1

Foundations and Frameworks

Chapter Overview

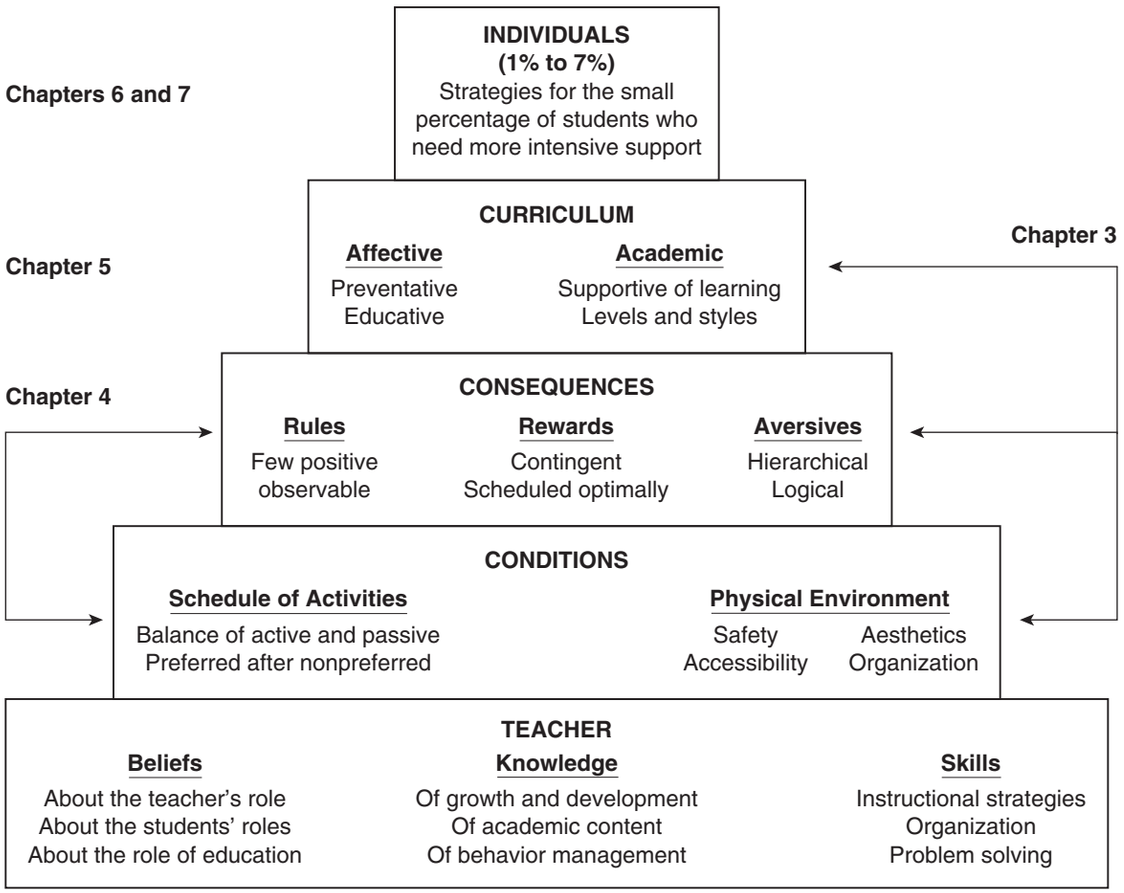
■ INTRODUCTION

What would you do with a 6-year-old who greets you on the first day of school with, "Shut up you four-eyed, snot sucking, cracker—." While this particular behavior might be unusual in your classroom or school, defiance of authority is all too common in schools today. Depending on the demographics of a given school, 10% to 20% of the students can be expected to have emotional and behavioral disorders (EBD) requiring treatment (Brandenburg, Friedman, & Silver, 1990; Kauffman, 2001; U.S. Department of Health and Human Services, 2001). School systems formally serve about 1% of the student population in special education programs for youth with EBD (Kauffman, 2001; U.S. Department of Health and Human Services, 2001). A gap clearly exists between the numbers of students who need assistance and those who receive it. *You Can't Make Me! From Conflict to Cooperation in the Classroom* offers some insight into the limitations of a one-size-fits-all approach to discipline planning while assisting readers in developing a working framework from which to make research-based decisions about implementing the most effective interventions, given (a) the needs of specific targeted students, (b) the needs of a larger classroom group, (c) the setting, (d) the demands of the task, (e) short-term desired outcomes, and (f) long-term desired outcomes. Multiple perspectives on addressing emotional and behavior problems are integrated to maximize the potential for correctly identifying the child's or group's needs and selecting interventions that have the highest likelihood of successfully addressing those needs. The foundational principles that follow establish the groundwork for all other chapters. Teaching students to behave requires an understanding of cause and effect across the developmental domains. Discipline is not something that can be applied externally like an ointment on a wound. Those most in need of our interventions will not respond readily to a behavioral contract, a sticker for being "good," or the time-out chair. *You Can't Make Me!* is designed to bring together the best of what is known about youth who misbehave. This book is designed to address the needs of educators in general as well as those in special education settings. Some information and anecdotes are more applicable to general education classrooms. Other recommendations and anecdotes are more applicable to the needs of students identified as needing special education services. The guiding principles are applicable to the needs of all children with challenging behaviors, regardless of their status as general or special education students. Figure 1.1 illustrates the organization and scope of information included in this text.

■ FOUNDATIONAL PRINCIPLES

Educators and parents carry a heavy burden. They are expected to control children—to *make* them behave. Teachers and parents are praised for having well-behaved, compliant children. Those who have active, difficult to manage children are often considered less able, less worthy, less skilled, and less knowledgeable. Over the 25 years that I have worked with children who have EBD, more than one administrator has asked, "Why do you do what you do?" Their assumption is that nice people; good people; able, worthy people would want to work with the talented and gifted

Figure 1.1 The, *You Can't Make Me!* Model for Facilitating Cooperation



Note: Chapters 1, 2, and 8 address the *teacher* section of the pyramid

children—those who behave. I have many complex answers to their simple question. The first is that I find it rewarding to do a tough job well. The second is that I know beyond a shadow of a doubt that when one of my students achieves a full year's academic growth or more in one year that I had a large hand in his or her success. Some students achieve in spite of us. Those with learning and behavior problems achieve only with appropriate levels of support and carefully scaffolded guidance. A third reason is that the toughest kids keep me honest with myself and the universe. They have a way of stripping us of our feigned self-importance and know-it-all mindsets. A former student named Tara, introduced below, was among the children who taught me my first lesson of behavior management.

