BEHAVIOURAL DISORDERS: THEORY INTO PRACTICE
A REFLECTIVE JOURNEY OF A B.E.S.T. TEACHER

SHERRY AGASOSTER-JONES

B.Ed., University of Calgary, 1982

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Dedication

I dedicate this work to the members of my family: my mom and dad, my sister, Sonja, my

children, Kari, Keith and Kevin and most of all, Jerry.

Thank you for your belief in my education.

Abstract

Children with behavioural difficulties have been an ever-present factor in schools. In the fall of 2001, Foothills School Division in rural Alberta recognized a need for increased programming for students with these behavioural difficulties. A third elementary program that was inclusionary in nature began. This project reflected on the implementation of a behavioural program. Field notes and teacher journaling formed the basis for the analysis and interpretation of the program. The teacher as a participant observer allowed for a unique perspective that reflected but also guided the dynamic, interactive elements of this program. The reflective study concluded that inclusion must be looked at individually; direct one-to-one instruction in reading, appropriate social skills training and opportunities for transference, and parental and agency support was an appropriate way to support students with behavioural disorders in schools. The research also concluded that the process of change for these children is slow and that the earlier the intervention begins, the greater the potential for success. The study supported earlier research done that said it must always be recognized that each child is an individual and that not one way will work for all.

Preface

Like everyone, I have been visited by loss from time to time. Yet the hand that lays itself heavily upon my shoulder each time is unfamiliar, a stranger's, and a surprise. And I ask myself is it so because I cannot endure another test of my faith? For what is faith…but manifestation of our greatest desire.

<div align="right">(Shea, 2001 p.208)</div>

Acknowledgement

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Chapter I: Pre-Journey Musings

In the spring of 2000, recognizing the need for support to make inclusion successful, Foothills School Division, a rural school division in Southern Alberta, was expanding its behaviour support programming for elementary aged children. Our school had been asked to accommodate the program. The principal of my school asked me if I would consider a teaching assignment that would have me working with children with behavioural disorders. Although I had majored in Special Education in my undergraduate years and began my teaching in a general learning difficulties segregated classroom, I had not worked in a special education capacity for many years. For the past twelve years, I had worked with grade one and two children in an inclusionary school.

However, during the past four years I worked with students with severe behavioural disorders in my general classroom with little or no support. I had found it a frustrating experience because there never seemed to be enough time to balance the needs of all the children in the class. The time I could spare to talk with a child with behavioural disorders never seemed enough, and yet it seemed to take away too much time from the rest of the class. Students often became restless and off task when I had to spend an extended period solving behavioural difficulties. In addition, safety often became an issue as outbursts could escalate into potential loud and violent behaviours towards the individual, the other students, and me.

I had always believed that if I could just have more time to work with these children, I could make a difference. With my principal's request, I had an opportunity to see if this was true. Could I leave the security of my general classroom to "put my money where my mouth was"? I decided to rise to the challenge and accept the opportunity. In order to set up this program, I had to combine divisional expectations, teachers'

teachers' needs, and students' needs with my own philosophy to create a program. Certain school divisional expectations needed to be considered. The school division advocated an inclusionary program called the Behaviour Education Support Team (B.E.S.T) to support students with behavioural disorders. The school division also made available specific supports to the program:

1.   Behaviour Educational Support Teacher: The teacher specialist who provided educational and behavioural support to the classroom teacher and the behaviourally disordered student.

2.   Family/School Liaison Counselor: A social worker that worked within the school to provide counseling and to link families to appropriate support services in the community.

3.   Youth Development Worker: A para-professional staff member with a two-year certificate in child and youth care who provided behavioural and educational support to students.

4.   Alberta Mental Health Consultant: a pediatric/psychiatric nurse, who helped to assess and diagnosis children through observation. She also provided the school and families with materials, strategies, and community services to support programming.

These people, along with the inclusionary teacher, were expected to co-ordinate their services and provide appropriate programming and supports to children with behavioural disorders, and their families.

After examining the supports provided for by the school division, my next step was to ask the school staff what kind of support they wanted. The outcome of our discussions was that teachers wanted a program that would let them spend more time on teaching and less time resolving conflict. They wanted to be able to work with as many

students as possible. The teachers in my school strongly indicated that they wanted to have "back-up" to deal with unacceptable classroom behaviour such as defiance, refusal to work, and verbal and physical abuse. This confirmed Rose's (1994) finding that said that teachers "welcome the support of human resources personnel" to assist when integrating students with behavioural disorders." (p. 68)

Having been a classroom teacher for twelve years, I had grown to have very strong feelings about how support teachers should work with classroom teachers. I felt that it should be a balance of what the inclusionary teacher needs in the general classroom in order to facilitate effective learning for all the students and what the child with behavioural disabilities needs for school success. I also felt strongly that classroom teachers' knowledge of their students' needs must be acknowledged and considered in the development of students' programming. I wanted to be there to help and support classroom teachers to meet the needs of students with behavioural disorders in the general classroom in this initiation of a behaviour education support program.

With these directives from the division policy, the staff that I was working with, and me, I set out to shaping the kind of program that our Kindergarten to Grade Five School would have. I visited the two behavioural programs in our school division as well as one in a large urban school district. Next, our school had one "expert" who came and helped us create a year plan to get us started and another who came and discussed a philosophy that encompassed the whole child and not just the behaviour. During the summer months prior to the start-up, I also read all the research I could find on children with behavioural disorders.

Rationale

During the last several years, students with behavioural disorders have been part

of the general classroom with little or no support, following the trend of inclusion. However, inclusion without appropriate supports made this process a frustrating experience for those involved: teachers, parents, and most of all, children. Research conducted by Rose (1994) shows that general classroom teachers do not have the time to devote to, or the skills needed, to make inclusion successful. Teachers and students need support to deal with behavioural disorders, but the kind of support called for remains uncertain. Foothills School Division has taken steps to offer more supports to classroom teachers and students with behavioural disorders. The number of programs offered has grown in both our elementary and junior high school programs.

Children who have behaviour problems, as well as their teachers and peers, experience difficulties in the inclusionary classroom for a variety of reasons such as a need for attention, anxiety or frustration. Kaiser and Hester (1997) say that children diagnosed with conduct disorder often display early signs of language difficulty, short attention span, and impulsivity. They go on to say that these signs can target children "at-risk for social emotional problems" (p. 119). When children with behavioural disorders experience frustration at the school-age level, they may react verbally, physically, or by withdrawing into themselves. Classroom teachers have been unprepared to handle these situations on their own in addition to teaching the other students in the general classroom.

Much has been written on children with behaviour disorders. Goleman (1995) discussed how the media on a daily basis has made the public aware of the "disintegration of civility and safety" (p. x). Keltikangas-Jarvinen and Pakaslahti (1999) concluded from their seven year follow-up on children with aggressive behaviour that without intervention that these students will not change their behaviour to be less aggressive. Daniel and King (1997) reviewed literature that says that inclusionary

programs without support for students with behavioural disordered do not work, particularly as students get older.

Research that explores effective, practical ways of looking for things that do work for students with behavioural disordered is still needed. As such students must become part of society to be productive, it only makes sense to teach them in an inclusionary program with supports where they can learn appropriate ways of behaving. Our society is inclusionary and we must learn to positively interact with our environment on a day-to-day basis. However, it is also recognized that successful inclusion will not happen just by exposing students with behavioural disorders to the general classroom. The children need guidance and direct teaching of academic and social skills as well as someone to help transition these skills to practice. Students with behavioural disorders need back up in the general classroom that is individualized, to their particular needs. A new program called the Behaviour Educational Support Team program has begun at our school in order to provide teachers and students with appropriate intervention to deal with these issues.

Question

My research question, developed through the examination of the literature and living the day-to-day experience of working with children with behavioural disordered, evolved to this: How does an elementary behaviour support teacher relate the current literature on working with children with behavioural disorders to daily practice? This project documents the journey that the students, their families and the B.E.S.T program had been on since the inception of the program through the use of journaling, daily anecdotal notes and teacher made charts that tracked the progress. Based on the literature, I also examined the issues and concerns raised by other researchers and compared them with the directives from the division policy, the staff that I was working with, and my

own philosophy. Through my research, I hoped to come up with a practical feedback for educators of children with behavioural disorders that developed and reflected understanding that was useful to schools when setting up behavioural programming for at risk children.

Limitations of the Study

The nature of this research and how it is being done created some limitations for its applicability for all programs for behaviourally disordered children. The number of students participating in it may limit the results of this research. The students are those who have met the criteria for the severe behaviour disorders category for Alberta Learning. For the duration of this year, the maximum number of students we have had was ten.

The results documented by this author, as a participant researcher, may also be subjective due to the qualitative and narrative nature of this study. It is impossible to record and write down all of the behaviours I have observed and that may cause some bias in regards to relevance. As a participant in this project, my emotions may have clouded some of the objectivity that is necessary. However, I would hope that the interested reader or prospective teacher may be able to make direct use of the techniques employed with the children in our program or that my reflections on the set-up of this program may serve as a springboard to new ideas.

Chapter II: Planning the Journey

To become part of the Behaviour Education Support Team program, children

needed to meet certain criteria. They required a behavioural related diagnosis defined by

the American Psychiatric Association in its *Diagnostic and Statistical Manual of Mental*

Illness (DSM-IV) (1994). This diagnosis provided the student with a severe coding

number known as a Code 42 in Alberta. To be classified as a Code 42, these children

must have had a diagnosis from a certified psychologist indicating significant difficulties

with social and emotional issues. Detailed anecdotal records describing incidents of

aggression, bullying, and defiance in the child's daily school life were also required.

Labeling a student was and continues to be one of the necessary steps for receiving

additional funding for children with behavioural disorders.

The program was designed for a maximum of ten students. Our numbers ranged

from a minimum of four students to a maximum of eight over the period of our first year.

Some of the conditions that children in this program had been diagnosed with were

Oppositional Defiant Disorder, Conduct Disorder, General Anxiety Disorder, Depression,

and Post-Traumatic Stress Disorder. Some of the children also had a diagnosis of

Attention Deficit Hyperactivity Disorder, but this in itself was not considered a condition

warranting a severe Code 42 rating. However, whatever the name, students with

behavioural disabilities caused significant problems in general classrooms. The teachers

and students needed support.

When I first began teaching almost twenty years ago, I taught in a segregated

classroom. Segregation was the placement of choice because that was society's way of

dealing with people who were different. We kept them away from the "normal" part of

the general school population. Children with severe behavioural disorders were placed in

classrooms with other students with such labels as learning disabled and mentally handicapped. The focus was on meeting individual academic needs, social skills, and life skills training.

During the early 1990s, this way of teaching special education students began to lose ground and inclusion became the new way to teach special needs students, including those with behavioural disorders. MacMillan, Gresham and Forness (1996) surmised that the "basic premise of those advancing inclusion of children with disabilities was the general classroom provided "better models" of behaviour" (p. 148). However, they also argued that behaviourally disordered students did not model well, therefore making it a tenuous connection.

