lisa Sjostrom and Nan Stein contains 11 sequential lessons designed to help children understand the difference between teasing and bullying and to gain awareness about bullying and harassment through class discussions, role-play and writing, reading and art exercises.

- *Bully-Proofing Your School*. This program, available from Sopris West, uses a comprehensive approach. Key elements include conflict resolution training for all staff members, social skills building for victims, positive leadership skills training for bullies, intervention techniques for those who neither bully nor are bullied and the development of parental supporter
- Quit it! A Teacher's Guide on Teasing and Bullying. This guide by Merle Frosche, Barbara Sprung, and Nancy Mullin-Rindler with Nan Stein contains 10 lesson plans. Each lesson is divided into activities geared to the developmental needs of students in kindergarten through third grade. Class discussions, role plays, creative drawing and writing activities, physical games and exercises and connections to children's literature give children a vocabulary and a conceptual framework that allows them to understand the distinction between teasing and bullying.
- Second Step. The Committee for Children's Second Step curriculum teaches positive social skills to children and families, including skill building in empathy, impulse control, problem solving and anger management. Initial evaluations of Second Step indicate that second and third grade students engaged in more prosocial behavior and decreased physically aggressive behavior after participating in the program.6
- "Bullying." This video and accompanying teacher's guide (produced by South Carolina's Educational Television in collaboration with the Institute for Families in Society at the University of South Carolina) contains five lesson plans that incorporate classroom discussions, role playing and artistic exercises. It is appropriate for older elementary and middle-school students.

In the effort to make schools and communities safer, educators, parents and concerned citizens are encouraged to support school wide programs that address bullying. As part of this school wide effort, adults—including bus drivers, playground supervisors, hall monitors, security officers, cafeteria workers, maintenance personnel, clerical staff, teachers, parent volunteers, counselors and administrators—must present a united front that communicates to all students that bullying will not be tolerated at school.

Innovative Approaches to Bully Prevention

School-based bullying prevention programs across the United States vary a great deal in their target populations, their comprehensiveness and the specific approaches they take. When considering use of a given curriculum or

program to eliminate bullying, request from the publisher evaluation data and names of persons to contact for information about the effectiveness of the program, its procedures and materials.

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Facts for Families Fact sheets are available online at http://www.aacap.org/page.ww?section=Facts+for+Families&name=Facts+for+Families or contact (AACAP, Special Friends of Children Fund, P.O. Box 96106, Washington, D.C. 20090).

CONDUCT DISORDERS



"Conduct disorders" are a complicated group of behavioral and emotional problems in youngsters. Children and adolescents with these disorders have great difficulty following rules and behaving in a socially acceptable way. They are often viewed by other children, adults and social agencies as "bad" or delinquent, rather than mentally ill.

Children or adolescents with conduct problems may exhibit some of the following behaviors:

Aggression to people and animals

- bullies, threatens or intimidates others
- · often initiates physical fights
- has used a weapon that could cause serious physical harm to others (e.g. a bat, brick, broken bottle, knife or gun)
- is physically cruel to people or animals
- steals from a victim while confronting them (e.g. assault)
- · forces someone into sexual activity

Destruction of Property

- deliberately engages in fire setting with the intention to cause damage deliberately
- deliberately destroys other's property

Deceitfulness, lying, or stealing

- · has broken into someone else's building, house, or car
- lies to obtain goods, or favors or to avoid obligations
- steals items without confronting a victim (e.g. shoplifting, but without breaking and entering)

Serious violations of rules

- · often stays out at night despite parental objections
- · runs away from home
- often truant from school

Children who exhibit these behaviors should receive a comprehensive evaluation. Many children with a conduct disorder may have coexisting conditions such as mood disorders, anxiety, PTSD, substance abuse, ADHD, learning problems, or thought disorders which can also be treated. Research shows that youngsters with conduct disorder are likely to have ongoing problems if they and their families do not receive early and comprehensive treatment. Without treatment, many youngsters with conduct disorders are unable to adapt to the demands of adulthood and continue

to have problems with relationships and holding a job. They often break laws or behave in an antisocial manner.

Many factors may contribute to a child developing conduct disorders, including brain damage, child abuse, genetic vulnerability, school failure and traumatic life experiences.

Treatment of children with conduct disorder can be complex and challenging. Treatment can be provided in a variety of different settings depending on the severity of the behaviors. Adding to the challenge of treatment are the child's uncooperative attitude, fear and distrust of adults. In developing a comprehensive treatment plan, a child and adolescent psychiatrist may use information from the child, family, teachers, and other medical specialties to understand the causes of the disorder.

Behavior therapy and psychotherapy are usually necessary to help the child appropriately express and control anger. Special education may be needed for youngsters with learning disabilities. Parents often need expert assistance in devising and carrying out special management and educational programs in the home and at school. Treatment may also include medication in some youngsters, such as those with difficulty paying attention and controlling movement or those with depression.

Treatment is rarely brief since establishing new attitudes and behavior patterns takes time. However, early treatment offers a child a better chance for considerable improvement and hope for a more successful future.

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FACT SHEET: CONDUCT DISORDER



Definition

Conduct Disorder is a persistent pattern of behavior in which a child or adolescent ignores the basic rights of others and breaks major norms or rules of society.

Symptoms

Symptoms may include stealing; running away; lying; fire-setting; truancy; breaking and entering; destruction of property; physical cruelty to animals or people; forcing sexual activity on others; using weapons in fights; frequent physical fights; drug or alcohol abuse; cheating in games and/or at school; manipulating or taking advantage of others; verbally or physically bullying; intimidating or threatening others; frequent outbursts; impairment in social, school or occupational functioning; staying out late at night despite parental prohibition (under age 13); or disobeying rules.

Cause

The cause of conduct disorder is unknown at this time. The following are some of the theories:

- It may be related to the child's temperament and the family's response to that temperament.
- It may be inherited in some families.
- There may be physical causes.
- It may be caused by a chemical imbalance in the brain.

Course

The course of Conduct Disorder is variable. Mild forms tend to improve over time. More severe forms (those that require hospitalization or day hospital treatment) are more likely to be prolonged. Without treatment, the severe forms can lead to illegal or criminal activity and can be

complicated by drug abuse or dependence; school suspension; sexually transmitted diseases; unwanted pregnancy; or high rates of physical injury from accidents, imprisonment, fights and suicidal behaviors. With treatment, reasonable social and work adjustment can be made in adulthood.

Treatment

Treatment of Conduct Disorder often consists of group, individual and/or family therapy and education about the disorder; structure; support; limit-setting; discipline; consistent rules; identification with healthy role models; social skills training; behavior modification; remedial education (when needed); and sometimes residential or day treatment or medicine.

Self-Management

- Attend therapy sessions.
- Use time-outs.
- Identify what increases anxiety.
- Talk about feelings instead of acting on them.
- Find and use ways to calm yourself.
- Frequently remind yourself of your goals.
- Get involved in tasks and activities that direct your energy.
- Learn communication skills.
- Develop a predictable daily schedule of activity.
- Develop ways to get pleasure that do not interfere with the rights of others.
- Learn social skills.
- Establish mutually acceptable limits of behavior and consistently reinforce those limits.

Dealing with Relapse

When symptoms return, you are said to be having a relapse. During a period of good adjustment, the patient, his family and the therapist should make a plan for what steps to take if signs of relapse appear. The plan should include what specific symptoms are important warning signs that immediate steps must be taken to prevent relapse. An agreement should be made to call the therapist at once when those specific symptoms occur, and at the same time to notify friends and other people who can help. Concrete ways to limit stress and stimulation and to provide structure should be planned in advance.

Resources

There are several good books about Conduct Disorder and its treatment:

Russell Barkley. <u>Defiant Children</u>, second edition. Guilford Press, 1997.