Foundational Principle 1: The only person I can control is myself (Glasser, 1998)

Tara was an 8-year-old girl with a healthy set of lungs and vast quantities of misdirected energy. Her response to any request she believed to be unfair was to fall to the ground, scream, kick, and flail about like a beached whale. One beautiful, sunny day I took her and the rest of the

class of students with EBD outside to enjoy a butterfly garden, which the middle school students had built for our enjoyment. Tara skipped down the mulch path hand-in-hand with her buddy, George, a child of 6 with fetal alcohol syndrome and severe behavior problems. They loved finding bugs and lizards for our temporary classroom terrarium. When it was time to return to the classroom, Tara voiced her displeasure with a few grunts and foot stomps. I sensed a full-blown tantrum on the horizon and sent the audience inside with Ms. Hill, our classroom aide. Tara opened her mouth to begin her customary wails and began to crumple at my feet just as a group of visiting administrators from the county office turned the corner of the sidewalk near our spot on the lawn. I knew from past experience that Tara would not respond to reason or reprimands. Neither rewards for good behavior nor punishment for bad behavior would abort her attempt to make a scene. Simply put, Tara had established through words and behaviors on many occasions that I could not make her behave. Wanting to spare myself and Tara the embarrassment of a public display of inappropriate behavior, I whispered in her ear, "Tara, Sweetie, I know how you hate ants. Please don't sit down here. There's an ant pile over there in the grass." With that said, Tara stood quickly, accepted my hand, and walked into the building without another word.

I could not make her behave. I could only control my response to her behavior. By choosing wisely, I was able to assist her in gaining self-control. Over a period of 10 months, Tara did learn to respond appropriately to routine teacher requests without having staff resort to distraction, some other indirect technique of surface management, or physical restraint. The point of that anecdote, however, is not Tara's talent for acting-out at inconvenient times. The lesson that Tara and others with behavior problems teach us is that in spite of our professional status, skills, training, degrees, and gifts, we are hopelessly powerless in the face of another's noncompliance. Tara has more energy than the adults in her life, fewer time constraints than the staff, and the law on her side as a minor with a disability. She will win any battle that pits ugly behavior against ugly behavior. Adults just can't out-ugly the Taras of this world. The first and most important foundational understanding in the management of student behavior is the battle cry of many students with challenging behaviors, *"You can't make me!"* Our job, therefore, is not to force students into compliance but to teach them self-control, self-reliance, and responsible self-determination. The only person I can control is myself.

Foundational Principle 2: Behavior is purposeful (Alberto & Troutman, 1990, 2002; Glasser, 1998)

Think about something you liked to do as a child. Did you enjoy those activities enough as a child that you still do them when you can, even if you have modified them to meet your present level of functioning? Did you enjoy those activities enough as a child that you taught your own children or children you love to engage in them? After all of these years, what brings you back to those activities? What need or needs do those activities fulfill for you?

When I ask folks to share their thoughts on these questions during workshops, I am often told that people enjoyed riding a bike, visiting with

extended family or grandparents, and playing outside with friends. They report that they still enjoy some or all of the activities listed and encourage the children in their lives to participate as well. As they explore the needs satisfied by the activities discussed, they mention a feeling of freedom, belonging, love, and fun, as well as basic needs such as food and rest.

Consider these questions as a follow-up to the pleasant memories. What activities did you dislike as a child? With the exception of life-sustaining chores that are required of responsible adults such as yourself, do you participate in the activities you disliked as a child now that you have a choice? What did you do when adults in your life attempted to make you participate in those activities?

Workshop participants often mention household chores such as washing dishes or ironing clothes, practicing a musical instrument, or going to bed at a specified time. They laugh openly as they share ways that they used to try to trick their parents into thinking they had done the required task or to avoid being compliant in some other way. Whining, crying, pretending to be too sick or too tired, hiding a flashlight under the blankets, and suddenly needing to go to the bathroom are the most frequently reported avoidance tactics. Some folks report hating their chores so much that they have purchased labor-saving devices or hired others to do the work they were once required to do.

Now, think about the ways students with behavior problems attempt to avoid following directions in your class or at your school. Are their behaviors radically different from yours or those of your friends?

Behaviorists have determined through multiple research studies that behavior serves a function. People behave in ways that they have learned will allow them to escape or to gain access to attention, tangible items, and activities. Unraveling the behavioral sequences, environmental contributors, and particular needs of a specific group or individual can be time consuming and mind boggling. In the end, however, a successful resolution is always worth the time and effort.

Students with challenging behaviors engage in noncompliant behaviors more frequently and with more passion than other children, but they are often not terribly different in terms of methods or motives. Our children with challenging behaviors are attempting either to fulfill a need or want or to avoid something they believe to be unpleasant. Their behavior, however misdirected, is their best attempt at that moment to communicate a want or need. Sometimes their behaviors are so contradictory on the surface that we have trouble understanding what it is that they are trying to tell us. Jeremy's story in the next section illustrates the purposefulness of behavior, the complexity of the behavioral message, and the power of success.

Foundational Principle 3: Reinforcement increases the likelihood that a behavior will be repeated; people are attracted to objects, activities, and others who are reinforcing (Alberto & Troutman, 1990, 2002; Glasser, 1998)

Jeremy bounded into the classroom as if propelled by invisible jets. He talked nonstop and ran from one desk to the next, slapping table tops, kicking chair legs, and snatching other students' work from their hands. Greased lightning would have been easier to contain. My associate and

I looked at each other in momentary stunned silence. Most of the students in this fourth-grade class were academically capable and quick to use their fists to settle a disagreement. Jeremy had a borderline IQ, a history of physical abuse and neglect, few social skills, and the attention span of a gnat. For his protection, we had to find a way to engage him academically and behaviorally. His classmates were not going to tolerate his talents for disruption.

During lunch, I read his files. According to the child study team, Jeremy hated to read, write, complete math worksheets, or engage in anything remotely educational. Previous attempts to establish contracts, reinforcement schedules, and aversive consequences for noncompliance had failed. His chronological age was 9. I roughly estimated his mental age at about 6. His expressive language skills and academic levels were more typical of a 3- to 4-year-old. Socially and emotionally, he appeared to be even younger. Children like Jeremy had always intrigued me. As I watched him fight his way through the day, I wondered what had happened to the precious baby boy he once had been. How can a teacher address the infantile needs of a 9-year-old for touch, protective boundaries, mirroring, and attention? Ms. Haines, the associate, and I decided to attempt to meet Jeremy's needs for attention and touch in an age-appropriate manner by rubbing his back, touching his shoulder, shaking his hand, rubbing his head, and engaging him in a high five every 3 minutes throughout the day. As long as one of us got to him within a 3-minute time period, Jeremy remained in his desk and completed simple academic tasks. His fine motor skills were very poor. Because of this, we modified assignments and engaged him in a variety of activities designed to strengthen motor control while simultaneously addressing academic skills such as sound-letter correspondence, place value, and word recognition. Attention to Jeremy's developmental ages across various domains made it easier to design successful interventions.

Within the second week of our reinforcement program, Jeremy was able to remain in his seat and on task with 5-minute intervals between physical touch. By the end of his first month with us, he was able to work for 20 minutes at a time. He made adequate academic progress that year, but the most striking changes in him were behavioral. He was able to play simple games with peers, participate in group lessons, and contribute positively to the class. Getting a reluctant student to read, write, or stop hitting others requires careful attention to what reinforces that child. People are not successful because they do more. People do more because they are successful (Katz, 1997).