Based on the research by MacMillan, Gresham, and Forness (1996), we incorporated the belief into our B.E.S.T. program that each student was an individual and we must have options. We based our interventions on the needs of the child. Rather than the students being given the same interventions, they were given the interventions that they needed. Daniel and King (1997) advocated treating each child as an individual and recognized that inclusion may not be the only or best strategy for every child. They concluded that no one program or way was the best way for all students.

Within the mandate of inclusion set out by Foothills School Division, our school believed that inclusion should be responsible. It ought to be safe for all involved, including students with behavioural disorders, their teachers, and their peers. Applying these concepts into the classroom meant that there may be days or even weeks where students' behaviour was such that a general inclusionary classroom was not in the best interest of the student with behavioural disabilities, their peers and teachers. In the program I envisioned, students could be supported either way. They might be given

encouragement to help them be productive members of an inclusionary classroom or given assistance in a segregated program for extended periods.

In the B.E.S.T. program, we provided support for students with behavioural disorders in a variety of ways. A full-time B.E.S.T. teacher, a full time youth development worker and a half-time combination of a youth development worker and educational assistant supported the children and their general classroom teachers. We also wanted to assist the general school population as well as the students with behavioural disorders. It was made clear to the teaching staff that we would provide intervention for any child who was experiencing behavioural difficulties regardless of his or her label.

The program began as an inclusionary program with options of classroom collaboration or pullouts. Students with behavioural disorders began the school term in a general classroom and were only pulled out for segregation when there was a re-occurring or extended problem. The length of time out of the general classroom depended on the nature of the altercation and the consensual agreement of the adults involved.

Our support for the inclusionary part of the B.E.S.T. program was on a continuum from selected periods to full-time support in the general classrooms. Classroom visits by the youth development worker and myself to assist with academic work, keep students on track or just talk for a few minutes on how things were going occurred several times, on a daily basis. We also made sure that one member of the team was in the B.E.S.T. room in the event that more intense intervention than classroom support was required.

It was an expectation that the B.E.S.T. team was "on call." Any teacher who was having behavioural difficulties with any child in the school could call for our assistance. Teachers were expected to attempt to try to resolve issues on their own, but if it took longer than a general classroom teacher could reasonably give, we were then called to

take over. Teachers could use the school intercom system to contact the secretary at the office who in turn would call to the B.E.S.T. room or page us on our walkie talkies that we carried with us like an extra appendage. We would then go to that classroom and attempt to resolve the situation there. Often children just needed some extra time or attention to get them "back on track." If we were unable to do so, we would remove the child from the classroom. If the child was unwilling to leave their classroom, we would give the choice to follow the classroom expectations, come on his or her own to the B.E.S.T. room or, in extreme cases, we would physically remove him or her from the class. The members of the B.E.S.T. team had been trained in Non-Violent Crisis Intervention (Crisis Prevention Institute, 1987) and became very efficient at these removals.

The B.E.S.T. room was a multi-purpose kind of room. It was used for positive and negative consequences and contained a variety of areas and activities to accommodate those purposes. We had a time-out area located in one corner of the room that had floor to ceiling walls with a doorway, but no door for children who were physically or verbally abusive. There was another private, but pleasant, corner filled with pillows and stuffed animals for the children who just needed some "quiet time" to pull it together. Several desks separated by dividers provided quiet and private work areas for students to complete classroom work or social skill activities that we would assign. There was a workstation that I used for the one-on-one reading intervention. The room had a playroom area with a couch, a guinea pig to hold, and several activities such as puzzles, building materials and puppets. We had two computers with a variety of educational games as well as art supplies for the students who wished to express themselves that way. On occasion, I even brought my dog to school. The children loved to play with her and

take her for walks at recess time.

The philosophy of the program was that each child was an individual. There was no set procedure for working with the children and we responded to them as individuals. However, we quickly realized that there were some commonalities. Children with behavioural disorders needed consistent expectations of behaviour and predictable consequences when they strayed from the expectations. We began to incorporate incentives for appropriate school behaviour as part of the program. Students could earn computer time, snack foods, school supplies, or posters for displaying appropriate behaviour.

Pullout programs were created in order to provide direct teaching of academic skills, particularly in the area of reading. Daniel and King's (1997) research demonstrated that direct teaching of specific academic skills was necessary in order for inclusionary students to develop academically. Coleman and Vaughn (2000) concluded that there was "a dramatic need for improved knowledge and understanding of reading interventions for students with emotional/behavioural disorders" (p.102). The students with behavioural disorders, who were below grade level in their reading skills, received daily one-on-one instruction in reading. A very structured approach based in part on the Reading Recovery method, advocated by Clay (1993) was in place. Other subjects such as math were also an area of academic intervention.

Social skills became a part of this B.E.S.T. program as well. Goleman (1995) recommended training sessions in anger management. In Goleman's research, he found that a year after these sessions, "the boys who graduated from the program were much less disruptive in class" (p. 239). His research also showed that the longer the time children had been in the program, "the less aggressive they were as teenagers." (p. 239)

Social skills training in the B.E.S.T was approached in two ways. The first was through direct instruction in selected sessions on anger management, friendship groups, and other areas that addressed students' needs. The second was through the reinforcement of those skills on a more long-term basis when engaging in application of problem-solving skills. Coaching would be given while students were being offered support by the B.E.S.T. team in the inclusionary classroom. "Teachable moments" and "mini-counseling" sessions provided windows of opportunity for transference of the skills taught in isolation.

Miller, Ferguson, and Byrne (2000) concluded that strong evidence supported the "benefits of involving teachers, parents and pupils in joint strategies when a pupil's behaviour is judged unacceptable within the school" (p. 88). In my opinion, teachers and their students with behavioural disorders should not work in isolation from the home. Our program therefore recognized that families of students with behavioural disorders must be a part of the process. Regular and frequent contact became important.

Parents of children with behavioural disorders were given the opportunity to be involved in a variety of ways. The first was through regular weekly contact. I called the parents each week to relate to them the positives of the week and the areas to be worked on. I believed this allowed the parents of the children to be involved on a regular basis, by providing input and support to the school and their children. Development of Individual Program Plans (I.P.P.) was another area that parents were involved in. They were invited to meetings to develop the goals of the I.P.P. through discussion with school staff. They were also involved with the evaluation of those goals.

Another way we provided support to children and their families was to link them up with services in the community. Alberta Mental Health, Social Services and support

groups were avenues available to parents, but not always known. We could be a support by linking them with organizations outside of school that would assist them in areas other than education.

Chapter III: Mapping the Journey

Methodology

This research used qualitative methodology. Combs (1995) stated that qualitative research "includes a veritable cornucopia of methodologies, paradigms and methods" (p. 1). According to Chenail (1992), qualitative research could mean a variety of things to different people. He went on to say that qualitative research could "be a diverse, rich, and sometimes self-contradictory world of inquiry." (p. 1). The characteristics advocated by qualitative research can fit into the context of conducting research in a dynamic, interactive, and ever-changing classroom environment. Qualitative research rejects the artificiality of the lab, statistical analysis, and absolutes. It advocates a holistic inquiry carried out in a natural setting, such as a classroom. It seemed natural to apply these characteristics to the B.E.S.T. room.

Qualitative research allowed me, in this particular project, the opportunity to integrate elements of a provincially funded program, a divisionally mandated program and my own personal philosophies of excellent pedagogy for students with special needs. Through the observations made over the period of a year, I was able to reflect on the successes and challenges. The results of my reflections were used to further our successes and diminish our shortcomings.

Qualitative research also allowed me the opportunity to contextualize and pay attention to the complex relational matrices of the students. The design of this program continued to emerge as the research progressed based on individual students' needs. Qualitative research allowed me the opportunity to include the "unseen" factor, a variable not known at the onset of the observations. Insights emerged that I did not consider or identify at the beginning of the program as having significance to students' programming.

Data Collection

Through participant observation, I was able to play a role in interpreting outcomes and the utilization of intuitive insights. Participant observation allowed for a greater understanding of what was being observed. As "teacher as researcher", I gained insights and developed interpersonal relationships with the subjects I worked with. As a participant, I had contact and access to all the children in my program, to all the people working within the program and the teachers of whose classrooms of which my students were a part. Therefore, I had a wide range of data that I had collected from different samples, classrooms, and times.

Continuous observation of classroom dynamics in the form of the daily anecdotal records that we were required to keep on each child was a way of reflecting on the relationships that occurred on a daily basis. We were able to come up with general and individual strategies to improve the school experience for the behavioural disordered child. The use of student anecdotal records as a way of collecting data on changes in behaviour helped evaluate and shape this program. The extensive notes that were made on each child and his or her progress in the program constituted a valuable information source about whom we were working with and the experiences we had.

Through journaling of my own experiences while being a part of this program, I documented, as a participant, what was happening and made conclusions about how to deal with the issues of students with behavioural disorders. I was able to relate the research to practice and reflect my writing about the day-to-day events.

Charts, checklists, and rating scales that were created in response to categorizing behaviours gave valuable information about the overall effectiveness of our interventions. This allowed general classroom teachers and members of the B.E.S.T. program to look

for patterns and triggers of behaviour. Qualitative research offered us the opportunity to develop design of student programming as the research progressed. As a "teacher as researcher", trying to develop "best practice," qualitative research made this a viable option.

Other sources of information were also utilized. The Individual Program Plans that we were required to keep on each child were also a source of information that helped me to determine whether the children had reached their goals. Another valuable piece of information was the files that were kept on each of the children. I was able to discover the history of all the children and how they reached the place they were when they got to the B.E.S.T. program. Informal conversations with colleagues, parents, children, and other professionals involved with us also formed a part of the data collected.

During my review of the literature, I was searching for ways that an inclusionary B.E.S.T. program could support children with behavioural disorders. The readings I found dealt with a variety of topics relating to causes, characteristics and supports for children with behavioural disorders, as well as their families. After reading several journal articles, final projects and books, I was able to identify basic re-occurring themes in each of these areas.

These common themes shaped the day-to-day operation of the B.E.S.T. program and the implications for the research I examined. The common themes gleamed form the literature I read were:

- There are a variety of definitions, classifications and characteristics of students with behavioural disorders.

- There are a multitude of theories related to the causes of behavioural disorders.

- Inclusion of students with behavioural disorders is an area fraught with controversy.

- Specific teaching approaches may be useful in helping students with behavioural disorders be successful in the long term.

- Teachers and parents must work together in conjunction with other agencies in order to provide consistency for the child.

Definition of Children With Behavioural Disorders and Causal Effects

The Behaviour Education Support Team program that I am a part of supports children with severe behavioural disorders. A Severe Emotional/Behaviour Disordered Student (Code 42) is defined by Alberta Learning (2000) as one whom:

displays chronic, extreme, and pervasive behaviours, which require close and

constant adult supervision, high levels of structure, and other intensive support services in order to function in an educational setting. The behaviours significantly interfere with both the learning and safety of the student and other students (p. 20).