Rex Forehand and Nicholas Long. <u>Parenting the Strong-Willed Child</u>. NTC Publishing Group, 1996.

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Harold Koplewicz. <u>It's Nobody's Fault: New Hope and Help for Difficult Children and Their Parents</u>. Random House, 1997.

Carol W Peschel et. al., (editors). Neurobiological Disorders in Children and Adolescents. Jossey-Bass, 1992. The following organizations can provide help, information and support:

American Academy of Child and Adolescent Psychiatry

A professional organization that provides many publications for the layperson. Call 202-966-7300 or reach them online at www.aacap.org

Family Self-Help Group for Parents of Children and Adolescents.

Sponsored by the National Alliance for the Mentally Ill (NAMI). Offers support, information and advice for parents of children with psychiatric disorders. To see if there is a group in your area, call NAMI at 1-800-950-NAMI or reach them online at www.nami.org.

Family Ties.

A self-help group for parents of children with psychiatric or behavior problems. Call your local self-help clearinghouse for information about meetings near you, or call the National Self-Help Clearinghouse at 1-212-817-1822. Not available in all areas.

Toughlove

Provides mutual support for parents whose children are having trouble. A self-help group. You can find their number in your local telephone book, or reach them online at www.toughlove.com

For information or referral, call 1-888-694-5700

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From the United States Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) National Mental Health Information Center http://www.mentalhealth.org/publications/allpubs/CA-0010/default.asp)

Children's Mental Health Facts Children and Adolescents with Conduct Disorder

What is conduct disorder?

Children with conduct disorder repeatedly violate the personal or property rights of others and the basic expectations of society. A diagnosis of conduct disorder is likely when symptoms continue for 6 months or longer. Conduct disorder is known as a "disruptive behavior disorder" because of its impact on children and their families, neighbors, and schools.

Another disruptive behavior disorder, called oppositional defiant disorder, may be a precursor of conduct disorder. A child is diagnosed with oppositional defiant disorder when he or she shows signs of being hostile and defiant for at least 6 months. Oppositional defiant disorder may start as early as the preschool years, while conduct disorder generally appears when children are older. Oppositional defiant disorder and conduct disorder are not co-occurring conditions.

What are the signs of conduct disorder?

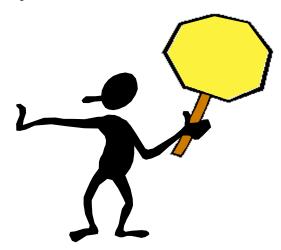
Symptoms of conduct disorder include:

- Aggressive behavior that harms or threatens other people or animals;
- Destructive behavior that damages or destroys property;
- Lying or theft;
- Truancy or other serious violations of rules;
- Early tobacco, alcohol, and substance use and abuse: and
- Precocious sexual activity.

Children with conduct disorder or oppositional defiant disorder also may experience:

- Higher rates of depression, suicidal thoughts, suicide attempts, and suicide;
- Academic difficulties;
- Poor relationships with peers or adults;
- Sexually transmitted diseases;

- Difficulty staying in adoptive, foster, or group homes; and
- Higher rates of injuries, school expulsions, and problems with the law.



Who is at risk for conduct disorder?

Research shows that some cases of conduct disorder begin in early childhood, often by the preschool years. In fact, some infants who are especially "fussy" appear to be at risk for developing conduct disorder. Other factors that may make a child more likely to develop conduct disorder include:

- Early maternal rejection;
- Separation from parents, without an adequate alternative caregiver;
- Early institutionalization;
- Family neglect;
- Abuse or violence;
- Parental mental illness;
- Parental marital discord;
- Large family size;
- · Crowding; and
- Poverty.

How common is conduct disorder?

Conduct disorder affects 1 to 4 percent of 9- to 17-year-olds, depending on exactly how the disorder is defined (U.S. Department of Health and Human Services, 1999). The disorder appears to be more common in boys than in girls and more common in cities than in rural areas.

What help is available for families?

Although conduct disorder is one of the most difficult behavior disorders to treat, young people often benefit from a range of services that include:

- Training for parents on how to handle child or adolescent behavior.
- Family therapy.
- Training in problem solving skills for children or adolescents.
- Community-based services that focus on the young person within the context of family and community influences.

What can parents do?

Some child and adolescent behaviors are hard to change after they have become ingrained. Therefore, the earlier the conduct disorder is identified and treated, the better the chance for success. Most children or adolescents with conduct disorder are probably reacting to events and situations in their lives. Some recent studies have focused on promising ways to prevent conduct disorder among at-risk children and adolescents.

In addition, more research is needed to determine if biology is a factor in conduct disorder. Parents or other caregivers who notice signs of conduct disorder or oppositional defiant disorder in a child or adolescent should:

- Pay careful attention to the signs, try to understand the underlying reasons, and then try to improve the situation.
- If necessary, talk with a mental health or social services professional, such as a teacher, counselor, psychiatrist, or psychologist specializing in childhood and adolescent disorders.
- Get accurate information from libraries, hotlines, or other sources.
- Talk to other families in their communities.
- Find family network organizations.

People who are not satisfied with the mental health services they receive should discuss their concerns with their provider, ask for more information, and/or seek help from other sources.

Important Messages about Children's and Adolescents' Mental Health:

- Every child's mental health is important.
- Many children have mental health problems.
- These problems are real and painful and can be severe.
- Mental health problems can be recognized and treated.
- Caring families and communities working together can help.

For free publications, references, and referrals to local and national resources and organizations, call 1 -800-789-2647 or visit

www.mentalhealth.samhsa.gov/child.

Endnotes

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http://www.rtc.pdx.edu/

CONDUCT DISORDER

DESCRIPTION / SYMPTOMS/ DIAGNOSIS

Conduct disorder is a persistent pattern of conduct in which the basic rights of others and major age-appropriate societal norms or rules are violated. The behaviors must occur over time, not just be isolated antisocial acts. Symptoms begin during childhood or adolescence.

Conduct disorders may be mild, moderate or severe in nature. Mild forms tend to dissipate as a child matures, but more severe forms are often chronic. Conduct disorders appear in many settings, including the home, the school, with peers, and in the community. Children with conduct disorders are often physically aggressive and cruel to other people and animals. They may set fires, steal, mug, or snatch purses. In later adolescence, they may commit more serious crimes such as rape, assault, or armed robbery. These children typically lie and cheat in games and in schoolwork are often truant and may run away from home. Children with conduct disorders often show no concern for the feelings of others and fail to show remorse or guilt for harm they have inflicted.

A child is labeled conduct disordered if he or she meets specific behavioral criteria. These children project an image of toughness, but usually have low self-esteem. They often have other difficulties as well, such as depression, low problem-solving skills, learning disorders, and problems with substance abuse. A large number of these children are also diagnosed as having attention-deficit/hyperactivity disorder.

CAUSATION/INCIDENCE

There are various factors that may predispose children and youth to the development of conduct disorders. Most believe that it is a complex interaction of numerous biological, interpersonal, and environmental factors. Developmental disorders and mental retardation we commonly found in conjunction with conduct disorders. Social stressors often include difficulties in the home, a parental history of alcohol dependence, and economic factors. The disorder can begin before puberty. Childhood onset is more commonly seen in boys and adolescent onset is seen more commonly in girls. Approximately 9 percent of boys and 2 percent of girls under age 18 are thought to have the disorder in the United States, conduct disorders are becoming more common for both sexes and are being seen in younger children. Conduct disorders that are severe enough to result in arrests have been increasing in recent years.