Foundational Principle 4: Punishment decreases the likelihood that a behavior will be repeated; people avoid activities, objects, and other people they believe to be punishing (Alberto & Troutman, 1990, 2002; Glasser, 1998)

Behaviorists have known for many decades that punishment delivered immediately and with sufficient intensity stops a behavior from occurring. Punishment does not, however, teach a replacement behavior. In the movie *The Truman Show,* the main character, Truman, wants to get off the island where he lives to find a woman he loves. He was taught to be afraid of the

water when he was a boy by being caught in a storm and being made to believe that he was partially responsible for his father's death. In spite of his great fear, he finds a sailboat and sets off on his journey. The director of the Truman television show does not want Truman to escape. He has the special effects technician increase the intensity of the storm. Winds whip the boat. Lightning strikes close to the boat. Truman hangs on to the mast and screams, "Is that the best you can do? You're going to have to kill me!" Truman continues even after two attempts are made to frighten him into returning to the island by nearly drowning him. He needs to get to the woman he loves. Death is an acceptable price to pay for trying. As I watched that movie for the first time, I thought about all the children who had told me over the years that they would persist in their disruptive, noncompliant behavior to the death if pushed by adults to go that far.

The more youth with behavior problems test our patience and goodwill, the more willing we often become to strike back—to attempt to make them behave with force and punishment. Many of them become immune to adult threats even before they are old enough to attend school. Of what consequence is a time-out room to a child who has had both legs broken at the age of three by a stepparent? How punishing can the school be to a child who has been raped repeatedly by a family member? For children who are called degrading names and slapped across the head and face, our contrived punishments are a joke. It is no wonder that they laugh at us. The most difficult foundational principle for many folks to understand is the first one about having control only over our own actions. The second most difficult foundational principle for many folks is this one: Punishment is too often a weak and meaningless exercise of power in artificially contrived school settings.

Punishment does not teach a new behavior, inspire compliance, or encourage the student to engage with us. For our most challenging students, punishment should be a last resort simply because we have so little with which to bargain in the beginning. We must have something positive to offer them before the removal of that positive, reinforcing object, person, or activity will be meaningful. In addition to the limitations of punishment given students' life experiences beyond the school, punishment does not teach a desired behavior. When their behaviors present a safety risk to themselves and/or others, we have a responsibility to remove aggressive, disruptive students from a situation until they regain control. That should not be confused with punishment. Too often adults think they are punishing children when, in fact, they are rewarding the children by allowing them to avoid a task they dislike or giving them the attention they crave during the time away from class.

Foundational Principle 5: All people have the same basic needs (Glasser, 1998)

In the 1960s, Maslow proposed a theory of motivation that included levels of need. He believed that one level of need must be satisfied before people would be motivated to move to the next level of need. The medical community still uses Maslow's (1962) hierarchy as an informal assessment of patients' well-being in hospital settings. Glasser (1998) identifies five basic human needs. While survival is a necessary prerequisite to achieving

the other needs, he proposes a model that is aligned with a classroom setting in terms of need fulfillment. The other four needs that Glasser proposes are (1) love, (2) power, (3) freedom, and (4) fun. Driekurs, Grumwald, and Pepper (1982) identify motivations for misbehavior as (a) a need for power, (b) a need for revenge, (c) a need for fun, and (d) a need for assistance or attention satisfied through feigned helplessness. Behaviorists such as Alberto and Troutman (1990, 2002) identify motivation for behavior in terms of actions that assist the student in gaining or avoiding objects, attention, sensory stimulation, or activities. Time and energy could be spent arguing the merits of a strict behavioral approach that ignores the cognitive and emotional components of motivation and behavior. The fact remains, however, that regardless of the model from which an educator identifies motivations for behavior, students who exhibit more than their share of behavior problems are working to meet the same needs as students who have learned to comply with classroom, school, and social rules. Tara tended to fall on the ground and scream when she wanted to continue an activity she preferred. Glasser (1998) would describe Tara's quality world or cognitive picture of a good day as containing only a limited number of tasks and people in the beginning. He would probably suggest that changing Tara's behavior should include opportunities for her to broaden her interests, relationships with others, and skills across different domains. Alberto and Troutman (1990, 2002) would probably focus on Tara's skill deficits in communicating her needs and her performance deficits in making successful transitions. Tara would be taught to express her needs verbally and would be reinforced when she successfully communicated and transitioned from one activity to another. The point of this foundational principle is that students with behavioral challenges are more like others than different from others. Correctly identifying a student's need or a group's need is essential to selecting the most effective intervention.

The events and behaviors exhibited by the following class of students illustrate the power of need identification in addressing problem behaviors. Ms. Lambert came to me one day to discuss unexpected changes in her class. For the first nine weeks of school, the students had been well behaved and exceptionally productive compared to other classes she had had in the past. Over a 3-week period of time, however, their behavior problems had increased. The principal called her in to discuss the number of office referrals she had written. In addition, progress reports would be sent home in another week and a half. She dreaded the parents' reactions when they saw the decline in achievement. As we talked, it became apparent that the class was reaching a peak of noncompliant, off-task behavior right before lunch. I asked her if anything had changed with regard to her schedule. She reported that because of overcrowding in the cafeteria and at physical education (PE), her class was now attending lunch 45 minutes later than usual and was going to PE during the first hour of school. We knew that many of the students were not eating a proper breakfast and hypothesized that the late lunch combined with an early PE was leaving them feeling hungry. At my suggestion, she sent a note to parents requesting that the students bring a healthy snack to school. When the students returned from PE, they were allowed to eat their snacks while the teacher read a story. Behavior problems decreased immediately and dramatically.

Work production increased immediately and dramatically. Neither Ms. Lambert nor I had ever been quite as successful at pinpointing and resolving a problem before this time, but we were thrilled with the results. Too often teachers begin by establishing a complex behavior management system with tokens, hierarchies of punishment, and other strategies when the problem is more basic and more easily addressed once the students' needs are identified.

Foundational Principle 6: Each person has his or her own belief about how to meet a particular need (Glasser, 1998)

Our ideas of how to best meet our needs have developed over the course of our lifetimes. Before we were able to make our own decisions, our families introduced us to some options. As we grew, we rejected some of those early choices and added new ones. A child's prior experiences, areas of strength or skill deficits, and temperament will interact to create his or her personal beliefs about how to best meet his or her needs. When children are very young and dependent on the environment, they will tend to react to more immediate events. As the children gain in cognitive ability, they will bring more of their own agenda to the present experience. People, activities, objects, and types of sensory stimulation that have pleased them in the past will be sought in the present and the future. People, activities, objects, and types of sensory stimulation that have been unpleasant for them in the past will tend to be avoided in the present and the future. Children who have experienced failure and rejection during their early experiences with school are at great risk for developing negative beliefs about (a) their own abilities to learn, (b) the value of attempting to make friends and participate in school-related activities, (c) the trustworthiness of the adult authority figures in school environments, and (d) their abilities to positively impact the overwhelming odds they perceive to exist in the classroom. One of the biggest hurdles I face when I work with children who have experienced ongoing school failure is convincing them that school can be a pleasant place to be. The second biggest hurdle is convincing them that they are capable of achieving.