In order to be considered a Code 42, a child must have a diagnosis as defined by the American Psychiatric Association in its *Diagnostic and Statistical Manual of Mental Illness* (DSM-IV) (1994) from a certified psychologist or psychiatrist. There must also be detailed anecdotal records describing incidents of aggression, bullying, and defiance in the child's daily school life. Children in the program that I have been working with have been diagnosed with Conduct Disorder, Oppositional Defiant Disorder, General Anxiety Disorder, and Post-Traumatic Stress Disorder. Many of the children also have Attention Deficit Hyperactivity Disorder.

In order to diagnose a child with conduct disorder, the DSM IV (APA, 1994) says that there must a repetitive and persistent pattern of aggressive behaviour in which the basic rights of others or societal rules or norms are violated. The behaviours must fall into four groupings: a) aggressive behaviour that causes or threatens physical harm to people or animals, b) non-aggressive conduct that causes property loss or damage, c) deceit or theft, and d) serious violations of rules. Three of these characteristics must have been present in the last twelve months, with at least one behaviour, in the preceding six months of the diagnosis. The onset of conduct disorder can happen during childhood prior to the age of ten or during adolescence, after the age of ten. The DSM IV also identifies varying degrees of conduct disorder: mild, moderate, and severe. The intensity and frequency increases with each subsequent specifier.

Some of the children in our program have a milder form of conduct disorder

called Oppositional Defiant Disorder. The DSM IV (APA, 1994) criterion for

oppositional defiant disorder includes frequent occurrence of at least four of the

following behaviours for at least six months: losing temper; arguing with adults; actively

defying or refusing to comply with adults; deliberately annoying other people; blaming

others for mistakes; easily annoyed by others; being angry, resentful, spiteful, or

vindictive. The DSM IV says, "It does not include the persistent pattern of the more

serious forms of behaviour in which either the basic rights of others or age-appropriate

societal norms or rules are violated." (p. 89)

A third diagnosis that children in our program have been diagnosed with is

Posttraumatic Stress Disorder. The DSM IV (APA, 1994) defines this as the development

of characteristic symptoms following exposure to an extreme traumatic stressor involving

direct personal experience, witnessing, or learning of an unexpected or violent death or

serious injury. The symptoms for children must include disorganized or agitated

behaviour. A persistent re-experiencing of the trauma and an avoidance of stimuli

associated with the trauma must occur. In addition, persistent symptoms of increased

arousal such as difficulty sleeping or exaggerated startle response must occur. If the

symptoms have been present for longer than six months, the behaviour is considered

chronic.

There are a variety of other diagnoses that can be given to students with

behavioural difficulties. However, in Alberta, the diagnosis only makes a difference to

whether the child is coded a "42" and provided with funding. Hopefully we are able to

get a diagnosis, but it does not change the fact that both general and special needs

teachers need support in their classrooms to deal with students with behavioural

disorders.

<u>Characteristics</u>

Severe Emotional/Behaviour Disordered Students exhibit a variety of aggressive behaviours to others, with bullying one of the most well recognized results of behavioural disorders. According to Smith and Brain (2000), bullying is an aggressive behaviour characterized by repetition and an imbalance of power. In their review of the literature on bullying, they found that children that bully could be routinely expected to appear in places such as schools. They suggested that more research is needed to understand the kinds of bullying and how it affects the child and his or her peer group. O'Moore (2000) reviewed the current research on bullying. She suggested that teachers must stop dealing with the victim of the encounters and focus on the bullies. The bullies must be taught how to change their responses to others and learn to utilize more socially acceptable behaviours when dealing with others. Vermande, van den Oord, Goudena, and Rispens (2000) asked 1090 students to nominate students who were aggressive toward them. They then applied a social network analysis to identify the predominant pattern for aggression. According to their research, they found that only a minority of children are victims and bullies. Yet, they note that bullies can also be victims and vice versa. Children with behavioural disorders often see themselves as victims who are responding to a situation that they view as unfair. Astor and Behre (1997) examined the moral reasoning of thirty-five children who had committed lethal or potentially lethal acts before the age of ten. They suggested that the current body of literature on violent children indicated that violent children are more likely than non-violent children to attribute negative intentions to others. They then see their act as justified because others "deserved it."

<u>Causal Factors</u>

Kauffman (2001) stated " We do not know why some children are vulnerable and

some are not ... we can seldom determine the cause of the disorder in individual cases."

(p. 8). However, that has not stopped researchers, teachers, and parents from speculating

as to the causes of behavioural disorders.

Parenting styles can have a major effect on aggressive and non-aggressive

behaviour. Kauffman (2001) identifies a pattern of punishment, negative reinforcement,

and coercion in families of children with behavioural disorders. Pakaslahti, Spoof,

Asdplund-Peltola, and Keltikangas- Jarvinen (1998) studied mothers' styles of parenting

with the parents of twenty-six aggressive girls as subjects and compared the results with

the parenting styles of thirty-two non-aggressive girls. The researchers concluded that the

mother's parenting style particularly affects girls. Mothers of aggressive girls scored

higher on reprimanding and indifference than mothers of non-aggressive girls. The

authors of this study went on to say that they had already proved in a previous study that

the social-problem solving strategies of fathers predict boys' aggressiveness. Astor and

Behrens (1997) said that the personal histories of both children with behavioural

disorders and their parents frequently included violent episodes.

A difficult temperament the active and reactive qualities of infant behaviour from

birth and the first few weeks and months thereafter could increase the child's risk for

emotional or behavioural disorders (Kauffman 2001). Parents, unknowingly and

unequipped to deal with children with difficult temperaments, may have contributed to

their child's difficulties. Easy temperaments have been found to be associated with

children's resiliency in responding to stress. Pullis and Caldwell (cited in Winzer, 2001)

encouraged teachers to take children's temperaments into their planning, instruction, and

management.

It is unclear whether behavioural disorders cause underachievement or vice versa.

However, correlations have been made between students with behavioural disorders and those who underachieve. Coleman and Vaughn (2000) concluded through their study of the research that students with behavioural disorders are at risk for reading problems. Kauffman (2001) contended, "Schools can contribute to both social difficulties and academic incompetence" (p. 261).

Behavioural difficulties have also been related to biological factors such as genetic conditions, biochemical functions and birth factors. Nevertheless, Winzer (2001) says it is rarely possible to demonstrate a relationship between a behavioural disorder and a specific biological factor. Smith and Robinson (cited in Winzer, 2001) also pointed out that evidence linking behavioural characteristics to brain dysfunction is circumstantial and speculative.

The definitions and casual factors of children with behavioural disorders are many. However, whatever the name, students with behaviour problems have caused significant problems in general classrooms. Classroom teachers have been unprepared to handle these situations on their own in addition to teaching the other students in the general classroom. Teachers and students need support. Rose's (1994) findings concluded that teachers "welcome the support of human resources personnel to assist when integrating students with behavioural disorders" (p. 68).

Inclusion

Programs to work with children who have behavioural disorders have been attempted in various ways for many years. In, recent years, the use of inclusion has been advocated as a more appropriate method than segregation. Daniel and King (1997) defined inclusion as "the placement of students with disabilities in general classrooms" (p. 67). They concluded "the movement toward inclusive education is the latest wrinkle

in an escalating debate focusing on the appropriate placement of students with special needs" (p. 67). During their discussion of the pros and cons of inclusion, Daniel and King (1997) acknowledged the claim by advocates that academic achievement is enhanced in the general classrooms when children with disabilities are expected to rise to the higher standards. The advocates also said that more appropriate social behaviour models are available in the general classroom.

Daniel and King (1997) also cited opponents of inclusion who argued that students with difficulties were removed from the general classroom because their specific individual needs were not well served there. Opponents of inclusion said that placing children who display disruptive, uncontrollable behaviour in general classrooms might adversely affect the environment both academically and socially. Heflin and Bullock (cited in Winzer, 2000) found in their research that teachers' response to accepting students with behavioural disorders is one of fear and skepticism. Research conducted by Rose (1994) showed that general classroom teachers do not have the time to devote to or the skills needed in order to make inclusion successful.

Daniel and King (1997) recommended that if inclusion has a chance of being successful, students must be placed randomly across the school in many classrooms rather than clustered in a few. A specific recommendation made to teachers was that, "Inclusive environments must be characterized by a considerate, understanding, tolerant teacher and a cohort of sensitive peers could enhance the self esteem of students" (p. 79).

However, inclusion has become one the most controversial issues in education, particularly when students with behavioural disorders are considered (Kauffman 2001). The controversy comes when it is suggested that inclusion be the only programming for *all* children, regardless of the differing personalities of the children being dealt with.

During Kauffman's (2001) review of the research, he found that proponents of full inclusion failed to consider the different types and levels of disabilities and made assumptions that all students would benefit from inclusionary programs. Winzer (2001) concluded that some children are so violent that it is best if they are served in alternate settings rather than the general classroom.

MacMillan, Gresham, and Forness (1996) examined the empirical evidence bearing on the major assertions of advocates for full inclusion. They concluded that there is a great deal of research done to date on inclusion with of students with emotional/behavioural disorders and that there is a need to cautious about the inclusion of children with these kinds of problems. When Dunlap and Childs (1996) surveyed twelve journals published between 1980 and 1993 that explored trends in intervention research in emotional and behavioural disorders, they also found that further innovation and development is necessary.

Nonetheless, whatever conclusions are reached about inclusion for students with behavioural disorders, MacMillan, Gresham and Forness (1996) stated we must have options. Each student is an individual and we cannot say that any program is the best program for all students. Kauffman (2001) concluded that advocates for students with behavioural disorders will continue to fight an uphill battle to maintain appropriate placement options on a continuum that ranges from segregation to full inclusion, depending on the nature of the child.

MacMillan, Gresham, and Forness (1996) found that teachers are generally in favour of the idea of inclusion and are willing to try it. However, Daniel and King (1997) observed that, "Regular education teachers could lack the appropriate support and assistance to adequately meet the needs of all their students" (p. 69). When Rose (1994)

surveyed fifty-nine teachers in British Columbia about their views on inclusion of students with behavioural disorders, she concluded that teachers need support in order to be successful with these particular groups of students. She found that "teachers are committed to the philosophical principles of inclusion; but in order to implement these principles in their daily teaching practice, they needed support and assistance" (p. 66). Teachers welcomed any kind of support especially if there was someone on a regular daily basis. According to Rose's study, the most effective kind of assistance would be from a classroom assistant.

In our B.E.S.T. program, we came to recognize that students with behavioural disorders could not be part of the general classroom at all times. This follows the prescription of Kauffman (2001) who stated that we must recognize the individual characteristics of students with behavioural disorders and provide for effective instruction in order to meet their needs in inclusive classrooms.

<u>Programming</u>

Kaiser and Hester's (1997) review of the literature shows that once established, behavioural disorders tend persist over time. There are, however, some promising interventions for children with behavioural disorders. Current research into emotional intelligence has shown that a negative destiny does not have to unfold. According to Goleman (1995), our emotional capacities are not a given; they can be improved.