TREATMENT

Just as there are many potential factors which predispose a youngster to the development of conduct disorder, there are also many forms of treatment. Some are directed toward the child (individual therapy, behavioral therapy, training in problem solving), the family (parent management training, family therapy), the peer group (group therapy), and community-based interventions (recreation and youth centers). At present, none of these forms of treatment have had more than limited success. Behavior modification and group counseling

have had limited success during treatment, but there is no evidence that they provide long term benefits. Among the family therapies, only functional family therapy (FFT), an integrative approach based on behavioral techniques presented in a family systems context, has had positive outcomes. A goal of FFT is to improve the communication and support of the family. It also appears that a combination of parent management training (PMT) and problemsolving skills training for children has medium range positive effects on behavior.

ROLE OF FAMILY/IMPACT ON FAMILY

Life with a child who has a serious emotional disorder mats be associated with a number of troubling and conflicting feelings: love, anger, anxiety, grief, guilt, fear, and depression. These feelings are not unusual; most parents find it is helpful to share these feelings with someone else--family, friends, a support group, or some other informal group. Parents need to realize the scope and limitations of their responsibility and learn to take care of themselves as well as their child. Professional help in the form of individual, couples, or family counseling may be helpful in providing emotional support, guidance, and help in the child's recovery.

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Prepared by the Research and Training Center on Family Support and Children's Mental Health. Portland State University. P.O. Box 751, Portland, Oregon 97207-0751; (503) 725 4040. If you wish to reprint this information and share it with others, please acknowledge its preparation by the Research and Training Center.

September 1994

American Academy of Child \mathcal{E} Adolescent Psychiatry

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CHILDREN WITH OPPOSITIONAL DEFIANT DISORDER



All children are oppositional from time to time, particularly when tired, hungry, stressed or upset. They may argue, talk back, disobey, and defy parents, teachers, and other adults. Oppositional behavior is often a normal part of development for two to three year olds and early adolescents. However, openly uncooperative and hostile behavior becomes a serious concern when it is so frequent and consistent that it stands out when compared with other children of the same age and developmental level and when it affects the child's social, family, and academic life.

In children with Oppositional Defiant Disorder (ODD), there is an ongoing pattern of uncooperative, defiant, and hostile behavior toward authority figures that seriously interferes with the youngster's day to day functioning. Symptoms of ODD may include:

- frequent temper tantrums
- excessive arguing with adults
- active defiance and refusal to comply with adult requests and rules
- deliberate attempts to annoy or upset people
- blaming others for his or her mistakes or misbehavior
- often being touchy or easily annoyed by others
- frequent anger and resentment
- mean and hateful talking when upset
- seeking revenge

The symptoms are usually seen in multiple settings, but may be more noticeable at home or at school. Five to fifteen percent of all school-age children have ODD. The causes of ODD are unknown, but many parents report that their child with ODD was more rigid and demanding than the child's siblings from an early age. Biological and environmental factors may have a role.

A child presenting with ODD symptoms should have a comprehensive evaluation. It is important to look for other disorders which may be present; such as, attention-deficit hyperactive disorder (ADHD), learning disabilities, mood disorders (depression, bipolar disorder) and anxiety disorders. It may be difficult to improve the symptoms of ODD without treating the coexisting disorder. Some children with ODD may go on to develop called conduct disorder.

Treatment of ODD may include: Parent Training Programs to help manage the child's behavior, Individual Psychotherapy to develop more effective anger management, Family Psychotherapy to improve communication, Cognitive-Behavioral Therapy to assist problem solving and decrease negativity, and Social Skills Training to increase flexibility and improve frustration tolerance with peers.

A child with ODD can be very difficult for parents. These parents need support and understanding. Parents can help their child with ODD in the following ways:

- Always build on the positives, give the child praise and positive reinforcement when he shows flexibility or cooperation.
- Take a time-out or break if you are about to

- make the conflict with your child worse, not better. This is good modeling for your child. Support your child if he decides to take a time-out to prevent overreacting.
- Pick your battles. Since the child with ODD
 has trouble avoiding power struggles,
 prioritize the things you want your child to do.
 If you give your child a time-out in his room
 for misbehavior, don't add time for arguing.
 Say "your time will start when you go to your
 room."
- Set up reasonable, age appropriate limits with consequences that can be enforced consistently.
- Maintain interests other than your child with

- ODD, so that managing your child doesn't take all your time and energy. Try to work with and obtain support from the other adults (teachers, coaches, and spouse) dealing with your child.
- Manage your own stress with exercise and relaxation. Use respite care as needed.

Many children with ODD will respond to the positive parenting techniques. Parents may ask their pediatrician or family physician to refer them to a child and adolescent psychiatrist, who can diagnose and treat ODD and any coexisting psychiatric condition.

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FACT SHEET: OPPOSITIONAL DEFIANT DISORDER

Definition

Oppositional Defiant Disorder is a persistent pattern (lasting for at least six months) of negativistic, hostile, disobedient, and defiant behavior in a child or adolescent without serious violation of the basic rights of others.

Symptoms

Symptoms of this disorder may include the following behaviors when they occur more often than normal for the age group: losing one's temper; arguing with adults; defying adults or refusing adult requests or rules; deliberately annoying others; blaming others for their own mistakes or misbehavior; being touchy or easily annoyed; being angry and resentful; being spiteful or vindictive; swearing or using obscene language; or having a low opinion of oneself. The person with Oppositional Defiant Disorder is moody and easily frustrated, has a low opinion of him or herself, and may abuse drugs.

Cause

The cause of Oppositional Defiant Disorder is unknown at this time. The following are some of the theories being investigated:

- 1. It may be related to the child's temperament and the family's response to that temperament.
- 2. A predisposition to Oppositional Defiant Disorder is inherited in some families.
- 3. There may be neurological causes.
- 4 It may be caused by a chemical imbalance in the brain.

Course

The course of Oppositional Defiant Disorder is different in different people. It is a disorder of childhood and adolescence that usually begins by age 8, if not earlier. In some children it evolves into a conduct disorder or a mood disorder. Later in life, it can develop into Passive Aggressive Personality Disorder or Antisocial Personality Disorder. With treatment, reasonable social and occupational adjustment can be made in adulthood.

Treatment

Treatment of Oppositional Defiant Disorder usually consists of group, individual and/or family therapy and education, providing a consistent daily schedule, support, limit-setting, discipline, consistent rules, having a healthy

role model to look up to, training in how to get along with others, behavior modification, and sometimes residential or day treatment and/or medication.

Self-Management

To make the fullest possible recovery, the person must:

- 1. Attend therapy sessions.
- 2. Use self time-outs.
- 3. Identify what increases anxiety.
- 4. Talk about feelings instead of acting on them.
- 5. Find and use ways to calm oneself.
- 6. Frequently remind oneself of one's goals.
- 7. Get involved in tasks and physical activities that provide a healthy outlet for one's energy.
- 8. Learn how to talk with others.
- 9. Develop a predictable, consistent, daily schedule of activity.
- 10.Develop ways to obtain pleasure and feel good.
- 11.Learn how to get along with other people.
- 12. Find ways to limit stimulation.
- 13.Learn to admit mistakes in a matter-of-fact way.

Dealing with Relapse

During a period of good adjustment, the patient and his family and the therapist should plan what steps to take if signs of relapse appear. The plan should include what specific symptoms are an important warning of relapse. An agreement should be made to call the therapist immediately when those specific symptoms occur, and at the same time to notify friends and other people who can help. Specific ways to limit stress and stimulation and to make the daily schedule more predictable and consistent should be planned during a stable period.

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Children and Temper Tantrums

THEO LEXMOND BARRY INTERMEDIATE SCHOOL DISTRICT, HASTINGS, MICHIGAN

Background

One of the most unsettling periods in a child's life, and certainly one of the most unnerving periods for parents, is the stage of development often referred to as "the terrible twos." The behavior that makes "the terrible twos' so terrible for many toddlers and their parents is the arrival of temper tantrums. Many children develop some form of temper tantrum behavior during their toddler years. Though two-year-olds seem to be especially prone to temper tantrums, tantrum behavior characteristic of "the terrible twos" may occur in children of any age.