People sometimes think that children are not affected by their thoughts and beliefs because of the immediacy of their response to the environment. Seligman (1995) reports that children as young as seven develop thinking patterns clearly oriented toward learned helplessness or learned optimism. One little 9-year-old I worked with several years ago exhibited frequent acts of physical aggression. He would throw furniture, hit, kick, scratch, bite, and destroy instructional materials when he became angry. Early in our year of working together, he told me that he could not help being violent. He explained that his Daddy was in prison for hurting people. When Carson became angry and aggressive at home, family members told him he was just like his Dad. One day after a particularly nasty tantrum, I talked with Carson about his choices. He had been making tremendous progress academically. He was beginning to believe that he could achieve school success in reading, writing, and math. As I held his hands, his little body shook with the last sniffles and tears of his outburst. I asked him what he

was thinking. Tears rolled down both beautiful cheeks as he slowly choked out, "I'm afraid."

"Carson, what frightens you?"

"I'm afraid that I will go to prison like my Daddy. I want to be good, but I'm afraid that I can't be."

My response was clear, firm, and direct. "Carson, look at me." His gaze slowly moved from the carpet to meet mine. "You decide who you will be. You know that you are smart. You know you have made great progress already in your school work." Carson nodded affirmatively. "Remember this, young man, if you remember nothing else. You decide who you will be—not your Daddy—not your Mom—not your Grandma. All of us, including your Daddy, want you to be successful. We care about you and want to help you. *But,* you decide who you will be."

Carson still had problems with violent behavior from time to time after our talk. His ability to self-manage increased, however. By the end of the following school year, he had attained grade-level achievement across subject areas and had learned to talk to a trusted adult when he was angry instead of taking his anger out on the environment. The last news I had of Carson was that he played football for his high school team and earned a scholarship to college. Before Carson received corrective experiences, he believed that school was a place to fail and to fight. He believed that he had little chance of being successful. He could not read or spell. His Dad was in prison. His family told him that he was headed to prison like his Dad. What reason did he have to work hard, manage the inevitable frustration of the learning process, and trust adults who were too stupid to understand that he was already doomed to a life of crime? The context of a problem includes the setting, events in the setting that occur before and after a problem, people involved in the setting, and the thoughts of the person who is targeted for intervention. Foundational Principle 7 addresses three basic assumptions from which successful people operate.

Foundational Principle 7: People who have had their needs met reliably through socially accepted means operate from three basic assumptions (Janoff-Bulman, 1993): (1) We live in a benevolent and just world, (2) life has meaning, and (3) we are worthy

Marian Wright Edelman (1992) describes her early years as being supportive of her growing belief in her ability to achieve and contribute to her community. In spite of factors in her life that might be perceived by others as creating a level of risk for her and her siblings, she persevered. She learned by example and through direct interaction with significant adults that while the world was not entirely safe or just, there were reasons to believe that benevolence and justice were qualities worth championing. She learned that life has great meaning and that an understanding of that meaning was a call to action. She also learned that she was worthy—indeed, that all people are worthy. Her early experiences with people who reliably met her needs fostered a deep and abiding faith that has continued to propel her into action on behalf of others who are less fortunate. In her own words, she describes how this process unfolded for her.

> I was 14 years old the night my Daddy died. He had holes in his shoes but two children out of college, one in college, another in divinity school, and a vision he was able to convey to me as he lay dying in an ambulance that I, a young Black girl, could be and do anything; that race and gender are shadows; and that character, self-discipline, determination, attitude, and service are the substance of life. I have always believed that I could help change the world because I have been lucky to have adults around me who did—in small and large ways. Most people were of simple grace who understood what Walter Percy wrote: You can get all A's and still flunk life. Giving up and "burnout" were not part of the language of my elders. You got up every morning and did what you had to do and you got up every time you fell down and tried as many times as you had to get it done right. They had grit. (Edelman, 1992, pp. 7–8)

It is clear from Edelman's brief description of her early years that protective and supportive structures surrounded her from her first beginnings. She reports feeling loved and challenged through multiple experiences with family, friends, and community members. While she faced many hardships and obstacles, her earliest beliefs about herself reflected those of the adults who surrounded her with high expectations, an unwavering sense of hope for her and for the world at large, and an honest appraisal of what it would take to succeed. Her sense of personal and interpersonal responsibility as an adult was built on those childhood messages, experiences, and beliefs. Many students who exhibit problem behaviors have not had such protective, predictable, supportive care. Trauma and repeated exposure to threat or failure can erode a child's belief in self and others. Understanding the cognitive components that underlie overt behavior is important in designing effective interventions.

Foundational Principle 8: Trauma and long-term exposure to shame-producing events shatter those assumptions (Janoff-Bulman, 1993; Katz, 1997; Seligman, 1995; Terr, 1990); chronic and long-term exposure to failure can erode a person's belief in those assumptions as well (Katz, 1997; Seligman, 1995)[1]

As students grow, they add more experiences to the life stories they construct (Singer & Salovey, 1993; Wood, 1996). If the majority of their experiences have been unproductive, they carry a set of beliefs with them that actively work against more direct efforts to teach social skills and manage surface behavior (Kendall, 1991; Seligman, 1995; Wood, 1996). In contrast to Edelman's story and as an illustration of the power of children's beliefs in the maintenance of their behaviors, an experience with a group of fourth- and fifth-grade boys with EBD is offered.

All of the boys in this class lived with parents who either were addicted to drugs or engaged in illegal activities. The boys often told me about shootings at night in their neighborhoods. According to them, all of the children who lived in their area went inside at dusk to play games or

watch television. They remained flat on the floor each evening to escape bullets that might hit them from drive-by shootings. One child was 5 years old when he watched his mother die after his stepfather had chopped off the woman's arms. It took several hours for the police to talk the man into releasing the children. Another boy in the class had witnessed a violent attack by his mother on his father's pregnant girlfriend. The mother came home to find the father having sexual relations with the girlfriend in the master bedroom. The mother went to the kitchen, returned with a butcher knife, and stabbed the pregnant woman in the abdomen. The baby died.

I repeatedly attempted to discuss the benefits of maintaining a nonviolent classroom with this group. I told them that fighting was not a responsible way to handle anger and conflicts, but they had plenty to tell me about the subject! They told me about their lack of trust, their need to defend not only their honor, but also their very existence. They challenged me to live just one day in their shoes. They were only 10 and 11 years old. In spite of my determination to run a safe and trustworthy program, they persisted in seeing danger and reasons for aggression at every turn. They cursed, threw furniture, smashed windows and other school property, and resorted to a group brawl on the lawn in front of the classroom on more than one occasion. They were so determined to prove to me that might is right.

While I could not totally change those beliefs in the short period of one school year, we did eventually establish a peaceful classroom. The boys learned to be responsible within the four protected walls of our environment. We cooked, read, wrote books, built model towns, sang, and talked. Our book and model town were placed on display in the school office. Our treats were shared with staff and other classes. We established a community of mutual respect, trust, and care that allowed those young men to be responsible with me and with each other. To accomplish that, multiple experiences over a period of months were developed to satisfy their needs for safety, trust, nurturing, protective and supportive boundaries, achievement, choices, and service to others.