Kauffman (1999) promoted action. He acknowledged that he is unaware of any research that says we should let risk-elevating problems become more severe before taking preventative action. We must intervene, because aggressive behaviour is unlikely to change without intervention (Keltikangas-Jarvinen and Pakaslahti, 1999).

While school programming is a viable form of preventative action, the

appropriateness of such programming has been raised as a concern. According to

Kauffman (2001), good instruction must be the first line of defense in behaviour

management. Yet, Winzer (2001) concluded that descriptions of educational programs for

students with behavioural disorders are relatively rare in the professional literature. She

goes on to say that coherent, comprehensive educational programs are needed.Many

students are not being given the academic proficiency they require. Coleman and Vaughn

(2000) reviewed the literature published after 1975 on reading interventions for students

with behavioural difficulties. Because only eight publications met their selection criteria,

the authors conducted a focus group with teachers of students with emotional/behavioural

disorders. They found that there were strong correlations between conduct difficulties and

reading difficulties. They also discovered there were no specific reading interventions

designed to assist behaviourally disordered students with their reading disabilities. This

led Coleman and Vaughn to conclude that there was "a dramatic need for improved

knowledge and understanding of reading interventions for students with

emotional/behavioural disorders" (p. 102).

Upon examination of a variety of teaching methods, Coleman and Vaughn (2000)

advocated direct instruction teaching as a superior method of teaching reading to

behaviourally disordered students. Their research also suggested that the students seemed

likely to benefit from a structured and predictable instruction lesson. Kauffman (2001)

also found direct teaching to be a more appropriate teaching technique as opposed to

others such as discovery learning. When Daniel and King (1997) surveyed the current

research, direct teaching of specific academic skills was found to be an effective teaching

technique in inclusionary classrooms.

Anderson and Barbe (1974) found that the chronic misbehaver is a child who is

behaving in the way he or she has learned to behave. He or she is doing the only things that have been found to gain him or her some attention. Because of this, it stands to reason that children with behavioural difficulties will need some specific training to help them get along with others. They have not learned positive social behaviours from the models they have had. New models must be found.

Goleman (1995) concluded, "Temperament is not destiny. The over excitable amygdala (the part of the brain that relies on emotional instinct) can be tamed with the right experiences. What makes the difference are the emotional lessons and responses children learn as they grow" (p. 221). Goleman found in his own research of the literature that half of disruptive preschoolers turn in to delinquent teenagers without intervention. Through his application of social skills training, Goleman also found that with the right learning we could improve our emotional capacities. In conclusion, Goleman urged those who work with children who are disruptive to consider this when planning for programs.

Most researchers agree that early intervention is an important key to the success of intervention programs. "Prevention means early intervention. Patterns of behavioural/emotional disorders are similar to other incapacitating or disabling conditions and children often exhibit key symptoms of the disorder early in their lives. Thus, the most efficient and effective treatment must begin with young children" (Kamps and Tankersley, 1996, p. 42). "Given the serous and pervasive effects of conduct disorders, early intervention efforts are needed (Kaiser and Hester, 1997, p. 119).

Grade four was identified as a pivotal turning point for these behaviourally disordered children (Goleman, 1994). Goleman's research demonstrated that they begin to commit themselves to a life of "defying the law" (p. 237). He recommended early intervention in the form of training sessions for anger management. When students were

followed up a year following the training sessions, "the boys who graduated from the program were much less disruptive in class" (p. 239). His research also showed that the longer the time children had been in the program, "the less aggressive they were as teenagers." Gillies (2000) yearlong study of 144 grade-two students concurred with Goleman's research. She found that children who received co-operative training maintained and used behaviour that was more cooperative without prompting, even a year after training.

Stormshak and colleagues as part of The Conduct Problems Prevention Research Group (1999) studied the relationship between child behaviour and peer preference. They examined 2895 students in 134 regular grade one classrooms. They concluded that children with pro-social behaviour that is, - the ability to cooperate, share and interact positively- were more preferred by peers. Students who were inattentive to social cues and hyperactive were more likely to be rejected.

As many students with behavioural disorders tended to be rejected by their peers because of their aggressive behaviour, training in the area of social skills has become an important academic feature of programming for children with behavioural disorders (Winzer 2001). Specific, social skill, teaching practices have focused on the actual delivery of preventative measures and social learning interventions.

Kauffman (2001) advocated the accommodation of students' individuality when teaching social skills. He pointed out that schools that are sensitive to students, but have clear and positive expectations for academic performance seemed to foster behaviour that is more appropriate. Coombs (1998) said that we must provide students with strategies that assist them with incidents of misbehaviour rather than just penalizing them for them. He calls the incidents "degrees of misbehaviour" and we must consider this fact before

we respond to the specific actions of students There must be recognition of the triggering events and conditions, which may cause the individual to "blow up" and intervention that will steer the behaviour into an appropriate state of expression (Buhler, 1999).

Another teaching strategy identified by Kauffman (2001) is providing for consistency and structure in the daily school lives of the children that we work with. He said that we must be consistent in our expectations and provide predictable consequences. Coombs (1998) said, "Rules should not be established to systematically tell students how not behave. They should be developed to acknowledge the needs and rights of both students and staff and clearly define the limits of acceptable behaviour" (p. 19).

Kauffman (2001) also advocated the use of positive reinforcement when working with children. "Abundant empirical evidence shows that students' classroom behaviour can be altered by manipulating the contingencies of reinforcement" (p. 276). However, caution must be maintained when using positive reinforcement. We must be sure that it is used appropriately, in a way that reinforces acceptable classroom behaviour.

Response cost refers to the removal of previously awarded or earned reinforcers for the purpose of reducing behaviour that is considered inappropriate and undesirable. Response cost is a more specific method of reinforcement that can be used with students with behavioural disorders. Walker (1997) advocated response cost as an easy and effective way to change student behaviour.

Time-out has been used for dealing with misbehaviour. Time-out is the removal of an individual from an event or situation for specified periods of time. This can an effective strategy to curb behaviour, but must not be used in isolation (Buhler, 1999). Discussion of the inappropriate behaviour needs to follow once the child has calmed down and is ready to engage.

How teachers choose to teaching strategies to support the child with behavioural disorders should depend on the clientele being served. We must create a supportive, caring environment to encourage positive behaviour changes with students with behavioural disorders. On the other hand, some teachers and administrators have raised objections with some of the accommodations used with children with behavioural disorders. "The most pervasive objections of teachers to the use of systematic behaviour management procedures in the classroom revolves around fairness issues" (Walker, 1997, p. 226). Walker defended these strategies as being similar in principal to other accommodations made for other disabilities such as cerebral palsy and hearing impairments and so, likewise, teachers should implement a combination of some these strategies into their practice in order to reinforce appropriate social behaviour in schools.

Family and School Teaming

"I believe that parents can be an extremely valuable resource and source of support to us as teachers, but only if they are given the opportunity. We have much to gain by encouraging parents to work with us in enhancing each child's self-concept and development of self-discipline and fostering a love for learning" (Coombs 1998, p. 80). Supporting this, Miller, Ferguson, and Byrne (2000) interviewed students from eighteen primary schools. They concluded through their questionnaire that strong evidence supported the "benefits of involving teachers, parents and pupils in joint strategies when a pupil's behaviour is judged to be unacceptable within the school" (p. 88)

The school must work with the home and other agencies. Parents are the true experts on their child and the information they bring, if it can be tapped, is invaluable when planning an appropriate program (Kauffman, 2001). We cannot help children unless we are all working together.

Parenting is an important factor in the behaviourally disordered child's school success. Kaiser and Hester (1997) proposed in their abstract that early intervention programs with parents in the areas of language intervention and social skills are beneficial to students with behavioural disorders. They concluded, " Parent training appears to be most effective when used combination with direct child interventions to teach new social behaviours or cognitive strategies" (p. 123).

It is also important that schools help parents to connect with other agencies that can help meet the needs of families of children with behavioural disorders. Kauffman (2001) says that we must be familiar with other social agencies that can offer support to the family. Social services, early intervention programs, and health agencies may help to round out the support given by schools.

The school must work with the home and other agencies. Parents are the true experts on their children and the information they bring, if it can be tapped, is invaluable when planning an appropriate program (Kauffman, 2001). Outside organizations and resources bring expertise to children's development that teachers do not have. We cannot help children unless we are all working together.

<u>Conclusion</u>

Research supports what is commonly known among teachers. We know that children with behavioural disorders have been around for as long as most of us can remember. It has been well recognized by teachers and researchers that many children who come from violent or dysfunctional homes are more likely to exhibit similar types of behaviour with their peers at school and their families.

Current research into emotional intelligence has demonstrated that this destiny does not have to unfold. According to Goleman (1995), our emotional capacities are not a

given, they can be improved. I believe that teachers and caregivers do have an impact on

the route that these children are likely to take and can make a difference.

Chapter V: The Journey

<u>Jason</u>

From the time Jason was in grade one, he was anxious and engaged aggressively with other children. His behaviour was seen as being inappropriate. Home schooling and retention were tried to increase Jason's appropriate behaviour but proved unsuccessful. When Jason concluded his third year of school, his family moved to a community in the Foothills School Division area. The family saw this as an opportunity to get a fresh start. However, Jason became even more defiant to those in authority posing a physical threat to those around him. Other students openly expressed a fear of him. He embraced the power that it gave him. This "power" became a serious concern for the school staff.

Subsequently, it was deemed by the school in consultation with his parents that Jason needed behavioural supports. He was referred to the regional B.E.S.T. program and was placed in a grade four inclusionary classroom. He had been diagnosed with Oppositional Defiant Disorder. Later in the year he was also diagnosed with Generalized Anxiety Disorder. It was interesting to note that there was a history of mood disorders and depression on both sides of his family.

Jason began his program, in an inclusive grade four classroom. We also included grade five integration to see if we could provide motivation to succeed, as his retention was an issue that he had difficulty resolving. Two segregated periods were for specialized one-to-one instruction in math to help him catch up to grade five.

By the end of September, we had been called several times to help Jason with his work anxieties and aggressive behaviour towards others from the classroom or playground. Sometimes he came willingly and on other occasions, we had to restrain him. After three months in the inclusionary classroom, Jason's aggressive and non-compliant behaviour

escalated to such a degree that it necessitated segregation to the B.E.S.T. room.

During Jason's segregation, we tried to provide a typical school day structure. We began reading to him for half an hour each day. This was the beginning of an effective and favorite motivator for Jason and it continued to be apart of his day, long after the temporary segregation ceased. High interest books were the "buy in" but the close one on one contact was the key to the success. This time also provided the B.E.S.T. staff with an opportunity to talk with Jason when he was calm and open to suggestion and discussion.