Temper tantrums can include relatively mild behaviors such as pouting, whining, crying, and name calling. They can also include more disruptive behaviors such as screaming, kicking, punching, scratching and biting, and even self-injurious behaviors like head banging and holding one's breath to the point of fainting.

For most young children, the development of tantrums is only a temporary stopping point along the path of learning how to cope with frustration. For others, temper tantrums become a block to further emotional growth and development. The difference between tantrum behavior that is a step toward maturity and tantrum behavior that becomes a block to further growth lies in the way parents and caretakers deal with their youngster's tantrums.

Development

Why do many children display temper tantrums in the course of normal development?

The world is an exciting place for toddlers. Their ability to crawl, and later to walk, allows them to reach and explore any area they can see. Toddlers are constantly getting into things that their parents would prefer they left alone. In addition to their improved ability to move around and explore things, toddlers also grow rapidly in their ability to understand and use words. The growth of their vocabulary allows them to express

their needs and to understand simple commands. The combination of these two factors, increased ability to move around and increased understanding of words, leads to an event that toddlers find very frustrating: the introduction of verbal rule training by their parents.

Verbal rule training is the flood of necessary do's and don'ts that parents shower upon their toddlers in order to protect them from harm and to keep them out of mischief. "Don't touch!" "Don't go in there!" "Don't hit!" "Don't cry!" "Do eat your carrots.' "Do be quiet." "Do put that away." "Do be



good." These are just a few examples of the many commands that toddlers face each day.

Though infants learn to talk instead of gurgling and babbling, they never give up smiling, laughing, frowning or crying as ways of communicating how they feel. Crying or screaming by a two or three-year-old communicates frustration in a way with which the youngster is familiar. The experience of verbal rule training can be very frustrating to toddlers. In response to this frustration toddlers will often revert to screaming and crying to proclaim to the

world that they are "fed-up." An occasional outburst of screaming or crying by a two or three-year-old child is not an uncommon or worrisome occurrence. A child of this age finds it hard to accept brief frustrations and putting these frustrations into words is an equally difficult task.

If a period of tantrum behavior is normal for many children, how do I tell the difference between "normal" tantrums and tantrum behavior that I should be worried about?

The best way to answer this question is to take a close look at your child s tantrum behavior and the behavior of you and your family when tantrums occur. Do any of these things happen in your family?

- Your child has tantrums in many settings, not just at home.
- Your child has tantrums regardless of who in the family is caring for the youngster.
- Your child is having more and more tantrums each day as time goes on.
- Your child's tantrums are becoming more severe as time goes on.
- Your child hurts him or herself or tries to hurt others during tantrums.
- Your child receives extra attention from family members when a tantrum occurs. For example, when your child has a tantrum someone hugs or holds the child, or perhaps someone scolds or lectures the child.
- Members of your family try to stop your child's tantrums by giving the youngster what he or she wants.
- Members of your family avoid taking a tantrumprone child grocery shopping, to church, to visit friends or relatives, out to eat, etc., because they are afraid the child will tantrum in those settings.
- You find it hard to get someone to babysit your tantrum-prone child.

If one or more of the items above describe the experience your family is having, your child may be developing a severe tantrum problem.

A severe tantrum problem is characterized by tantrum behavior that has become goal directed. When children first develop tantrums, they use crying and screaming as a way of expressing frustration. Tantrums start out as a way for children to communicate that they are "fed up" with the limits placed upon them. If children learn, however that having tantrums can gain them extra attention from their family or can allow them to do things they would not otherwise be allowed to do, their tantrums will come to serve a different purpose. No longer will they use tantrums simply as a means of expressing frustration. Instead, such children will use tantrums as a tool for obtaining more attention and getting to do more things. Their tantrums will become goal directed.

Family members and other caretakers cause tantrums to become goal directed, usually without realizing they are doing so. If a child, for example, cries and screams because he desires a toy that is currently out of reach, hugging and rocking the child until he is calm will soothe the youngster for the moment, but will encourage him to cry and scream in the future when something else he wants is out of reach. Even though he/she was not given the toy as a result of his tantrums, he/she received a great deal of special attention. By repeating this pattern over and over again, family members may actually teach a child to have tantrums as a way of obtaining something he or she wants. This is not to say that children should never be soothed when they are upset. The key point to remember is that children should not be allowed to use tantrums as a way of getting special treatment from those around them.

What Can I Do As A Parent?

Whether tantrum behaviors are just beginning to develop in your child, or tantrums have become a long standing problem, there are actions you and members of your family can take to help your child gain control over tantrum behavior.

Some guidelines for dealing with tantrum behaviors when they first begin to develop.

• Rule out the possibility that tantrums are being caused by a factor other than general frustration with verbal rule training. Some factors which may cause or contribute to tantrums include teething, the presence of seizure activity, the side effects of some medications, or a sudden emotional loss such as the death or long absence of a parent. In the vast majority of cases, tantrums are the result of frustration encountered in daily living. If a specific cause, such as one of those mentioned above is suspected, you should have your child evaluated by an appropriate health care professional.

- Do not allow your child to receive extra attention from family members as a result of having a tantrum.
- Do not allow your child to obtain things he or she would not otherwise be allowed to obtain as a result of having a tantrum.
- Do not scold or spank your child for having a tantrum. Scolding or spanking is likely to reinforce tantrum behavior and cause it to get worse.
- Tantrums are not an appropriate way of asking for a desired object. Even if the object is something your child would normally be allowed to have, do not allow the child to obtain it by having a tantrum. Provide the object only when the child is calm and has asked for it in an appropriate fashion, considering the child's age.
- Do not ignore your child when the youngster is being good because you are afraid of "setting the child off" and causing a tantrum to occur. Pay extra attention to your child when he or she is behaving appropriately and is not having a tantrum.

Some guidelines for dealing with tantrum behavior that has become a serious, long standing problem.

- · If tantrum behaviors have become a severe problem for your child, arrange to visit with a child care professional such as a school psychologist or clinical child psychologist. A trained child care professional can help you develop a program that will deal with the specific circumstances of your child's situation. Tantrum behaviors that are deeply entrenched do not vield to "quick fix" solutions. A professional child care worker can help you to develop a comprehensive plan for dealing with severe tantrum behavior and can demonstrate the special skills you will need in order to help your child get tantrums under control. There are effective techniques available for dealing with tantrums that occur at home, in school, in public places such as grocery stores and restaurants, and for dealing with bedtime tantrums as well.
- As mentioned earlier, you should not scold or spank your child for having a tantrum. Scolding or spanking is likely to reinforce tantrum behavior and cause it to get worse.

• Try to pay extra attention to your child when he or she is not having tantrums. By making yourself available when your child is behaving well, you teach your child that special attention can be gained by a means other than having tantrums.

Resources

Living With Children -- by G. R. Patterson. Research Press, Publisher, 1976. Chapter 14 of Patterson's book provides a model of a simple program for dealing with tantrums occurring in the home.

Living With a Brother or Sister With Special Needs: A Book for Sibs -- by D. J. Meyer, P. F. Vadasy and R. R. Fewell. University of Washington Press, Publisher 1985. This resource book, written for children of late elementary school age and older has a section devoted specifically to the questions children have regarding the role they must play in dealing with the behavior problems of a brother or sister.

Tantrum, Jealousy and the Fears of Children -- by L. Barrow, A. H. & A. W. Reed, Publisher 1968. This booklet in Barrow's series on child psychology provides a brief discussion of temper tantrum development in young children and includes descriptions by parents of tantrum problems they have dealt with in their own families.