Neither a behavior-management system nor a series of social skills lessons alone would have been enough. The students needed to be heard, and I needed to know what they were thinking. I could not even imagine living in such a terrifying environment. Even if they embellished some of the details and were less than accurate at times about all that they reported, their beliefs about themselves and others came through in our discussions. By listening to their stories, I gained a better understanding of how to meet their needs in ways that would make sense to them. They needed the same things that we all need—to feel safe, valued, strong, capable, and worthy. When past experiences have not led to socially acceptable methods for meeting those needs, however, teaching personal and interpersonal responsibility is a tremendous challenge.

I'd like to pretend that I began the year in that classroom with a clearly defined plan. The reality is I did not. The students' propensity to interpret every action as a threat was as wearing as it was disturbing. This group of children required diligently enforced controls on all acts of aggression within a structure that protected their needs to see themselves as strong and independent. I drew large boxes on the floor around their desks with chalk. Time-out was immediately enforced for any movement that extended out of their assigned areas. Academic work was carefully structured for success.

Anytime a student said, "I can't do this," I replied, "I will never ask you to do anything that can't be done. Tell me what you know. We'll go from there together." Daily routines included negotiable and nonnegotiable items. A sense of power and control can be enhanced through opportunities to make choices and give suggestions. In spite of their limited abilities in the beginning to make responsible choices and provide appropriate input, carefully structured academic and affective lessons were offered that elicited such responses.

Independent work was often assigned with a group project in mind. In the beginning, working together was impossible. Working alone to contribute to a class product allowed the students the safety and sense of accomplishment they needed while encouraging them to take pride in group membership. As projects took shape, they were shared with the larger community of the school. Students received positive feedback from other teachers, administrators, and peers. Family members were encouraged to visit as well. Being strong, capable, and worthy extended beyond the ability to fight. Power, control, and achievement were possible through school-appropriate behaviors. The group was finally able to function peacefully. I no longer drew boxes on the floor around their desks. They did not give up their belief that the world beyond the classroom was a threatening place. They still believed in violence. However, new choices were added to their repertoire and practiced daily, although it must be said that the new did not by any stretch of the imagination erase the old.

When one of the students was asked at the end of the school year what he had liked about the class, he said that the teacher did not want to talk about what he could not do—only what he could do. Students with behavioral challenges are often too aware of what they cannot do. Empowering them to become responsible members of a class, school, and community requires a balancing of their needs for attachment versus independence, autonomy versus external control, and initiative versus destruction or apathy.

Foundational Principle 9: Human beings work to maintain a sense of control (Terr, 1990)

The group of students described in the previous section used violence as their primary method for maintaining control of any situation they disliked or distrusted. Other students quietly refuse to comply with routine expectations, curse, run away, or are truant. As early as the age of 18 months to 2 years, children will exercise control over eating, drinking, and elimination. The drive to be independent is a double-edged sword. Educators and parents want children to self-manage, self-regulate, and self-evaluate as long as the children decide to comply. If children decide to follow their own agenda—one that is at odds with the adults in their lives—power struggles begin. Foundational Principle 1 states that the only person one can control is oneself (Glasser, 1998). Our need to feel as if we have some control over our lives is essential to our mental health (Glasser, 1998; Janoff-Bulman, 1993; Seligman, 1995; Terr, 1990). Adults tend to attempt to take control away from students who refuse to comply. This increases the students' levels of tension, which intensifies their commitment to noncompliant

behavior. The power struggle cycles (Wood & Long, 1991) and spins out of control unless someone with an understanding of the process intercedes. Jordan's story, revealed in the next section, clearly illustrates his need to remain in control and how a sense of shame intensified his motivation to act in undesirable ways. In any given situation, the adult has a choice—to model respect for the individual and self or to model the emotion acted out in the child's behavior. A student walks into the room, throws his backpack on the floor, and screams, "Shut-up, you son-of-a-b___!" when the teacher asks him to pick up the backpack. The teacher can scream, "You can't talk to me that way! I won't have it" and write a discipline referral; or the teacher can quietly walk closer to the student and say, "I see that this is a tough morning for you. I'm sorry that you are not happy. Please tell me how you feel without screaming and using inappropriate language." The first teacher response models the level of disrespect and anger the child exhibited. The child has little to lose at this point and will probably escalate. Because the law, professional ethics, and good sense place a limit on how far the teacher can escalate, the student will win in his own mind if the teacher continues down this path. The second response will probably be unexpected. The element of surprise alone might be enough to get the student's attention the first time a teacher tries it. The advantage to the second teacher response is that it allows the student to save face, remain in control, and make a decision. The student is not backed into a corner where he will feel that lashing out is his only choice. Jordan provides an even more complicated scenario related to control with an added level of shame that many students with behavior problems feel, even though they rarely reveal it openly.

Foundational Principle 10: Shame comes from public exposure of one's own vulnerability; human beings work to avoid shame (Terr, 1990, p. 113)

Jordan had a medical problem. His bowels leaked feces—especially when he became anxious. Four operations failed to correct the inherited condition that caused his chronic *incoprecis.* Jordan was understandably distressed by this disorder. Until a successful intervention was conducted at school, other kids wouldn't play with him. They marked his seat with foul names and refused to sit near him. If one of his classmates was asked to sit in a chair that Jordan had used, the whole group erupted with taunts. To make matters even worse, Jordan refused to change his clothes when he had an accident. The stench in the classroom was unbearable and only invited further ridicule from his peers. He was 9 years old. The teacher could not make him change clothes. He was too big and too old for a female teacher to wrestle him to the ground, strip, sanitize, and dress. Over the feigned gagging, screams of laughter, and ugly names that Jordan's peers called out could be heard Jordan's shrill and insistent refrain, "I'm not changing my clothes, and *you can't make me*!"

Jordan had been offered rewards for changing his clothes and endured punishments for refusing to change his clothes. His mother was beside herself with embarrassment and had all but given up on trying to help him. School officials were fearful of the health issues related to human waste products and were tired of the ongoing, daily battles Jordan created with his refusal to take responsibility for his actions. Jordan attended a public school and was assigned to a self-contained class for students with

EBD. His academic achievement had suffered slightly due to hospitalizations and frequent refusals to follow directions when in school, but he was capable of learning.

I watched Jordan's daily battles from afar the year he was in second grade. When he was assigned to me for his third-grade year, I talked with him and his mother. I found out that when Jordan was fully grown the doctors would be able to operate again. The success rate with adults who have his condition is higher than 90 percent. His physical problems would be over in 8 to 10 years. Unless we were successful soon; however, his social, emotional, and behavioral problems would be out of control by then. With Mom's knowledge and permission, I decided to move beyond (a) attempting to keep Jordan calm to help him avoid an accident, (b) rewarding him for changing his clothes when he had an accident, and (c) punishing him for refusing to change his clothes when he had an accident. I asked Jordan what he was thinking when he refused to change his clothes. He told me that he was afraid that the other students would tease him more. He said that if he changed his clothes, they would know he had had an accident. I couldn't convince him that the smell was proof enough of an accident. On a hunch, I asked him if he was mad at the kids for making fun of him. He began to cry and shook his head in affirmation.

"Jordan, could it be that you are trying to punish them?"

"What do you mean?" he asked through sniffles and tears.

"Well, you know that it stinks when you have an accident. I was just wondering if you were mad at the kids for teasing you. Making them suffer with you might be a way of punishing them."

"Yeah, I do get mad. So what if they have to smell it!"