At this time, we also implemented a specific cost response plan to decrease inappropriate behaviours and support appropriate ones. Behaviours we wanted to decrease included those that interfered with the learning or the routine of a school day such as: refusal to work, inappropriate language, aggressive behaviour, and defiance of teachers' requests for compliant behaviour. The behaviours that we wanted to support were: completing assignments without "shut downs", accepting compliments to build self-esteem, recognition of conflict resolution in a non-aggressive way, and acceptance of teachers' instructions. Each time he exhibited the correct behaviours he earned five minutes of computer time to be used at the end of the day. When, Jason exhibited negative behaviours; he would lose five minutes of computer time or remain at zero. We never went into negative numbers. There was always the ability to earn time if he was willing to pull himself together. Story time eventually replaced computer time as the reward for the cost response system

After three weeks of segregation, we began a partial re-integration to his inclusionary grade four classroom for math and language arts waiting for an indication from Jason that he was ready for more inclusion. After two months, Jason finally indicated an interest in going out for recess and being a part of the physical education

program. This gave us a new start. The cost response system was extended to earn more inclusive privileges. His behaviour became compliant, as he had finally chosen a goal he wanted to work towards. After another two months, he had supervised recess and was integrated full-time in his inclusionary classroom. Yet, once again aggressive tendencies caused segregation to the B.E.S.T. room.

Jason resisted attempts to conform to expectations. Despite everyone's best efforts, it only felt like we were "putting out fires." Jason was an unwilling participant in the planning process and therefore would not "buy in" to the necessity for behavioural change. We had worked closely with his parents during the year. They had provided support when things were difficult as well as gave input to the Individual Program Plan. He had been referred to and receiving individual and family counseling through Alberta Mental Health. Jason was not willing to accept responsibility for his own behaviour.

As our first year of working with Jason ended, the B.E.S.T staff compiled statistics on Jason. It was discovered that he had had forty-five incidents of aggression towards others ranging from following and attacking other students in front of adults to name-calling. Jason's parents, the inclusionary teachers, Alberta Mental Health Counselors, and the B.E.S.T. room staff began discussing alternative forms of education. We had come to the realization that things had to change to better meet Jason's needs. Home schooling or part-time schooling were considered. No decisions were made at this time.

As of October 2001, things have improved for Jason. He has begun taking medication for his anxiety disorder, which has enabled him to worry less and given him the ability to stand back from potential negative situations. Jason has had a modified, segregated program. He arrives at 9:30 and leaves at 2:30. This has assisted with his sleep

anxieties and our worries of unsupervised contact with the general student population. All programming is handled in the B.E.S.T. room and he had one supervised recess period a day with children. So far, Jason has had a successful start to his year and is showing improvement. As a result, he can stay calm, his work is more focused, and he is no longer having the daily struggles that resulted in his expulsion from the playground or the general classroom for the day. A benefit for his classmates is that they are spared the disrupting effects of his "shut downs" and inappropriate behaviours. The hope is to keep Jason's behaviour stabilized, maintain a positive attitude towards school, and introduce two or three inclusionary classes into his day. At this time, we are hopeful.

Lisa

Lisa, a seven-year-old Grade Two student, had a history of family violence, behavioural difficulties with peers, aggression towards her mother and brothers and severe temper tantrums. Due to these difficulties when Lisa was four years old, Social Services became involved to provide support for the family. A collaborative approach between social services, the Salvation Army Children's Village and Lisa's mom allowed her education to began in a pre-school geared towards children with behavioural difficulties. Language deficiencies identified at this time were also seen as a contributing factor to her behavioural difficulties. Lisa responded to the consistency and structure of the program. However, as time went on social services decided that Lisa and her siblings should be removed from the home and placed in foster care.

While in foster care, Lisa had received assistance from a school within our division with a B.E.S.T. program. While there, Lisa had engaged in a variety of disruptive and non-compliant behaviours: refusing to do work and come off the playground after recess and destroying work and personal property. In addition, Lisa had

many difficulties with food such as refusing to eat lunch at school, throwing lunch away, or taking other children's food.

Many changes were occurring in her life, when Lisa came to our school. After a two-year stint in foster care, she was returning to her home to be re-united with her mother, two brothers, and her mother's boyfriend. She had no contact with her natural father. Our school became her fourth school in less than three years.

Given Lisa's difficulties, she was referred to our B.E.S.T. program. When she came to us, she was reading at a beginning grade one level and experienced a great deal of difficulty in math. Psychological testing had diagnosed her with moderate learning disability. Consultation with Lisa's previous school, her mother and the B.E.S.T. program led to a decision to extend her grade two program to a second year at our school. The potential for behavioural difficulties seemed to be greater if the gap between her abilities and the classroom instruction widened even further.

Lisa was placed in a grade two inclusionary classroom. We decided to provide her with a very intensive one on one reading intervention program based on Marie Clay's (1993) reading recovery. In addition, we went to her classroom for two additional periods each day, one for writing class, and one for math to prevent "shut-downs" or inappropriate behaviour. We tried to help initiate friendships for her by having her sit by good role models who were willing to work, help, and play with her.

However, when left to her own devices, Lisa experienced frustration in her inclusionary classroom, particularly in her academic subjects. This was manifested by her refusal to work when left unattended by B.E.S.T. staff. Words such as "boring, dumb, and stupid" became a regular part of her vocabulary, meaning she felt incapable of completing the assignments. Part of our intervention became to teach Lisa how to

monitor her own behaviour. We taught Lisa to monitor the physical changes that occurred in her body along with her frustration level and learn when to say, "I need help." We gave her a card that she could hold up to the teacher when feeling frustrated, a non-verbal request to come to the B.E.S.T. room, which eventually gave way to verbal requests. Lisa learned to apply this strategy successfully most of the time.

When Lisa needed the one-to one assistance provided in the B.E.S.T. room, close ties would be maintained between the classroom teacher, Lisa's mom, and us. When we would go to her classroom to get work, a "thumbnail" exchange of information with the teacher would occur with more details to follow later. We would also be in contact with her mom. While her mom could often enlighten us as to the trigger for Lisa's struggles, often she was just as bewildered by Lisa's behaviour as we were and could only offer support.

Testing completed by the speech therapist this past year revealed another underlying reason for Lisa's defiance. Lisa suffered from a deficiency in the processing of receptive language so that a request such as, "Pick the green block but not the red block" resulted in Lisa's picking up both the green and the red block. The more complicated the request became, the more difficult it became for Lisa to follow the direction. Translated into a classroom where much of the instruction is based on auditory processing, it would seem like Lisa was willfully defying the teacher with request such as, "Take out your pencil but not your crayons" when Lisa would take out her pencil and crayons. As a result, it was deemed that Lisa would benefit from regular speech therapy three days a week.

The discovery of her speech processing difficulty was useful in planning intervention for Lisa's behavioural difficulties. We had been using an auditory mode to

deal with problem solving. Subsequently, we learned to keep discussions simple and have her re-iterate what had been said so that we could check her perceptions and correct them. We also gave Lisa the opportunity to express herself through visual modes such as drawing, painting, or writing.

As Lisa's first year in the program ended, she had demonstrated progress based on her I.P.P. goals. First and foremost was her progress in reading. She had moved from reading at a pre-primer level to reading at a mid-grade two level. Although she was not reading at the grade three level that she was entering, she was closer than she had ever been to her peers. The recommendation was made to continue with her one on one reading intervention next year.

Behaviourally, Lisa continued to have difficult moments. When Lisa had slept well and things had gone well at home, we had good days. When those facets of her life were not in place, Lisa needed our interventions. The school staff also became more aware of Lisa's "signs" such as a more intense look in her eyes and a "You can't get to me" attitude. Subsequently we were able to be more proactive in our approach. Lisa began coming to the B.E.S.T. room prior to the start of her school day. We could talk with her and gauge her mood. Some behavioural rewards also proved effective such as food, extra art, or computer time.

Next year, Lisa will move to Grade Three with the same inclusionary teacher she had for grade two as well as the same B.E.S.T staff, meaning that Lisa will be familiar with the routines and expectations of her teacher, her teacher will continue to build on the relationship that they have developed and the B.E.S.T. room initiatives we have begun can continue. We anticipate that the relationship that we have built with her mother will also continue to grow positively.

As of October 2001, Lisa is beginning to successfully and consistently apply the self –monitoring strategies that we worked on last year. She is recognizing when she needs assistance and can now make verbal requests to her teacher indicating her need for modifications. A collaborative approach between home and school continues to provide effective support for Lisa's learning and behavioural needs.

Michael

Michael's gestation and early development appeared to be normal to his parents. However, from the time that he was fifteen months old he demonstrated behavioural difficulties. Michael was difficult to handle, particularly in social situations where he could be highly disruptive, impulsive, and hyperactive. By age four, after many appointments with physicians, Michael's parents finally felt that they were being listened to. He was referred to a pre-school program for children with behavioural difficulties, which enabled his family to access a variety of treatment services.

At this time, Michael received a full assessment by a pediatrician, psychologist, psychiatrist, neurologist, and cardiologist. The results of the assessments identified many concerns with Michael's development. He was seen as a child who had a low frustration tolerance and a high need for predictability and routine. High levels of excitability, irritability, and anxiety were also identified, as were fears of abandonment. A high degree of energy and reactiveness to his environment was noted. Michael's cognitive abilities also tested below average. Subsequently, Michael was diagnosed with Attention Deficit Disorder and prescribed psycho stimulant medication.

Social services also became involved at this time to offer support for the parents. They arranged for counseling for the parents on an individual and family basis. Play therapy, family therapy, an in-home support worker were also made available and a

placement in a pre-school program for children with behavioural disorders.

Michael was placed in the pre-school program. He responded to the structure, but continued to require close monitoring and constant intervention in his interactions with others. Upon completing his pre-school program, it was recommended that he be part of a behaviour program that offered a structured setting with a high adult to child ratio where he could continue to build on the skills he had learned. At that time, he was referred to a B.E.S.T. program in the Foothills School Division.

While in the B.E.S.T. program, Michael's behaviour continued to be to be challenging to all who encountered him. Although his medication had been increased to cope with his behaviours, he continued to have difficulties. Michael demonstrated a low tolerance to frustration as well as difficulty transitioning from one activity to another. He often refused to comply with requests, used inappropriate language, was aggressive with adults, and showed tendencies to self-injurious behaviour. Difficulty recalling events leading up to a problem or the problems themselves complicated his progress.

However, Michael was self-motivated to do well and the staff there noted that he responded well to routine and structure. There had been success for short periods and he had expanded his academic abilities. By the end of his grade one year, he had shown progress in his social skills and was beginning to develop friendships. He had increased the amount of time spent in integrated classes with support.

During this grade one year, Michael was referred to the Children's Hospital to a unit that specialized in the observation of children's academic, behavioural, social, emotional, and physical development. Again, no simple explanation was found for Michael's behaviour. The same difficulties identified in previous assessments were re-documented. Again, it was recommended that he continue to be part of a behaviour

support program.

During Michael's grade two year, his parents removed him from the B.E.S.T program he was enrolled in and transferred to another one within Foothill's School Division. His inappropriate behaviours escalated. He attempted to steal a car that had been left with the keys in it. Michael began to be sent home on a daily basis for aggressive behaviour towards staff and students. His parents were also having a great deal of difficulty dealing with Michael's behaviour at home. In response to all of these difficulties, they agreed to enter into a voluntary custody agreement with social services. Michael was placed in foster care in an attempt to improve his behaviour, as all other interventions did not seem to work.