A Parents' Guide to Temper Tantrums

From the National Mental Health and Education Center

From time to time all young children will whine, complain, resist, cling, argue, hit, shout, run, and defy their and parents and caregivers. Temper tantrums are normal; every parent can expect to witness some temper tantrums in their children from the first year through about age four. However, tantrums can become upsetting because they are embarrassing, challenging, and difficult to manage. At home, there are predictable situations that can be expected to trigger temper tantrums in individual children. These may include bedtime, suppertime, getting up, getting dressed, bath time, watching TV, parent on the phone, visitors at the house, family visiting another house, car rides, public places, family activities involving siblings, interactions with peers, and playtime. On average, temper tantrums are equally common in boys and girls, and over half of young children will have one or more per week.

Temper tantrums can become special problems if they occur with greater frequency, intensity, and duration than are typical for children of that child's age. This article will help parents and caregivers understand "normal" tantrum behavior, how to best intervene, and how to determine when a child''s tantrums may signal more serious problems.

Typical Development of Tantrum Behavior

At about age 18 months, some children will start throwing temper tantrums. These outbursts can last until approximately four years of age. Some call this stage the "terrible two's" and others call it "first adolescence," because the struggle for independence is reminiscent of adolescence. There is a normal developmental course for temper tantrums:

• 18 months through 2 years of age. Children during this stage will "test the limits." They want to see how far they can go before a parent or caretaker stops their behavior. At age 2, children are very egocentric; they cannot see another person"s point of view. They want independence and self-control to explore their environment. When the child cannot reach a goal, he shows his frustration by crying, arguing, yelling, or hitting. When the child's need for independence collides with the adult's need for safety, conformity, or getting on with the task at hand, the conditions are perfect for a power struggle and a temper tantrum. The child's goal, of course, is to get the parent to give in or get out of the way.

What is most upsetting to caregivers is that it is virtually impossible to reason with a child who is having a temper tantrum. Thus, arguing and cajoling in response to a temper tantrum only escalates the problem.

- 3- and 4-year-olds. By the time they reach age three to four, many children are less impulsive and they can use language to express their needs. Tantrums at this age are often less frequent and less severe. Nevertheless, some preschoolers have learned that a temper tantrum is a good way to get what they want.
- 4-year-olds. By age four, most children will have completed, and most caregivers will have survived, the tantrum phase. By this age, children have attained the necessary motor and physical skills to meet many of their own needs without relying so much on adults. Their growing language skills allow them to express their anger and to problemsolve and compromise. Despite these improved skills, kindergarten and primary school-age children can still have temper tantrums when faced with demanding academic tasks or new interpersonal situations in school or at home.

An Ounce of Prevention

It is much easier to prevent temper tantrums than it is to manage them once they have erupted. Here are some tips for preventing temper tantrums:

- Notice and reward your child's positive behavior rather than negative behavior. During situations when they are prone to temper tantrums, "catch 'em being good." For example, say, "Nice job sharing with your friend."
- Don't ask your child to do something when they
 must do what you ask. Don't say, "Would you like
 to eat now?" at dinner time; just announce, "It's
 supportime now."
- Give the child control over little things whenever possible by giving them choices. A little bit of power now can stave off the big power struggles later. "Which do you want to do first--brush your teeth or put on your pajamas?"
- Keep off-limit objects out of sight and therefore out of mind. During an art activity, keep the scissors out of reach if children are not ready to use them safely.
- **Distract the child by redirecting** her to another activity when she starts to tantrum over something

- she should not do or cannot have. "Let's read a book together."
- Change environments, thus removing the child from the source of the temper tantrum. "Let's go for a walk."
- Choose your battles. Teach your child how to make a request without a temper tantrum and then honor his request. "Try asking for that toy nicely and I''ll get it for you."
- Make sure that your child is well rested and fed
 when approaching situations where she is likely to
 have a temper tantrum. "Supper is almost ready;
 here's a cracker for now."
- Avoid boredom. "You have been working on that puzzle for a long time. Let's take a break and do something else."
- *Create a safe environment* that children can explore without getting into trouble. Child-proof your home so toddlers can explore safely.
- Increase your tolerance level. Remember that parenting is a full-time job. Are you available to meet this child's reasonable needs? Evaluate how many times you say, "No" to this child. Avoid conflicts over minor things.
- Establish routines and traditions. These add structure and predictability to your child's life. Start dinner with opportunity for sharing the day's experiences; start bedtime with a story
- Signal the child before you reach the end of an activity so that he can get prepared for the transition. "When the timer goes off in five minutes, it will be time to turn off the TV and get ready for bed."
- Explain to your child beforehand what to expect when visiting new places or unfamiliar people, "There will be lots of people at the zoo. Be sure to hold onto my hand."
- Provide learning, behavioral, and social activities
 that are the child's developmental level so that they
 do not become either frustrated or easily bored.
 Children should be ready for new experiences so
 that they find challenge without undue difficulty.
- *Keep a sense of humor* to divert the child''s attention and surprise them out of the tantrum. Humor and perspective can to much for your own sanity as well.
- Help children to develop an awareness of early signs of a temper tantrum. For example, say, "I see you are rocking in your chair now; what are you thinking?" With practice the child could learn to signal you when he notices that he is beginning to have a temper tantrum. Then help him with some of the above prevention strategies.
- Teach your child some personal relaxation strategies such a deep breathing, stretching, or

- visual imagery—imagining pleasant places, activities, etc that help her feel calm and safe. Help her learn to use relaxation when she feel frustrated and on the brink of a meltdown.
- Teach children to express anger constructively. Model how *you* calm yourself down. For example, take your child for a walk with you when you get upset about something, and explain how the walk makes you feel better. Teach your child to avoid power struggles by reminding him that you will listen to his problem only when he has calmed down. Help your child develop a feeling vocabulary by labeling the feelings she is demonstrating. For example, say, "You look confused, let me see if I can help." You and the child could come up with a variety of creative ways to deal with anger and draw pictures to illustrate these ideas. Some ways of avoiding anger might include playing with a favorite toy, drawing in a coloring book, listening to music, etc.

Defusing a Tantrum in Progress

If prevention fails, there are a number of ways to handle a temper tantrum in progress:

- Remain calm and don't argue with your child.
 Before you manage the child you must manage your
 own behavior. Spanking or yelling at the child will
 make the tantrum worse.
- Think before you act. Count to ten and then think about what is the source of the child's frustration, what is this child's characteristic response to stress (i.e., hyperactivity, distractibility, moodiness etc.) and what are the predictable steps that will likely escalate the tantrum.
- Next, try to intervene before the child is out of control. Get down at the child's eye level and say, "You are starting to get revved up, slow down."
 Now you have several choices of intervention.
- "Positively distract" the child by getting him/her focused on something else that is an acceptable activity. For example, you might remove the unsafe item and replace it with an age-appropriate toy.
- Place the child in "time away." Time away is a quiet place where the child goes to "calm down," "think" about what she needs to do, and with your help "make a plan" to change her behavior.
- *Ignore the tantrum* if they are throwing the tantrum to get your attention. Once they calm down, give them the attention they desire.
- Hold the child who is out of control and is going to hurt himself or someone else. Let him know that you will let him go as soon as he calms down. Reassure the child that everything will be all right and help them calm down. Parents may need to hug their child who is crying, and tell him they will

always love them no matter what, but that the behavior has to change. This reassurance can be comforting for a child who may be afraid because he lost control.

• Use "time out."

If the child has escalated the tantrum to the point where you are not able to intervene effectively, then you may need to direct the child to "time-out:" If you are in a public place, carry your child outside or to the car. Tell the child that you will go home unless they calm down. If he refuses to comply, then place him in time-out for no more than one minute for each year of age. At home, the time out area can be any room or area free from toys and other desirable objects or activities; at the shopping mall, the back seat of the car can serve as a "quiet down" area. (If your child is already familiar with the concept of "time out" at home, it is easier to improvise a time out area elsewhere.)