"What if they didn't tease you any more? Would you still want to punish them?"

Jordan began to cry again. "I just want somebody to like me. I can't help it if I have this problem. It isn't fair. It just isn't fair."

"I agree, Sweetie. It isn't fair. Would you be willing to talk with the class?"

"NO WAY! They'll just tease me even more."

"I don't think they will. I think if they understood everything, they might act differently. Besides, it's worth a try. What if I stood behind you while you talked and made sure that no one teased you? Would you be willing to tell the students about your operations and all the medical reasons for your problem?"

"I guess so."

"When you finish telling them, I'll want them to talk with you about how they feel. I won't let anyone be mean to you, though. OK?"

"OK."

Later that day, I placed the students' chairs in a semicircle. Jordan sat in the center with me behind him. I explained the ground rules for the class meeting before Jordan started.

1. Only talk about yourself—your thoughts, your feelings.
2. No name calling.
3. No teasing.
4. Anyone who violated a ground rule would be removed from the group immediately.

Jordan told his medical story. The students were amazed. They had no idea that he had suffered so much pain. They asked insightful and sensitive questions about his experiences in the hospital and wanted to know if the doctors would ever be able to help him. He was quite knowledgeable. With quiet confidence and surprising competence, he answered all of their questions. When he was finished, I asked his classmates to talk with him about how they feel when he refuses to change his clothes.

"No offense, man, but it really stinks." said Jose.

"Yeah, we're sorry about your medical condition. We didn't know. We thought you were just being mean to us." added Marcus.

"Why do you do that, Jordan?" asked Janine.

"I was afraid you'd tease me even more if I changed my clothes."

The discussion continued. The class offered to be friends with Jordan and stop teasing him in return for his cooperation when accidents occurred. At the end of the group meeting, several students spontaneously hugged Jordan; others asked him to sit at their table during lunch. Within a short period of time, Jordan was taking responsibility for more than his medical condition. He was mainstreamed back into a general education classroom and never returned to full-time placement in special education classes again.

Jordan's story illustrates the power of understanding the purpose of a particular behavior. Jordan wanted friends, was angry that his peers made fun of him for something he could not entirely control, and felt deeply ashamed of his inability to control his bowel movements. His peers were angry with Jordan, because they thought he could control the medical problem. Jordan was punishing his classmates for their mean comments and simultaneously attempting to avoid the shame and embarrassment that he felt. Jordan's classmates were punishing Jordan for soiling his pants. Once they communicated their thoughts and feelings, they were able to develop a plan that worked well for all of them. Behavioral strategies designed to reward and punish the class and Jordan were doomed to fail. Third graders are not going to forgive another third grader for soiling his pants and refusing to change them, no matter how big the punishment or reward might be. Jordan wanted and needed friends. He felt that he had no way of making friends, given his medical condition. No reward or punishment offered by the school could overcome his anger, loneliness, shame, and despair. Thoughts and emotions become increasingly powerful factors in the behavior of students as they become older and more able to plan ahead, self-evaluate, and assess the people with whom they interact. Beliefs and attributions may not be directly observable but are important factors in addressing the behavioral and emotional needs of older, higher functioning students.

Foundational Principle 11: The four components of behavior are (1) overt, observable actions, (2) thoughts, (3) emotions, and (4) physiological reactions (Glasser, 1998); interventions need to address all four components of behavior

A former student named Sammy illustrates the importance of understanding the physiological, behavioral, ecological, and cognitive factors

that contribute to overt behavior. Sammy was a 7-year-old who had just been released from a community-based psychiatric facility in another community. A social worker stopped by my classroom the day before his arrival to give me a brief description of his case. He was placed in the custody of his grandparents at the age of 6 months due to severe neglect. His mother had abused drugs while pregnant with him. He did not smile for several months and had frequent, violent, and unprovoked tantrums. The grandparents sought professional help when he began at the age of 4 to verbalize his intent to kill animals and people. The incident that prompted his referral to the psychiatric facility was Sammy's attempt to kill his grandparents while they slept by setting the house on fire. He scored in the gifted range on individually administered intelligence tests, so his inability to act responsibly was not a function of poor cognitive skills.

On that first Tuesday morning, he greeted me politely and participated calmly and appropriately in class activities for the first 2 hours. Then without warning or noticeable provocation, he began violently banging his head on a brick wall, scraping his face with his fingernails, and smashing any materials within his reach. His screams were earsplitting. I sent my aide to another room with the rest of the class and attempted to calm him.

Some of Sammy's problems were related to temperament and other biological factors, and some were learned behaviors. He had frightened people often enough in the past to know that certain behaviors sometimes achieved a useful purpose—people demanded less from him and gave him more of what he wanted. In addition to learned and biologically controlled responses, Sammy exhibited advanced cognitive abilities. While this was helpful in redirecting Sammy's energy to more productive, achievement-oriented academic goals, it also worked against him in establishing peer relationships in other situations.

Sammy received counseling to help him understand and manage his thoughts, beliefs about himself and others, and emotions. Physiological reactions were targeted through a combination of medication and instruction in anger management. His overt behavior was addressed through classroom strategies. The environment of a self-contained classroom provided him with the structure and safety he needed through clearly defined limits, immediate consequences, predictable and balanced scheduling of activities, social skills instruction, and academic tasks modified for his level of cognitive functioning.

As he required less external support, expectations for his participation in problem-solving sessions and cooperative learning activities increased. Sammy began to ask permission to visit the media center and general education classrooms unattended. He made friends with peers in other classes and was a welcome member of the school community. His grandparents reported that he was also making excellent progress at home, in counseling, and in community-based youth programs. Collaborative, developmentally sensitive, and individually modified interventions helped Sammy gain new skills and reframe his beliefs about himself and those around him. School, friends, family, and neighborhood experiences became increasingly reinforcing. Sammy was well on his way to developing the personal and interpersonal skills necessary for living a healthy, productive life.

Foundational Principle 12: What we do *to, for,* and *with* youth has powerful, long-term effects

I am struck regularly by the mechanistic approach we use to help youth self-right. We too often observe, take data, analyze data, hypothesize about the child's needs or wants, design interventions, implement interventions, and make further decisions about programming without even consulting the child. We try to "fix" the child, the classroom group, and the family without looking at more than the surface variables. The more we do things *to* children and *for* children, the less responsibility they take for their actions. We have a responsibility to take care of our young people. That, of course, will include providing them with food and shelter and directly teaching them the academic and behavioral lessons our society expects them to learn. What we must never forget, however, is that while we are doing *to* them and *for* them, they are learning about who we think they are and who they expect they will become. The unspoken messages sent during our attempts to control and to protect are as powerful as the direct lessons we teach.

Children learn best when we do things *with* them—when we model the behaviors we want them to emulate, when we provide them with carefully scaffolded opportunities to make age-appropriate decisions, when we do not shelter them from the natural and logical consequences of their choices but believe in them even when they experience a momentary setback. Teaching is more than the sum of its parts.