Michael was eight years old, in grade three, and in foster care when he was referred to our B.E.S.T. program. Concerns for his abilities to handle the demands of the inclusionary classroom prompted a letter writing campaign to advocate for a full-time assistant by his foster mother and other professionals involved with Michael. It was deemed necessary to have someone with him at all times to "read" his signals, prevent outbursts, and provide consistent intervention to connect cause to consequence. Windsong Child and Family Services (Social Services) felt so strongly about this issue that they agreed to fund a half-time assistant for a period of twelve weeks to supplement what we could offer.

Michael began his year on a part-time basis. By the sixth week of school, he was coming for full days. Although Michael required constant and consistent intervention to remain focused on the work in the classroom, he was highly motivated to be part of his inclusionary classroom. Consistent consequences, including time out, loss of privileges or for him. There were few major blow-ups and no incidences of physical aggression.

Michael also responded well to the consistent structure between the foster home, social services, his natural mother, and the school. We communicated on a daily basis with his foster mom. Appropriate behaviours at school were reinforced with privileges at home and inappropriate behaviours at school resulted in those privileges being lost.

As the year progressed it seemed that we were having good success all around. Michael went home to his parents at the end of February. A good relationship that had developed between Michael and his inclusionary teacher helped him to do well in her predictable and structured classroom. Constant discussions with his inclusionary teacher and the B.E.S.T. room staff indicated that we could decrease the amount of one-to-one assistance from all subjects to language arts and math. We were also able to decrease the amount of time we had him in our sight at recess. Frequent "check-ins" allowed us to monitor his behaviour and intervene if necessary.

However, in April, Michael's behaviour began to deteriorate. First, his inclusionary teacher left on a maternity leave causing a change in expectations and routines. Michael began to use physical aggression towards staff and for the first time we had to physically restrain him in order to protect him and ourselves from injury. His parents were also beginning to have severe difficulties at home with him again, even with an in-home support worker. On one occasion, he ran away from a babysitter, took his parents car keys, and hid in the car with the door locked. He started the car, put it in reverse, and damaged three neighbors' cars behind him.

At the beginning of May, Michael's parents requested his psychiatrist for a change in medication. Yet, Michael continued to escalate his level of inappropriate behaviour in his classroom and on the playground. It became necessary to increase our support back to full time, one-on-one assistance. When we consulted with the psychiatrist

about the change in behaviour, he was baffled. We became discouraged when we were told it would take six weeks in order for the new medication to have any effect.

At this time, the B.E.S.T. staff became very frustrated the deterioration of communication between the school and Windsong. The communication had become very one-sided since Michael had returned home. We left repeated, concerned messages on voice mails that were not returned. No longer were we a part of the team that had been encouraged at the beginning of the year by social services. Meetings were held between all the interested parties but t the B.E.S.T staff was not asked to attend. Success for Michael was slipping away and we felt powerless to do anything. Towards the end of June, when I finally got through to one of the social workers to express our concerns, she informed me that foster care or residential treatments were being considered as the parents felt they could no longer help Michael.

Some I.P.P. goals were met this year. Testing with Michael, in September had indicated that he was not reading at this time. I began an intensive on-on-one daily reading program based on Marie Clay's (1993) Reading Recovery. Michael responded enthusiastically to the predictability and structure of this program. In June, he had progressed to an upper grade two level. (Upper Arlington Schools, 1996-1997). By the end of the year, Michael had moved from having all his work scribed to doing all of his own writing.

For a time, Michael did make behavioural progress. However, when Michael returned home to his parents and the communication between school and social services was not seen as a priority for the Windsong staff, his behaviour regressed. This highlighted the importance of improving this goal for next year.

As of October 2001, Michael is back in foster care with the same family as last

fall. He is no longer physically aggressive and his behaviour is stabilized so that he can be part of a grade four inclusionary classroom. He is able to remain there most of the time, independent of one-on-one assistance. We are continuing our reading program and responsively modifying academic work when his behaviour shows us that interventions are required. Communication between all the parties involved has once again become a priority and Michael has responded positively.

Chapter VI: Evaluating the Journey

When I accepted the teaching assignment to work with children with behavioural disorders, my desire was to make a difference in the lives of the children that I came into contact with. I wanted to be instrumental in changing the course of behaviour that these children had found themselves on. Because much of the research that was available concluded that further development of intervention research was necessary (Dunlap and Childs, 1996), I wanted to be reflective about my journey so that our program could be responsive and so that others could learn from what we discovered. During the course of my study, I was able to make connections between the research and my own observations.

<u>Definitions and Characteristics</u>

The first common theme I identified from the literature concerned the assortment of definitions and characteristics of children with behavioural disorders. In my investigation, I was able to validate this. The children I worked with had a variety of diagnoses, the most common being Oppositional Defiant Disorder. The DSM IV (APA, 1994) identified a variety of behaviours associated with this diagnosis such as losing temper, arguing with adults, refusing to comply with requests, blaming others for mistakes, and being easily annoyed. However, behaviours such as these were common to most of the children we worked with whatever the diagnoses happened to be.

We frequently observed Jason, Lisa, and Michael engaging in oppositional behaviours. Lisa engaged in active defiance on a weekly basis in areas such as completing work, putting materials away when asked and coming off the playground after recess.

Jason had difficulty accepting responsibility for his behaviour and blamed others.

Problems were solved through confrontation, inappropriate language, or physical assaults on other children. Never did I observe Jason demonstrate remorse for his actions, offer restitution, or apologize for his behaviour without prompting from an adult.

Michael frequently argued with his teachers when he thought the assignment was too hard. He often said, "If I were the teacher I wouldn't make the kids work." He said it so often that on one occasion his inclusionary teacher responded, "If you were the teacher, nobody would learn anything."

Causal Factors:

Kauffman (2001) points out that it is difficult to identify the cause of behavioural disorders in some children and why some became vulnerable and others do not. I also discovered that there were no easy answers to this quandary. The causes for the behavioural disorders of the student we worked with were never clearly identified. In spite of this, I came to the realization that the children shared a common characteristic of instability in their lives and their behaviours seemed to be a response to those circumstances.

Many of the students came from homes with harsh discipline. Over half of the children had been removed from their natural homes at one time in their lives and placed in foster care due to violence in the home. This concurred with findings by Astor and Behrens (1997) that children with behavioural difficulties had frequently been exposed to violent episodes.

Several of the students we dealt with were diagnosed with Post Traumatic Stress Disorder, related to family violence in the home handed out by abusive parents, step-parents, and grandparents. Lisa had difficulty sleeping as she relived the experience of her head going through the wall. Luckily, she was no longer in contact with her father,

the abuser, but she still carried the emotional scars.

Kauffman (2001) cited difficult temperaments as a risk factor for behavioural difficulties. Behavioural difficulties have also been linked to biological factors (Winzer, 2001). As Jason's parents struggled with the cause of their son's difficulties, they looked to his early childhood behaviours. Their observations noted that from birth Jason had been more difficult to handle than his easier going brother. In addition, when they looked even further back they were able to see biological factors that may have been an influence. His grandmother had also been diagnosed with an anxiety disorder. Other relatives had been diagnosed with depression, bi-polar disorder, and oppositional defiant disorder.

Coleman and Vaughn (2000) identified a correlation between behavioural and reading difficulties. I observed this as well. Many of the children that I worked with were behind their age-level peers in reading. I provided four children with a one-to-one reading intervention. Yet, it remained unclear to me whether the reading difficulties caused the behavioural difficulties or vice versa, but the fact remained that intervention was necessary.

Inclusion

Students.

MacMillan, Gresham, and Forness (1996) cautioned those working with behaviourally disordered children about inclusion. They recommended treating each child as an individual. After working in the B.E.S.T. program for one year, I have come to agree with this conclusion. Recognizing that there must be a common set of expectations of behaviours, I have found that the path each child takes to achieve those expectations is

different. Each child has his or her own set of difficulties and must have a program that is responsive to his or her own needs.

Proponents for inclusion claim that the academic and social models of a general classroom are a suitable way to demonstrate appropriate and responsible behaviour (Daniel and King, 1997). Lisa was an example of a child who benefited from inclusion in the general classroom, often modeling her behaviour to match the more appropriate behaviour exhibited by her peers. She made friends, developed a bond with her inclusionary teacher, and appreciated the variety of activities that she could be a part of. Nevertheless, there were certain days where she was not able to handle the demand of the general classroom and required the responsive support that the B.E.S.T. program could offer.

When considering inclusion, the safety and well-being for all students also had to be considered. Some children were too violent to be served in the general classroom (Winzer, 2001). For Jason and Michael, who seemed to have no personal responsibility or remorse for their actions, inclusion was not always an appropriate way to educate them. As the year progressed, these two students felt that their actions were justified no matter what they did. In addition, their actions were also very impulsive and unpredictable. We could not guarantee that the supports we had in place for them would prevent outbursts or inappropriate behaviours. Jason's forty-five incidents of physical aggression towards other children was clearly an indicator that neither he nor his peers were being well served by inclusion.

Michael's behaviour was frequently compared to a light switch, inappropriate behaviour that could be turned on and off with no notice. Initially, Michael had the ideal support for inclusion. He had one-on-one, all day assistance, to support his academic

work and the transference of the social skills to classroom behaviour. However, by the end of the year, due to unknown circumstances, we were worse off than where we started. Even with the one-to-one, full-day support, Michael's behaviour escalated and we were unable to maintain appropriate behaviour in the general classroom. Other students were at-risk.

The B.E.S.T. program had greater success inclusionary success with younger children. Grade one and two children demonstrated a greater desire to be part of their inclusionary classroom and to be with their peers. For many of the primary children, inclusion was a great motivator. Primary peers of children with behavioural disorders also seemed to be much more tolerant of inappropriate behaviour. They would be genuinely pleased about the success of their peer and wanted to let us know when that happened. This supported the research by Macmillan Gresham, and Forness (1996) who also found that primary children are more tolerant than older children. In addition, they found that students from mid-grade three levels to grade five were less tolerant. Over time, they became unwilling to forgive and forget as children with behavioural disorders continued to demonstrate inappropriate behaviour.

<u>Teachers.</u>

MacMillan, Gresham, and Forness (1996) found that teachers are open to trying inclusion. Most of the teachers that I worked with were willing to have children with behavioural disorders in their inclusive classrooms. Although, over time, when the student's behaviour became totally defiant to teacher's requests or dangerous to the other students, the teachers became unwilling to have the student return to their class after a disruption. In my opinion, as long as there was a pay-off to the teachers in the form of growth by the child, they were willing to try. If the child seemed to be going through "the

revolving door" as it came to be known, the inclusionary teachers lost the desire and patience to keep working with students with behavioural disorders.

Rose (1994) found that teachers did not have the skills needed in order to make inclusion successful. I was able to observe that inclusionary teachers were often at a loss as how to deal with students with behavioural disorders when they did not conform to the regular kinds of requests and expectations that of the general classroom. When the B.E.S.T. staff would offer alternative solutions to dealing with inappropriate behaviour, it would often be as if "light bulbs" were going on, and teachers would say they had not thought of that.