• Never give in to a tantrum, under any circumstances. That response will only escalate the intensity and frequency of temper tantrums.

After the Tantrum Stops......

- Do not reward the child once she has calmed down after a tantrum. Some children will learn that a temper tantrum is a good
 - learn that a temper tantrum is a good way to get a treat later.
- Talk with your child after she calms down. Once the child stops crying or screaming, talk with her about her frustration. Try to solve the problem if possible. Explain to the child that there are better ways to get what he or she wants. For the future, teach your child new skills to help avoid temper tantrums, such as how to ask appropriately for help; how to signal a parent or teacher that he needs to go to "time away" so he can "Stop, Think, and Make a Plan"; how to try a more successful way of interacting with a friend or sibling; how to express his feelings with words and recognize the feelings of others without hitting and screaming.
- Never let the temper tantrum interfere with your otherwise positive relationship with the child

When Tantrums Signal More Serious Problems

Despite parents' diligent efforts to prevent and defuse tantrums, for some children these outbursts may increase in frequency, intensity, or duration. Particularly if the child is self-injurious, hurtful to others, depressed, exhibits low self-esteem, or is overly dependent on a parent or teacher for support, it's time to consult your health care provider. Your pediatrician or family physician can check for hearing or vision problems or illness, or refer you to a specialist to rule out a behavioral or developmental disorder. Most communities have professionals who specialize in severe behavior problems in young children. For help connecting with an appropriate provider, consult your child's pediatrician, local school psychologist or preschool teacher.

Tantrums may indeed be a normal part of childhood, but their impact on family life can be minimized by some planning, modeling problem solving skills, consistent discipline strategies, and patience. Usually this stormy period will blow over as your child becomes more secure, confident and capable——in other words, as your child grows up!

Resources

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Provided by the National Association of School Psychologists, this article is adapted from a handout written by Robert G. Harrington, PhD. Dr. Harrington has been a Professor in the Department of Psychology and Research in Education at the University of Kansas for 23 years. He has trained teachers and parents across the U.S. in the social skills development of their young children. This handout will appear in the second edition of Helping Children at Home and School: Handouts for Parents and Educators, to be published in 2004 by the National Association of School Psychologists. © NITV, 2003.



B. MORE RESOURCES FROM OUR CENTER

- CENTER QUICK FINDS
 - Bullying
 - Classroom Management
 - Conduct Disorders & Behavior Problems
 - Discipline Codes & Policies
- PRACTICE NOTES:
 - Bullying: A Major Barrier to Student Learning
- QUICK TRAINING AID
 - Behavior Problems at School

Quick Find On-line Clearinghouse

TOPIC: Bullying -- http://smhp.psych.ucla.edu/qf/bully.htm

TOPIC: Classroom Management -- http://smhp.psych.ucla.edu/qf/clssroom.htm

TOPIC: Behavior Problems/Conduct Disorders -- http://smhp.psych.ucla.edu/qf/p3022_01.htm

TOPIC: Discipline Codes and Policies -- http://smhp.psych.ucla.edu/qf/discip.htm



Bullying: a major barrier to student learning

Estimates indicate that as many as 8 percent of urban junior and senior high school students miss one day of school each month because they are afraid to attend.

School staff are painfully aware that bullying is by far the biggest violence problem on many school campuses in many countries. Bullying is repeated harassment, abuse, oppression, or intimidation of another individual physically or psychologically. It can take the form of teasing, threatening, taunting, rejecting (socially isolating someone), hitting, stealing, and so forth. A bully is someone who engages in such acts fairly often. Bullies often claim they were provoked and appear to lack empathy for their victims.

Best estimates are that approximately 15% of students either bully or are bullied regularly. Direct physical bullying is reported as decreasing with age (peaking in the middle school). Verbal abuse seems not to abate. While more boys than girls are bullies, the problem is far from limited to males. Girls tend to use less direct strategies (e.g., spreading malicious rumors and shunning). Bullies may act alone or in groups.

As with other forms of violence, the conditions at school can minimize or worsen bullying. To reduce violence and promote well-being, schools must create caring, supportive, and safe environments and generate a sense of community.

Why Kids Bully and How Bullies Differ

Many underlying factors can lead to acting out or externalizing behavior. Those who bully tend to come from homes where problems are handled by physical punishment and physically striking out. This is frequently paired with caretaking that lacks warmth and empathy.

From a motivational perspective, the roots are in experiences that threaten one's feelings of competence, self-determination, or relatedness to others or that directly produce negative feelings about such matters.

What causes acting out behavior to take the form of bullying is unclear. Initially, bullying behavior may be "modeled" and/or encouraged by significant others (e.g., imitating family members or peers).

Over time, it is likely that bullying develops because a youngster (1) finds the aggression enhances feelings of competence, self-determination, or connection with valued others and (2) perceives the costs of bullying as less than the "benefits." Some bullies seem to use the behavior mostly as a reactive defense; others seem to find so much satisfaction in the behavior that it becomes a proactive way of life.

Unfortunately, much of the current literature on interventions to address bullying focuses on the behavior, per se. Too little attention is paid to underlying causes. Relatedly, there is little discussion of different types of bullying. And, solutions are often narrow programs (usually emphasizing only skill development), rather than comprehensive approaches to prevention and intervention.

When different types of bullying are considered, it helps interveners to differentiate how best to approach the problem. In particular, understanding the causes of the behavior helps place discussion of social/prosocial skills in proper context. Such understanding underscores that in many cases the problem is not one of undeveloped skills, and thus, the solution in such instances is not simply skill training. Indeed, the central task confronting the intervener often is to address motivational considerations. This encompasses the underlying motivation for not using already developed skills and/or finding ways to enhance motivation for acquiring and practicing under-developed skills.

For example, a great deal of bullying at school is done by groups "ganging up" on students who are "different." Many of those doing the bullying wouldn't engage in this activity on their own, and most probably know and can demonstrate appropriate social skills in other situations.

In this example, the cause of the problem indicates the focus of intervention should be on the subgroup and school culture, rather than specific individuals. Currently, this includes human relations programs (including strategies to enhance motivation to resist inappropriate peer pressure) and environment-oriented approaches (e.g., intended to create a sense of community and caring culture in schools). Such interventions require broad-based leadership on the part of staff and students. The essence of the work is to maximize inclusion of all students in the social support fabric of the school and, in the process, to minimize scapegoating and alienation.

Other students may bully in an attempt to feel a degree of mastery and control over situations in which their sense of competence is threatened by daily academic failure. These students often are expressing frustration and anger at the broader system by targeting someone more vulnerable than themselves. It is not uncommon for such students to have requisite social skills, but to manifest them only in the absence of threats to their sense of well-being. Here, too, an understanding of cause can help interveners address the source of frustration.

In the American Educational Research Journal (2004), Watts and Erevelles stress that "most pragmatic responses to school violence seek to assign individual blame and to instill individual responsibility in students." From the perspective of the intersection of critical race theory and materialistic disability studies, they argue that "school violence is the result of the structural violence of oppressive social conditions that force students (especially low-income, male African American and Latino students) to feel vulnerable, angry, and resistant to the normative expectations of prison-like school environments."

Some students do lack social awareness and skills and end up bullying others because they lack the ability to establish positive peer relationships. Their problem often is compounded by the frustration and anger of not knowing alternatives. In such cases, probably any contemporary synthesis of social skills and any rigorous theory of moral development provide important insights and relevant frameworks to guide intervention.