Carson believed that he was doomed to a life of crime because of what his mother and other family members told him. He did have a difficult temperament as a baby and a quick temper as a young boy. His future, however, was not predetermined by his genes, his socioeconomic status, his race, or his gender. He had within him the abilities, even at his young age, to self-select the people he would emulate, self-regulate his actions to a degree, and self-evaluate the appropriateness of those actions. One of our most important roles for youth like Carson is to be a positively distorted mirror that reflects back to them not who they are at the moment but who they can be. Carson learned through interactions with many people that he had choices. He could give up on himself and give in to the aggressive impulses he felt, or he could learn to manage his temper and succeed. With support at home, in the community, and at school, he did indeed succeed.

This last foundational principle is critical because we too often forget to do things *with* the most challenging children. We are tired and frustrated. We just want the disruptive behavior to stop, so we focus on that. As long as we focus on the "bad" behavior, the students will also put their energies there. Engaging them with us in academic success, affective education, the arts, physical education, and the rich array of productive options available helps them to redirect their energies, emulate more positive models, and begin to see themselves as worthy of more than they had ever dreamed.

Theoretical models for understanding emotional and behavioral problems follow. Each approach defines the components of diagnosis and treatment differently. While some researchers subscribe to a narrowly defined definition or theoretical model, practitioners benefit from understanding and integrating research from the behavioral, ecological, biophysical, and cognitive-behavioral approaches.

THEORETICAL APPROACHES TO BEHAVIOR MANAGEMENT

Proponents of each theoretical approach define EBD, assess the disorders, and design interventions differently. An overview of the behavioral, biophysical, ecological, and cognitive approaches to understanding and treating EBD is provided below.

The Behavioral Approach

Major Assumptions:

1. Behavior is learned.
2. Behavior is a function of the environment.

Assessment:

1. Collect data on the frequency, intensity, and duration of observable, definable overt behaviors.
2. Analyze the data collected on the antecedents, behavior(s), and consequences within and across contexts.
3. Develop a hypothesis about the function of the behavior, given the data collected.

Interventions:

1. Reinforcement contingent on exhibiting a targeted behavior.
2. Teach a replacement behavior.
3. Change a component of the context.
4. Punishment as a last resort.

The behavioral approach gained widespread popular appeal through the work of B. F. Skinner. Over time, researchers have refined the early behavioral work on conditioned responses and developed a process for identifying and addressing behavior problems called Positive Behavior Support. Proponents subscribe to the following research-based assumptions (Scott & Nelson, 1999; Sugai et al., 2000):

1. Behavior is meaningful and is an attempt to communicate a want or need.
2. People behave in certain ways to get or avoid attention, sensory input (music, touch, movement, etc.), and/or tangible items (food, toys, etc.).
3. Behavior is contextual. The purpose and meaning of a behavior is related at least in part to the setting in which the behavior occurs.

4. To intervene successfully, the purpose or function of the behavior must be understood and addressed in the intervention plan.
5. Skill deficits indicate a need to teach new replacement skills.
6. Performance deficits indicate a need for increasing reinforcement when the behavior is exhibited.
7. Environmental contributors to the problem behavior should be assessed and addressed in the intervention plan.
8. To decrease an undesirable behavior or increase a desirable behavior, the following components should be included in the Positive Behavior Support Plan process: (a) an analysis of current behaviors with regard to time, frequency, and place; (b) a hypothesis of the purpose or function of the behavior; (c) environmental supports; (d) educative interventions; (e) reinforcement; and (f) aversive consequences on a limited basis and as a last resort.

The Biophysical Approach

Major Assumptions:

1. Behavior is affected by biologically determined conditions.
2. A heritable predisposition to mental illness can be affected by environmental conditions.
3. Mental illness is a disease process that is not the patient's fault.
4. Mental illness is a disease process that is the patient's responsibility.

Assessment:

1. Medical tests
2. Physician or psychiatric evaluation

Interventions:

1. Medication
2. Diet
3. Exercise
4. Sleep and wake cycle regulation

Proponents of the biophysical approach to understanding and treating children with emotional and behavioral problems emphasize the neurological and underlying biological difference among youth who exhibit troubling learning and behavior problems. Many children have no detectable biological conditions known to contribute to problem behavior. Only children with severe and profound conditions exhibit a clear relationship between biological conditions and behavior problems (Harris, 1995). Children with ADHD, bipolar disorder, obsessive compulsive disorder, and other disorders known to have a biological origin, however, do often benefit from taking medications (Forness & Kavale, 2001).

Understanding normal growth and development with regard to impulse control, fine and gross motor control, and social-emotional milestones is helpful in determining differences among students with and without behavior problems. Sometimes people think that everything a child does is a symptom of a disorder. It is helpful to know that many children of a particular age who do not have an emotional or behavioral problem have difficulty with a specific skill.

The Ecological Approach

Major Assumptions:

1. The problem does not necessarily originate with the child.
2. The environment is a critical variable in determining the cause of a problem.
3. Changing a variable in the environment can have unforeseen consequences and effects on behavior.

Assessment:

1. A review of relevant cognitive, biophysical, and social information about the child
2. Collection of data that includes an assessment of the environment; the nature of the task; information about the frequency, intensity, and/or duration of the behavior(s) of concern; and information about the circumstances under which the behavior is unlikely to occur
3. An analysis of the interaction of the child and the environment

Interventions:

Interventions may include one or more of the following:

1. Change the environment.
2. Change the response to the child.
3. Provide biophysical support (medications, food, rest, fluids).

The emphasis on the interaction of the child and his or her environment is a key component of the ecological approach (Nelson, 1984). Behaviorists have increasingly integrated an analysis of the context in their assessment and intervention processes (Scott & Nelson, 1999; Sugai et al., 2000).

The Cognitive-Behavioral Approach

Major Assumptions:

1. Thoughts, emotions, and behavior affect each other.
2. Emotions and behaviors can be modified by addressing thoughts.
3. The situation is not the problem. The thoughts about a situation affect the emotions and behaviors.

4. The targeted person has an active role to play in the diagnosis and treatment of the problem.

Assessment:

1. Self-report checklists and surveys
2. Interviews
3. Observations of student's statements in targeted situations

Interventions:

1. Skill instruction that includes attention to self-talk
2. Modeling of effective or corrective self-talk
3. Role-play with attention to self-talk—making the self-talk audible during the practicing of the desired skill
4. Teaching students to recognize physiological reactions and moderate them
5. Teaching students to refute inaccurate self-talk
6. Teaching students to collect data to confirm or refute beliefs

Proponents of cognitive-behavioral approaches work with the student to determine the beliefs and thoughts that interfere with academic and behavioral progress (Bernard, 1990; DiGuiseppe & Bernard, 1990; Seligman, 1995). Social-cognitive theory is based on the assumption that overt behavior is a result of reciprocal interactions among the environment (physical, social), personal factors (thoughts, emotions, perceptions, biological reactions and conditions), and the individual's behavior. Albert Bandura (1977, 1978, 1986) refers to the causal connections among the three factors as triarchic reciprocality. Social-cognitive theory reconceptualizes the analysis of the direction, interaction, and effects of behavior. Researchers use the tools of natural science (a) to investigate human abilities to use symbols for communication, anticipate future events, learn from vicarious experiences, evaluate, self-regulate, and be reflectively self-conscious; (b) to determine the reciprocal effects of person variables, environment, and behavior; and (c) to develop interventions that are most likely to be effective, given an analysis of the variables listed above.