However, there was also sabotage to some of the suggestions. Macmillan Gresham, and Forness (1996) said that inclusive teachers were often unwilling to incorporate behavioural strategies employed by special education teachers. I observed that on some occasions, teachers would modify their expectations to conform to the individual nature of the behaviourally disordered child, yet on others, they refused. Teachers seemed to be unwilling to modify their expectation too far from the expected general classroom behaviour. They felt that it was up to the student to conform to the general classroom teacher's expectations and if they did not, then the student should be removed from the room.

For example, we had provided Lisa with a card that she could put on her teacher's desk when she felt the need of the B.E.S.T. room support. This card allowed her to come on her own to the B.E.S.T. room. After a few days, the inclusionary teacher said that now Lisa had to have permission to leave the room rather than just placing the card on the teacher's desk. The teacher did not like having a student leave her room without a verbal transaction occurring. This took the power away from Lisa, who needed to learn how to

use it in an appropriate way, and gave it back to the inclusionary teacher.

Programming

There are few programs geared towards children with behavioural disorders
(Winzer, 2001). Kauffman (2001) emphasized the need for good instruction. Coleman
and Vaughn (2000) advocated direct instruction as a superior method for teaching
children with behavioural disorders, particularly in reading.

Reading.

I wanted to find ways that I could improve instruction for children with
behavioural disorders. I worked with four students applied techniques advocated by Clay
(1993) that I had used for an early reading intervention program with grade one students.
Macmillan Gresham, and Forness (1996) cited research that found progress in a pull out
program was markedly faster than the regular classroom. Based on the research, I
incorporated a pullout program whereby I blocked a half hour one-on-one period for each
student, once a day to address his or her reading difficulties. I utilized the following
method:

1. Read the book taken home the night before. (Complete a running record of the
   selection by putting checkmarks for correct vocabulary and indicating the
   substitutions and corrections)

2. Practice the "Power Words" (sight word vocabulary)

3. Read the new book for the day (again completing a running record)

4. Pick a new phonetic "power word" (based on common errors the child had while
   reading) and practice it with rhyming words and variations using magnetic letters.
   Over learn the power word by writing it as many time as possible in one minute.

5. Together, create and write a sentence correctly. The child writes in a notebook

and I write on strips of paper to be cut up and taken home in an envelope to practice along with the home reading.

Each day the process was the same with few variations. Although the students were not always keen to read, usually I was able to convince them to get them back on track. Eventually, they could see their own growth. All of the students that I worked with improved their reading skills by at least one year based by the end of our first year together (Developmental Reading Assessment, 1996).

Another added benefit to the reading time was the opportunity to spend one-on-one time with each child. It helped me get to know them better and to engage with them on a teacher/learner level. Based on these result and the growth in reading that I saw demonstrated by all the students, I would continue to offer this program to any of the students that I work with in the future.

Social Skills.

Goleman (1995) concluded that children who received social skills training became less aggressive. Gillies (2000) found that children who received training were more cooperative a year later than those who had not. Based on this information, I decided that all of the children we worked with would engage in some form of Social Skills training. Anger management groups, friendship groups, play groups and support groups were available for B.E.S.T. students as well as others through out the school. The Home/School Liaison Counselor and the Youth Development Workers I offered these programs during school time and at recess breaks. The students who were in our program also had social skill awareness activities that they worked on in the B.E.S.T. room when they were segregated.

Children were taught valuable strategies for getting along with others. However,

in my opinion, sessions such as these did not cause immediate changes in students'

behaviour. They needed to be integrated and transitioned from "theory to the practice."

Mathur and Rutherford (1996) also concluded that greater attention was needed to

promote generalization of social skills to relevant situations. Students could "know in

their heads" what they were supposed to do when they got angry, but when the actual

situation came up, emotion tended to override logic. Students needed adults or peers who

had gone through the training with them to be available on a day-to-day, class-to-class, or

recess-to-recess basis to help apply the skills. Only when students had ample opportunity

to practice the skills in real life could they begin to apply them independently of

intervention. It is my recommendation that social skills training be offered on an on-

going basis, from year to year with opportunities for transition.

Teaching Strategies.

We employed several strategies and interventions with the children, in a variety of

situations. I felt like a magician with a "bag of tricks." All the children required

individual approaches to help them deal with their difficulties. I found that what worked

one day, might not work the next. The more strategies or "tricks" available, the better

chance there was of bringing the behaviour around to acceptable school behaviour.

Coombs (1998) concluded that the intervention we utilize must include the

presentation of strategies that help steer their behaviour into appropriate states of

expression. During follow-up discussions, after inappropriate behaviour, we would ask

students to identify how they could have handled the situation differently. Many times

students would not know what they could have done differently or they would know what

to do theoretically, but not emotionally. The role of the B.E.S.T. staff in these situations

would be to provide awareness: awareness of the choices and awareness of the changes in

their body and their mind that could assist them in choosing alternative behaviours before the situation escalated. As students heard the alternatives repeatedly, and we provided "on the job" training, some began to make choices for themselves. Lisa learned to say, "I need help" instead of "This is boring." Jason learned to come to the B.E.S.T. room and find a quiet place when his inclusionary teacher asked him to. The children learned that there were safe alternatives to their learned behaviour.

Unpredictable consequences encourage misbehaviour (Kauffman, 2001). We learned that there must be consistency and structure in the daily school lives of our students. When Jason knew we expected him to go to math and language arts on a daily basis, he became less anxious and defiant about going because the expectations were predictable. The daily struggles we had while we tried to negotiate each incident as a separate entity disappeared. Jason knew that refusal to work meant time out and a loss of privileges, each day, every day. As we gave the same "party line" day in and day out, he began to accept the expectations more willingly.

Levendoski and Cartledge (2000) promoted the use of self-monitoring strategies in order to develop improved behaviour. Yet, I found that getting children involved with their own goal setting and program planning was frustrating. In order to identify an area of focus, a child had to take ownership of the problem. Many of the children had difficulty accepting this responsibility. Astor and Behre (1997) concluded that children with violent tendencies focus more on rules prohibiting provocation rather than the rules prohibiting physical retribution. Jason believed that his difficulties were the result of everyone else's actions and not his. He saw his actions as being justified. As a result, when we tried to involve him in the discussions, he had a great deal of difficulty coming up with appropriate suggestions. He also experienced difficulty adhering to any

suggestions that he might come up with. I want to be able to continue to encourage

student participation in goal setting to a greater degree than what we have been able to

do. I believe that when the children accept personal responsibility for their actions, they

will have greater success because they will be working towards something that they want.

Time-out was a big part of our program. How it was used with individual children

was different. We began the year with an area, blocked off by dividers with pictures on

the wall and stuffed animals to cuddle. We soon found out that these items were

manipulated and used to express anger. The walls were pushed over, the posters ripped

off the wall and the stuffed animals used as weapons. Out of necessity for safety, we had

permanent floor to ceiling walls built, with an opening, but no door. Posters were on the

ceiling, but nothing was in reach of angry hands. This area could then be used as a safe

place to vent anger. Students were sent in for one minute for every year in age they were.

Sometimes children liked to be left alone and others liked to have someone to watch them

at the entry. On occasion, children would become physically dangerous with the staff or

themselves and we would restrain them in a basket hold that we had learned during our

training (Crisis Prevention Institute, 1987).

To complement our time-out area, we created a second corner with low lighting,

posters, pillow, and stuffed animals. Our intent was to provide a secure and friendly place

to non-violent children who needed a place to slow down their thoughts. Students could

let us know when they needed this space and stayed there until they thought they were

ready to come out. It was made clear that any work missed while in this pleasant hideout

would have to be made up. Jason often used this spot when he had not had a good night's

sleep. He would bury himself, fall asleep, and emerge two-hour later refreshed and ready

to handle things. This was a much nicer way to handle his mood swings than fighting

with him.

Reward systems were strong motivators for children to behave appropriately in the B.E.S.T. program. Kauffman (2001) stated that classroom behaviour could be altered with reinforcement. I gave students candies on a daily basis if they could list good behaviours they had demonstrated. Over a period of five days, students could earn a poster for appropriate classroom and recess behaviour. The days did not have to be consecutive. Ten power words memorized earned a choice of a new school supply. Students could also earned extra privileges in the B.E.S.T. room when they had engaged in appropriate behaviour in their inclusionary classroom. Lisa earned time to make crafts. Michael and Jason earned free computer periods. Later in the year, Jason earned his recess privileges through co-operative behaviour in the inclusionary classroom. Cost-response systems were incorporated as the year went on as some students became unwilling to try after they had reached their goal of a reward. Continued appropriate school behaviour was needed to keep their reward.

Bibliotherapy

Winzer (2001) defined bibliotherapy as a procedure based on the concept that books may serve a therapeutic purpose. This was a strategy that we stumbled upon when trying to plan a typical school day for Jason during his segregation and this became a time when Jason was calm and relaxed. We were able to take the opportunity before he was read to, to discuss issues, behaviours, and worries because we knew he would be able to soothe his anxieties through the reading process. Because Jason looked forward to the reading time, he was better able to deal with the subject of the discussion whatever it might be.

We also tried reading with other children. Sometimes the books were about

situations that mirrored the children's own difficulties and other times the books were for enjoyment. Students would pick the books that they would like to listen to. This activity seemed to work best with one or two students. If there were more, difficulties would arise because the choice of book would not be in everyone's interest or students would become more pre-occupied with the other children rather than the story we were reading.

Family, School and Agency Teaming

The benefits of school, parents, and children working together as a team had been recommended (Miller, Ferguson and Byrne, 2000). I also found this to be true. At the beginning of the year, I looked for ways to draw parents into a partnership with the school to bring a positive focus to our communication. I began phoning the parents every Thursday, at the end of the day, to report on the week's successes or difficulties. I started this the very first week of school because I wanted to build on successes right away. Parents became receptive to my phone calls. By the time it came to call to discuss difficulties that had occurred at school, the parents already knew that I could see the positives aspects of their children. However, with many of the parents, it took longer than a couple of weeks. It took regular, on-going communication through out the year to demonstrate that I cared about and would be an advocate for their child.

There were other forms of communication as well. Parents were involved with the I.P.P. process. These meeting happened three times a year. They helped to identify the strengths and areas of focus for their children and also helped to determine and evaluate the goals. Regular parent-teacher conferences were held with the inclusionary teacher as well.

Kauffman (2001) advocates familiarity with other organizations so that support can be offered to the families. We often referred students to Alberta Mental Health and

Social Services for additional services. Our home and school liaison counselor knew other kinds of organizations that were available and what kinds of services they had such as parent support groups and in-home support workers. Information to add supports to families' difficult situations was non-judgmental and non-threatening. Some parents took advantage of these services and others had difficulty following through.

Working with other outside agencies was a frustrating experience. Communication seemed to be a "one way street"; we gave all the information and received little in return. Confidentiality was often given as the reason we could not informed. Working this way made things difficult for the B.E.S.T. staff because we did not know if the work other agencies were doing was congruent with ours.