A few other youngsters fall into a more proactive category of bullying. These are students whose behavior is not motivated by peer pressure, and they are not reacting to threats to their feelings of competence, self-determination, or connection to others. They are unmoved by efforts to create a caring community. Instead, they proactively, persistently, and chronically seek ways to intimidate others, apparently motivated by the "pleasure" they derive from their actions.

In the Forward to the fourth (2001) edition of Indicators of School Crime and Safety http://www.ojp.usdoj.gov/bjs/pub/pdf/iscs01.pdf Gary Phillips (Acting Commissioner of Education Statistics) & Lawrence Greenfeld (Acting Director of the Bureau of Justice Statistics) state:

The safety of our students, teachers, and staff at school continues to be the focus of considerable national attention. National indicators affirm that the levels of crime in school have continued to decline, that acts that promote fear and detract from learning are decreasing,

and that students feel more safe in school than they did a few years ago. Despite declining rates, students ages 12 through 18 were victims of about 2.5 million crimes of violence or theft at school in 1999. Violence, theft, bullying, drugs, and firearms still remain problems in many schools throughout the country and periodically the news headlines relate the details of a tragic event in a school somewhere in America.

As the report stresses, the goal remains one of ensuring that schools are safe and secure places for all students, teachers, and staff members. "Without a safe learning environment, teachers cannot teach and students cannot learn."

By now it should be evident that bullying is a complex and multi-determined phenomenon. As such, comprehensive, multifaceted, and integrated approaches are needed to address the problem. These can be built on the resources of the family, teachers and other school staff, and community support networks. The process involves enhancing a caring and socially supportive climate throughout the school and in every classroom, as well as providing assistance to individual students and families.

As bullying becomes a hot political topic, there is a risk that bullying intervention will be another project-of-the-year for schools. If project thinking prevails, another golden opportunity to improve student support systems will be lost.

For those concerned with moving in new directions for student support, it is essential to resist "project mentality." Projects exacerbate the marginalization, fragmentation, counterproductive competition, and overspecialization that characterizes the student support enterprise.

Rather than pursuing one more discrete intervention, it is essential to use each initiative to catalyze and leverage systemic change. The aim should be to take another step toward transforming how schools go about ensuring that all students have an equal opportunity to succeed at school. This means proceeding in ways that establish a comprehensive, multifaceted, and cohesive approach so each school can address barriers to student learning effectively.

At this point, however, the first concern is staff development to enhance understanding of bullying.

See the specially developed Center Quick Training Aid entitled:

Bullying Prevention

http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/bull yingprevention.pdf





Behavior Problems at School

Periodically, windows of opportunities arise for providing inservice at schools about mental health and psychosocial concerns. When such opportunities appear, it may be helpful to access one or more of our Center's *Quick Training Aids*.

Each of these offers a brief set of resources to guide those providing an inservice session. (They also are a form of quick self-tutorial.)

Most encompass

- key talking points for a short training session
- a brief overview of the topic
- · facts sheets
- tools
- a sampling of other related information and resources

In compiling resource material, the Center tries to identify those that represent "best practice" standards. If you know of better material, please <u>let us know</u> so that we can make improvements.

Guide for Suggested Talking Points

I. Brief Overview

A. Present main points from:

<u>Behavior Problems: What's a School to Do?</u>

- Excerpted from *Addressing Barriers to Learning* Newlsetter.

- 1. Refer to the outline entitled *Intervention Focus in Dealing with Misbehavior* for a concise description of strategies for managing misbehavior before, during and after its occurrence.
- 2. Utilize the *Logical Consequences* section to discuss the nature and rationale for implementing consequences, as well as a review of appropriate guidelines for using discipline in the classroom.
- B. <u>Labeling Troubled and Troubling Youth: The Name Game</u> Excerpted from *Addressing Barriers to Learning* Newlsetter, Vol. 1(3), Summer 1996.

 Refer to this document to provide a theoretical framework for understanding, identifying and diagnosing various behavioral, emotional and learning problems. This framework accounts for both individual and environmental contributions to problem behavior.

II. Fact Sheets

- A. The Broad Continuum of Conduct and Behavioral Problems Excerpted from *The Classification of Child and Adolescent Mental Diagnoses in Primary Care*, American Academy of Pediatrics (1996). Excerpted from a Center Guidebook entitled: Common Psychosocial Problems of School Aged Youth, pp. III B-5 (1999) and a Center Introductory Packet entitled: conduct and Behavior Problems: Intervention and Resources for School Aged Youth (1999).
 - 1. This document serves as an additional resource for understanding and identifying variations in the nature and severity of behavior problems.
 - 2. This document should be referenced for additional information on variations in the manifestation of specific problem behaviors at different stages of development (infancy through adolescence).
- B. <u>Conduct Disorder in Children and Adolescents</u> Center for Mental Health Services Fact Sheet (http://mentalhealth.samhsa.gov/publications/allpubs/CA-0010/default.asp).
 - 1. Note the section titled *What Are the Signs of Conduct Disorder*, which lists the symptoms of Conduct Disorder. These signal more severe problems that must be addressed.
 - 2. Because families may look to teachers or school counselors for help and/or referrals for their child, it is important to know what resources exist. The section *What Help Is Available for Families?* may be helpful in generating ideas about referral interventions.
- C. Fact Sheet: Oppositional Defiant Disorder Excerpted from a Center Introductory Packet entitled: Conduct and Behavior Problems in School Aged Youth, pp. 113 (1999). As adapted from an Ask NOAH About: Mental Health Fact Sheet: Oppositional Defiant Disorder, The New York Hospital / Cornell Medical Center. (http://www.noah-health.org/english/illness/mentalhealth/cornell/conditions/odd.html).
 - 1. Note the section titled *Symptoms*, which covers symptoms of Oppositional Defiant Disorder.
 - 2. Ideas for interventions might be found in the section titled *Treatment*, and families can be encouraged to use the principles listed under *Self-Management*.
- D. Children and Adolescents with Attention-Deficit / Hyperactivity Disorder Center for Mental Health Services Fact Sheet
 (http://mentalhealth.samhsa.gov/publications/allpubs/CA-0008/default.asp).

- 1. Note the section titled *What Are the Signs of Attention-Deficit/Hyperactivity Disorder*, which lists the symptoms of ADHD.
- 2. Again, the section *What Help Is Available for Families?* may be helpful in generating ideas about referral interventions.

III. Tools/Handouts

- A. What is a Behavioral Initiative? Excerpted from a Technical Assistance Sampler entitled: *Behavioral Initiatives in Broad Perspective*, Center for Mental Health in Schools (1998).
 - A brief overview of what a "behavioral initiative" is and why taking a proactive approach to behavior management is necessary under the reauthorization of the Individuals with Disabilities Education Act (IDEA).
- B. <u>School-Wide Behavioral Management Systems</u> Excerpted from an ERIC Digest by Mary K. Fitzsimmons.
 - 1. Note that one of the main points of the article is that effective behavioral management requires a system that will "provide opportunities for all children to learn self-discipline." Thus, the focus is not on discipline strategies.
 - 2. Reinforce the points made by Tim Lewis of the University of Missouri (at the bottom of page 1). Objectives need to be realistic, need-based, and accompanied by multiple levels of support.
 - 3. The section titled *Common Features of School-Wide Behavioral Management Systems* can be used to generate discussion about encouraging commitment to a school-wide program incorporating a code of conduct and social/emotional skills instruction.
- C. Student's Perspectives / Addressing Underlying Motivation to Change - Excerpted from a Guidebook entitled: What Schools Can Do to Welcome and Meet the Needs of All Students, Unit VI, pp 16-17 and Unit VII, pp. 23-28. Center for Mental Health in Schools (1997).
 - 1. This resource addresses the question "why?" in the discussion of students' problem behaviors. It also provides a list of assessment questions to guide understanding of the problem when it occurs.
 - 2. An assessment tool is provided as a guide in the assessment of problems from the student's point of view. This tool comes in one form for young children, and another form for all other children and youth.