A RATIONALE FOR INTEGRATING THE THEORETICAL APPROACHES

As children mature, their cognitive and behavioral repertoires tend to increase. They begin to *self-select* preferred people, places, and things with which to interact; *evaluate* people (including themselves), places, and things; and *self-regulate* their overt responses to internal as well as external factors. As children develop into preteens and adolescents, the differences in their immediate, contextual experiences alone will often be insufficient in generating a hypothesis for a targeted behavioral problem. Failure to

generate an accurate hypothesis weakens the probability that the intervention(s) selected will be effective (Oneill et al., 1997). The analysis of cognitive components that interact with other social-cognitive factors related to the targeted behavior(s) is often the missing link in functional behavioral assessment for older, higher functioning students (Nichols, 1998). Positive behavior support uses empirically validated processes to analyze the interaction of behavioral and ecological components (Carr et al., 1999).

Children develop at different rates across domains. They might fall into the 98th percentile in height and the 50th percentile in weight; they might exhibit early language skills and attain fine motor control later than their peers. An understanding of developmental processes and the biophysical contributors to maximizing a child's biological predispositions across domains is important in the diagnosis and treatment of learning and behavior problems. The biophysical approach to understanding children's needs offers a model of expected norms for each age that acts as a scope and sequence for educators to follow. As students grow and develop, they learn about themselves, the environment, and how to access the people, items, attention, and sensory stimulation that they need or want. The behavioral approach offers a rich research foundation for determining the function of a behavior, the sequence of events and conditions that tend to elicit a particular behavior, the type of deficit—skill or performance—that the student exhibits, and ways to intervene effectively once critical variables have been identified. Ecological theorists include biophysical and behavioral data in the analysis and treatment of challenging behaviors with an emphasis on the interaction of variables. Sometimes the setting variables such as scheduling of activities, orderliness of supplies, light, and temperature affect behavior more dramatically than a teacher might suspect on first inspection of a problem. Individual as well as group variables contribute to the overall setting and often offer insight into intervention design when more direct behavioral approaches have less than desired results. The cognitive-behavioral approach is included because of the benefit of understanding how a child's thinking affects emotions and behavior. Children are not passive recipients of our interventions. As they move through the elementary school years, their abilities to think logically improve. They begin to anticipate our actions, plan ahead, and use our interventions against us through various manipulative maneuvers. A failure on our part to understand the increasing impact of cognitive development and self-talk on overt behavior can be detrimental to the success of our interventions.

The Individuals With Disabilities Education Act (2004) requires extensive prereferral processes and stringent assessment procedures when addressing the needs of students with challenging behaviors. School districts must now collect data, analyze the patterns and functions of the observed behaviors that are suggested by the data, and develop behavior intervention plans that address the hypothesized function of the behavior. The research on functional behavior assessment was largely conducted on students with developmental disabilities such as mental retardation and autism. While the technology is well documented and highly effective in controlled settings, little research has been conducted on its application to higher functioning youth who do not have developmental disabilities; less easily managed and controlled group-oriented classroom settings; and

behaviors that occur with low rates of frequency (one or fewer times per day). Sasso, Conroy, Stichter, and Fox (2001) are among the researchers who have begun to address the limitations of a strict reliance on the behavioral approach alone. Some of the research on cognitive-behavioral techniques (CBT) for higher functioning students (students who function within the average to above-average intelligence ranges) is outlined below as a rationale for including cognitive-behavioral interventions with children who have learning and behavior problems.

1. Programs that rely exclusively on externally controlled contingencies fail to maintain student motivation and can impair learning (DiGangi & Magg, 1992; Nelson, Smith, Young, & Dodd, 1991).
2. First and third graders who receive CBT exhibit higher rates of classroom-appropriate behavior than students who received externally controlled contingencies without CBT (Manning, 1988).
3. Students at the elementary level respond favorably to CBT (Fantuzzo, Rohrbeck, & Azar, 1987; Smith, Siegel, O'Conner, & Thomas, 1994).
4. Children with behavioral disorders respond favorably to the implementation of CBT (Ager & Cole, 1991).
5. Delinquent students exhibit higher rates of social adjustment after the implementation of CBT (Larson & Gerber, 1987).
6. Preschool and grade school children can self-instruct to inhibit impulsivity and aggression (Pressley, 1979).
7. CBT has application for behavioral challenges as well as academic achievement (Dixon, 1985; Paris & Oka, 1986; Yell, 1993).
8. Low-achieving students benefit from training in self-monitoring because they make poor use of time and don't know what they don't know (Malone & Mastropieri, 1992; Schunk & Rice, 1992).
9. Low-achieving students benefit from attribution training and achieve less academically when taught strategies without addressing the cognitive components of learned helplessness (Schunk & Rice, 1992).
10. Low achievers attempt to avoid feelings of failure by engaging in one or more of the following behaviors: (a) withdrawing, (b) feigning interest, (c) shifting blame to an external agent, (d) selectively forgetting, (e) procrastinating, (f) cheating, and (g) lowering expectations of self (Paris, Wasik, & Turner, 1991).

Their achievement scores increase when interventions directly related to feelings of failure are implemented (Schunk & Rice, 1992).

■ CONCLUSION

Mental health issues are poorly understood in school settings. Children and parents are too often blamed for conditions that are beyond their

control. Parents and students, in return, blame the schools for not providing appropriate levels of support. We can stop the blame game. We can marshal the energy and interventions necessary for effective treatment through (a) understanding the nature and needs of our most challenging youth, (b) accessing a rich foundation of knowledge about how children grow and learn, (c) constructing a framework from which to make professional decisions, and (d) engaging all concerned in taking responsibility for the resolution. A child's problems are no one's fault. Blame is an unproductive waste of precious time and energy. Children's problems are their, their parents', their teachers', their school administrators' and support personnel's, and their community's *responsibility.*

In the chapters that follow, cognitive and social-emotional development through the elementary school years will be explored. Group development, the conflict cycle, and components of effective classroomwide behavior management will be illustrated through school-based examples, anecdotes, and a review of relevant research. Special case interventions are offered in Chapter 7 for youth with the most challenging disorders. Chapter 8 addresses the research on resilience. Far more children grow beyond their present challenges than teachers realize. Researchers have followed hundreds of children from early childhood through their mid 30s. The good news is that what we do matters! Information about how to identify resilient traits in a student and nurture those traits is described along with information on how to nurture educator resilience. Our youth need for us to have "true grit"—in the spirit of Marian Wright Edelman (1992), to get up every morning, to do what we have to do, to get up every time we fall down, and to try as many times as needed to get the job done right. It is through our eyes that our children see themselves and in our eyes that they see their futures. They deserve to see hope!

NOTE

1. The anecdote from Foundational Principle #8, was reprinted with the consent of the Council for Children With Behavioral Disorders and the Council for Exceptional Children. From Rockwell, S., Cuccio, S., Kirtley, B., & Smith, G. (1998), *Developing Personal and Interpersonal Responsibility in Children and Youth With Emotional/Behavioral Disorders*. Reston, VA: Council for Exceptional Children.