Conclusion

My reflections on the past year have been in agreement with the research that is already available on children with behavioural disorders, for the limitations as well as promising new areas. I have seen that children who have been exposed to violent situations in their lives or children with difficult temperaments may develop behavioural difficulties. Inclusion for behavioural supports must be applied individually to each student and may or may not work with appropriate supports. Teacher supports and professional development may also be a way of promoting positive growth for children with behavioural disorders. Knowledge of a variety of teaching strategies is very useful when dealing with children with behavioural disorders. Specific programming, in the form of one-on-one reading intervention proved a very promising way to remediate reading difficulties. Social skills training must be an on-going part of programming. Attempts to transition skills to daily practice must also occur. Consistent communication

between the school and home is a must. Schools and outside agencies must develop

closer working relationships on a regular and consistent basis.

Chapter VII: Ruminating the Journey

I started teaching because I enjoyed working with children and wanted to be a significant person in their lives in the same way that my teachers had done for me. When I taught in the segregated classroom for children with special learning and behavioural needs, some of the children progressed in their own individual programs, and some were able to get back on track and be part of the general school programming again. Although there were frustrations, these successes kept me motivated.

When I taught in a general grade one and two looping program, there were so many rewards that I cannot even begin to describe all of them: the joy of seeing light in a child's eyes when they learned to read, excitement on special school days like Halloween or Valentine's Day or the preparation that paid off when hours of practicing turned into a successful concert. Parents were also very appreciative. I received many cards and letters thanking me for a job well done.

Working with children with behavioural disorders, in the B.E.S.T. program was one of the hardest teaching jobs that I have ever done, for a variety of reasons. At times, I felt so helpless and powerless. In this last chapter, I would like to make some of my own personal reflections about this journey that I took.

I accepted this job to work with behaviourally disordered children because I thought I could make a difference in their lives. I thought that I could help them get back on track to become productive citizens. With a little love and caring, everything would turn out fine. That was one important part of the job, but there was so much more. Obstacles came from unexpected places and made things more difficult than I expected.

One of the things said to be lacking in children's lives is stability. Much has been said about two parents working and the negative effects on latchkey children. Divorce is

often a cause for anxiety in children. Fighting and violence within families can also cause feelings of instability. Many of the children that I encountered, on a daily basis, had these examples of instability in their lives. Their behaviour at school reflected this. It became frustrating for the B.E.S.T. staff because in these situations there was nothing we could do to correct that part of children's lives, unless their parents were ready to accept their part of the child's behaviour and enter counseling to help their family deal with these events. Just as the children would not accept responsibility for their actions, in many cases neither would their parents.

In one instance, one student ran away from us when we were called to remove him from the classroom. Every time we tried to get close to him, he ran again. When we called his mom, she refused to come and get him. She had a university assignment to complete, her marks were dropping, and she suggested we call his father who she was divorced from. Our questions became, "What if parents will not come and get their children? Where does our responsibility lie? What kind of support can we give children that will change their behaviour and its course if parents continue to act in the way that has created the uncertainty for their child? Why should we support children whose parents will not support us?" There were no easy answers.

Calling parents in the middle of the day about their child behaviours was a very sensitive issue. There were times when we could not control the children, and they could not remain at school. Trying to explain this to a parent, in a way that did not assign blame to the parent, was a very delicate task. What I tried to do was explain, the "journey of how we got there." I would identify my feelings of helplessness to the parents and ask for suggestions.

I never made these phone calls lightly. Some parents appreciated the phone calls.

Foster parents in particular recognized the need for home and school to be working together. They would be very supportive. Other parents would be upset with us; they thought we should be able to handle it. It bothered me to no end that when we did have to make those kinds of phone calls, we would not get the support that parents had agreed to in writing, to come and get their child when their behaviour was such that they could not stay in school. This part of teamwork did not always work as well as I anticipated.

In the BEST program, one of my goals was to create a program that was responsive to children's needs. Our children came to school wounded in spirit for a variety of reasons such as family violence or school failure. Therefore, every day that I walked into that room, I tried to create an atmosphere of safety and caring. I tried to listen to them through their words and actions when they did not have the words to describe what they were feeling. I tried to provide support for them in their struggles to be part of life, which in our school meant the inclusionary classroom.

Some of the children that I worked with were not ready for inclusion. Some did not even want to be part of the inclusive classroom for a variety of reasons such as anxiety, the need for attention, or the inability to achieve academic expectations to name a few. Yet, I believe that eventually inclusion of behaviourally disordered students should be the ultimate goal for all children because we must all live in society together. The school division policy also mandated inclusion. However, I learned that it does not need to look the same for all and the journey to get there does not have to be the same for everyone. Many adults also work in segregated environments such as working from the home or at a desk, in a cubicle for the entire day.

That said, however, we must teach students how to be responsibly included, so that they can be productive members of society. Before we can, we must learn to stabilize

children and help them to feel secure. We must also consider the effects of inclusion on the other children in the general class. The "spill over" effects can be great as the peers become anxious about their own schooling and safety due to inappropriate behaviours exhibited by the student with behavioural disorders.

Working with a team was also more difficult than I thought it would be. Sharing information, scheduling meeting times and agreeing on how to handle consequences were some of the areas that caused us difficulties. Often the biggest factor that interfered with the effectiveness of the team was time, a precious factor in short supply. The students needed more time and attention than we were ever capable of providing. Because of this, we used our in-school time to the maximum benefit for children, leaving none for meeting times during the day. Consultations, information sharing, and the like seemed to happen on the "fly." This set up potential situations in which the information needed did not always get to the appropriate people.

After-school meetings were an alternative. However, I was reluctant to do this because of the nature of the people involved. Our youth development workers were paid for a set amount of hours at a wage that was far below what teachers were paid. Any extra time that was put in was impossible to compensate for financially and difficult to compensate for with lieu time. I was loath to mandate these meetings, but in the end was forced to realize that they were a "necessary evil."

After one particularly distressful incident among the adults as to the issue of information sharing, we decided as a team to institute weekly meetings between the behaviour support teacher, program youth development worker, school youth development worker, and school liaison counselor. These meetings would be to discuss the children that we all worked with and to share the information that would make a

stronger support program and network. At this time, it would also be possible to co-ordinate the appropriate people to be a part of meetings that had been scheduled with various agencies or parents. Although our communication improved, a shortage of time continued to interfere with the logistics of meeting.

Communication was important with the inclusionary teachers as well. It was my responsibility to see that information was passed on. I tried to grab moments before, during, or after school to talk with teachers about their student with behavioural disorders. Many of these conversations were "walk and talks" on the way to class. In these few brief moments, I could communicate an abbreviated version about what was happening with a child, or the teacher could share the precipitating or background circumstances to behaviour in the classroom. As it was often difficult to schedule meeting times to deal with all of the behaviours, these "walk and talks" kept us, as teachers, on an open path of communication. Waiting until "Thursday, after school" for example might take away from the immediacy of the situation and by Thursday, what quickly needed to shared on Monday, was no longer relevant. However, its relevance on Monday could have made all the difference in how we dealt with a child that week. When regular communication took place, it did not need to involve long meetings.

Initially, I expected the staff to trust my decisions. However, we did not always agree on how to work with the children with behavioural disorders and sometimes this created problems. Teachers are used to working on their own and making the decisions for their classroom, me included. I learned this year that I could not make the decisions for the children I worked with on my own. It was a team approach. I had to listen to the inclusionary teachers as well. General classroom teachers saw the big picture of their classrooms, and if inclusion was to work, what I did with children needed to fit into the

context of the needs of the whole class. I had to learn to be open to criticism and ready to have an alternative plan. Because I was seen as the expert on behavioural disorders, it was expected that I come up with a plan that would meet with inclusionary teacher's approval.

Initially, I did not realize that I would have to work so hard at being an advocate for the child with behavioural disorders when I dealt with the inclusionary teacher. As I came to work with each child, I realized that each one was an individual and needed to be treated accordingly. We would not need behaviour support teachers, if what worked for most children worked for these children. The fact that we needed behaviour support teachers supported the fact that there must be individual accommodations. On many occasions, classroom teachers had difficulties with that. Frequently, the issue of fairness in regards to all children came up. Teachers wanted the support of the B.E.S.T. program, but only for intervention with negative behaviours. Interventions that promoted appropriate behaviours in the form of rewards and reinforcement were looked at suspiciously.

Experiences that humbled and angered me occurred when bureaucracy got in the way. On occasion, the B.E.S.T. program's point of view was not considered in the larger scheme when it came to outside agencies or school division policy. In one instance, requests from the foster parents had been made for a full time assistant. All the consultants involved with this child had written letters advocating for one. The B.E.S.T. staff was also in favour. Bureaucracy said that there was not money and that the appropriate resources were already in place. Therefore, the school division could provide no extra assistance.

In another instance, Social Services wanted to transfer a child from one B.E.S.T.

program to ours late in the year. Both B.E.S.T room staffs felt that it was important to let the child finish his year where he currently was and start fresh in September in our program. However, Social Services led the way, and the mandate from the school division said that the parents or guardians had the final say. In this case, the guardians were Social Services. However, the school was the one being asked to make the plan that would continue to create and provide for successful school experiences.

Windsong and Family Services (Social Services) was a frustrating organization to work with. In another instance, they phoned the school to let us know that a student who had been apprehended the night before was now in a foster home, but would still be coming to our school for his classes. When asked they would not tell me anything about why he was removed other than it was to be kept quiet and under wraps. The information was confidential. . In other instances, when foster parents received children in to their homes, Windsong would not give the foster parents the information they needed to know. The school was the organization that opened our files to foster parents so they could find out about their foster children.

Windsong advocated teamwork, but we, the school, were the ones who were required to call in confidential information by law and yet received none in return. We were the ones to keep foster parents informed. It was as if the Windsong team thought that what happened in children's homes did not effect what happened at school or any other place. In my opinion, teachers were not seen as professionals that would keep the information confidential. In addition, teachers were not allowed the opportunity to be responsive to what children were going through. Even though, as much of my research has demonstrated, that what the children go through at home has a direct impact on their school success and behaviour.

If interventions for children with behavioural disorders are to be successful, the school cannot work in isolation from every one else. Schools are specialists in academic learning. The psychological training and counseling background that is necessary to make these changes is not a part of the teachers' training. Parents, social services, therapists, medical doctors, and others must all be a part of the intervention team. The children themselves must also recognize that there is a need for behavioural change. The interested parties need to acknowledge that what has been done in the past does not work for the children, and changes need to be made in all areas of the child's life in order for appropriate change to occur. Practical research that explores how multi-team intervention can be done must occur in order that behaviour support programs will be successful.

The development of the B.E.S.T. program was an evolution and to this day it continues to be a responsive program. Through the literature and my experience, I learned not all children with behavioural disorders are alike. What worked one day, might not work the next. There were no quick tricks. Multi-faceted intervention must be long term. Perseverance and patience are needed.

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