IV. Model Programs

- entitled: A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning, Center for Mental Health in Schools.
- B. <u>Violence Prevention and School Safety</u> Excerpted from a Technical Assistance Sampler entitled: *A Sampling of Outcome Findings from Interventions Relevant to Addressing Barriers to Learning*, Center for Mental Health in Schools.
- C. Excerpts from: <u>Building on the Best, Learning What Works: A Few Promising Discipline</u> and <u>Violence Prevention Programs</u> Excerpted from American Federation of Teachers (2000). (http://www.aft.org/pubs-reports/downloads/teachers/wwdiscipline.pdf)

V. Additional Resources

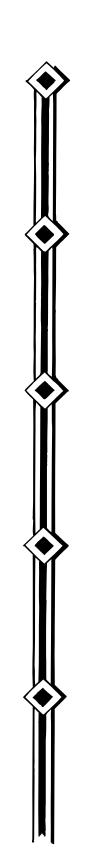
- o QuickFinds related to Behavior Problems at School:
 - Anger Management
 - Bullying
 - Classroom Management
 - Conduct Disorders & Behavior Problems
 - Oppositional Defiant Disorder
 - Safe Schools and Violence Prevention

VI. Originals for Overheads

The following can be copied to overhead transparencies to assist in presenting this material.

- A. Behavior Problems: What's a School to Do?
- B. <u>Labeling Troubled and Troubling Youth: The Name Game</u>
- C. Addressing the Full Range of Problems
- D. <u>Interconnected Systems for Meeting the Needs of All Students</u>

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V. A Quick Overview of Some Basic Resources

- A. A Few References and Other Sources of Information
- B. Agencies Online
 Relevant to Conduct and Behavior Problems





A. A Few References and Other Sources for Information*

- >Duncombe, M.E., Havighurst, S.S., Holland, K.A. & Frankling, E.J. (2012). The contribution of parenting practices and parent emotion factors in children at risk for disruptive behavior disorders. *Child Psychiatry and Human Development*, 43, 715–733
- >Fergusson, D.M., Boden, J.M., Horwood, L.J. (2010). Classification of behavior disorders in adolescence: scaling methods, predictive validity, and gender differences. *Journal of Abnormal Psychology*, *119*, 699–712.
- >Frick, P.J. (2012). Developmental pathways to conduct disorder: Implications for future directions in research, assessment, and treatment. *Journal of Clinical Child & Adolescent Psychology*, 4, 379–389.
- >Frick, P.J., & Nigg, J.T. (2012). Current issues in the diagnosis of attention deficit hyperactivity disorder, oppositional defiant disorder, and conduct disorder. *Annual Review of Clinical Psychology*, 8, 77–107.
- >Garland, A.F., Brookman-Frazee, L., Hurlburt, M.S., Accurso, E.C., Zoffness, R.J., Haine-Schlagel, R. &
- >Ganger, W. (2010). Mental health care for children with disruptive behavior problems: A view inside therapists' offices. *Psychiatric Services*, *61*, 788–795.
- >Havighurst, S.S., Wilson, K.R., Harley, A.E., Kehoe, C., Efron, D., & Prior, M. R. (2013). "Tuning in to Kids": Reducing young children's behavior problems using an emotion coaching parenting program. *Child Psychiatry and Human Development, 44*, 247–265.
- >Henggeler, S.W. & Sheidow, A.J. (2012). Empirically supported family-based treatments for conduct disorder and delinquency in adolescents. *Journal of Marital and Family Therapy*, 38, 30–58
- >Hogue, A., & Dauber, S. (2013). Assessing fidelity to evidence-based practices in usual care: The example of family therapy for adolescent behavior problems. *Evaluation and Program Planning*, *37*, 21–30.
- >Hogue, A., Dauber, S. & Henderson, C. E. (2012). Therapist self-report of evidence-based practices in usual care for adolescent behavior problems: Factor and construct validity. *Administration and Policy in Mental Health and Mental Health Services Research*, *41*, 126–139.
- >Khan, S., Haynes, L., Armstrong, A., & Rohner, R.P. (2010). Perceived teacher acceptance, parental acceptance, academic achievement, and school conduct of middle school students in the Mississippi Delta Region of the United States [Special issue]. *Cross-Cultural Research*, 44, 283-294
- >Kazdin, A.E. (2010). Problem-solving skills training and parent management training for oppositional defiant disorder and conduct disorder. In J. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (2nd ed.). NY: Guilford.
- >Lansford, J.E., Criss, M.M., Laird, R.D., Shaw, D.S., Pettit, G.S., Bates, J.E., et al. (2011). Reciprocal relations between parents' physical discipline and children's externalizing behavior during middle childhood and adolescence. *Development and Psychopathology*, *23*, 225–238.

- >Lanza, H.I., & Drabick, D.A.G. (2011). Family routine moderates the relation between child impulsivity and Oppositional Defiant Disorder symptoms. *Journal of Abnormal Child Psychology*, 39, 83–94.
- >Pardini, D.A., Frick, P.J., & Moffitt, T.E. (2010). Building an evidence base for DSM-5 conceptualizations of oppositional defiant disorder and conduct disorder: introduction to the special section. *Journal of Abnormal Psychology*, 119, 683–688.
- >Shaw, D.S. (2013). Future directions for research on the development and prevention of early conduct problems. *Journal of Clinical Child and Adolescent Psychology*, 42, 418–428.
- >Tolan, P. & Leventhal, B. (Eds.) (2013). *Disruptive behavior disorders*. New York: Springer.
- >Wang, M.T., Brinkworth, M., & Eccles, J.S. (2013). Moderating effects of teacher-student relationship in adolescent trajectories of emotional and behavioral adjustment. *Developmental Psychology*, 49, 690–705
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- >Weisz, J.R., Chorpita, B.F., Palinkas, L.A., Schoenwald, S.K., Miranda, J., Bearman, S.K. ... the Research Network on Youth Mental Health (2012). Testing standard and modular designs for psychotherapy treating depression, anxiety, and conduct problems in youth: A randomized effectiveness trial. *Archives of General Psychiatry*, 69, 274–282.
- *Also see references in previous excerpted articles

A Few Abstracts

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



B. Agencies and Online Resources Related to Conduct and Behavior Problems

American Academy of Child & Adolescent Psychiatry (AACAP) -- www.aacap.org

Center for the Study and Prevention of Violence (CSPV) --www.colorado.edu/cspv/

The Council for Children with Behavioral Disorders (CCBD) -- www.ccbd.net

The Council for Exceptional Children (CEC) -- www.cec.sped.org/

Educational Resources Information Center -- www.eric.ed.gov

Institute on Violence and Destructive Behavior -- www.uoregon.edu/~ivdb

Mental Health Matters -- www.mental-health-matters.com

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

National Mental Health Association (NMHA) -- www.nmha.org

National School Safety Center (NSSC) -- www.nssc1.org

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

Office of Safe and Healthy Students, U.S. Dept. of Education -- www2.ed.gov/about/offices/list/oese/oshs/index.html

Oppositional Defiant Disorder Support Group -- www.conductdisorders.com/

Oppositional Defiant Disorder (ODD) -- http://www.klis.com/chandler/pamphlet/oddcd/oddcdpamphlet.htm

Social Development Research Group -- http://www.sdrg.org/

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

VI. Keeping Conduct and Behavior Problems in Broad Perspective



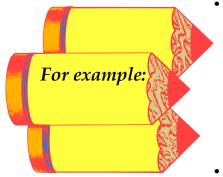
Affect and related problems are often key factors interfering with school learning and

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

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

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

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



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

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