Effective Programs for Emotional and Behavioral Disorders

January 2013

In the following report, Hanover Research presents best practices and effective programs for students with emotional and behavioral disorders. This information aims to aid schools in raising levels of achievement and engagement among students exhibiting behavioral issues.

HANOVER RESEARCH

EXECUTIVE SUMMARY AND KEY FINDINGS

In the following report, Hanover Research presents best practices and effective programs for students with conduct and behavioral disorders. The first section discusses general best practices and strategies in meeting the needs of students with emotional and behavioral disorders. The second section profiles two tiered programs, Response to Intervention and Positive Behavioral Interventions and Supports (also referred to as School-Wide Positive Behavior Support), which the literature identifies as effective in supporting students with conduct disorders and other behavioral issues.

KEY FINDINGS

- Though **teacher education geared toward emotional and behavioral disorders has historically been characterized by a focus on classroom management**, social skills, and anger management, many researchers have more recently argued that *academically-focused* interventions – as opposed to programs focused solely on behavior – may be most effective in supporting and engaging students with conduct disorders. Such research generally argues that fostering a higher level of engagement with academics helps to curb behavioral problems, and can ultimately provide students with a stronger foundation for success later in life.

- Research on interventions for students exhibiting signs of emotional and behavioral disorders (EBD) commonly notes that **"zero tolerance" policies, in which students are automatically suspended or expelled as a result of specific infractions, can be harmful to students with EBD**, insofar as such policies remove already troubled or disengaged students from the teachers and counselors who are best equipped to help them address their difficulties.

- As an alternative to such policies, researchers and concerned organizations have advocated for targeted, evidence-based approaches to EBD interventions. As scholars have widely recognized a need for increased professional development to support students with EBD, researchers have identified the following steps to aid instructors in identifying and implementing evidence-based practices (EBP):
  o *Establish the characteristics of targeted students, the instructor, and the classroom/school environment;*
  o *Examine research associated with specific EBPs;*
  o *Decide on an EBP;*
  o *Identify the fundamental elements of the EBP;*
  o *Apply the practice through effective teaching;*
  o *Monitor outcomes; and*
  o *Adapt instruction.*

- Peer-assisted learning strategies, class-wide peer tutoring, and self-management interventions have been recognized by scholars of EBD as effective in increasing levels of student engagement and achievement. Each approach is well-suited to implementation across content areas and grade levels, offering a broadly applicable set of practices which may be adjusted in accordance with individual student needs. Self-management interventions fall into several different categories, shown below.

Student Self-Management Interventions

Type	Description
Self-monitoring	Students both observe and record targeted behaviors.
Self-evaluation	A student compares his or her performance to established criteria.
Self-instruction	Student-directed behavior is guided through the use of self-statements.
Goal-setting	Students select a goal and create personal guidelines for commitment and progress toward that goal.
Strategy instruction	Students are taught steps that will be followed independently with the overall purpose of solving a problem or reaching a goal.

- Research also suggests that **tiered intervention systems** – most notably Response to Intervention (RtI) and Positive Behavioral Interventions and Supports (PBIS) – are effective in supporting students exhibiting conditions or conduct falling into the category of EBD. The Council for Exceptional Children has noted that RtI and PBIS offer the most potential for effectiveness when implemented *together*; indeed, various studies have suggested that the two tiered frameworks are well-suited to combined implementation.

SECTION I: BEST PRACTICES IN SUPPORTING STUDENTS WITH EMOTIONAL & BEHAVIORAL DISORDERS

Students with emotional and behavioral disorders (EBD) face significant challenges in the classroom. Researcher Kathleen Lynne Lane has noted that students with EBD are often characterized by disruptive social behaviors and exhibit poorer attendance rates, higher drop-out rates, and higher rates of grade retention "than any other disability category."[1] The Council for Exceptional Children, which advocates for effective policies and standards related to the education of disabled and gifted children, further notes that:[2]

> Students with EBD often display characteristics that do not support success in or out of school. They may not be able to maintain appropriate social relationships with others; they may have academic difficulties in multiple content areas; and they may display chronic behavior problems, including noncompliance, aggression, and disrespect toward authority figures.

In this section, Hanover Research presents best practices in promoting academic achievement and engagement for students with conduct and behavioral disorders. In the literature, the term "emotional and behavioral disorders" (EBD) is widely used to describe students with a range of conditions, ranging from ADHD and Oppositional Defiant Disorder (ODD) to more severe mental health conditions, including anxiety and schizophrenia.[3]

BEST PRACTICES FOR STUDENTS WITH EBD

Lane has noted that teacher education geared toward emotional and behavioral disorders has historically been characterized by a focus on "topics such as classroom management, social skills instruction, conflict resolution, and anger management." She argues that such an approach, which lacks a "focus on academics," was perpetuated by several key misconceptions – most notably the misconceptions that "students must learn to behave appropriately before instruction can occur," and "that behavior and instruction are separate entities."[4] Lane notes that recent approaches have become more clearly directed toward meeting the *academic needs* of students with (or at risk for) EBD; interventions are thus

---

[1] Lane, Kathleen Lynne. "Identifying and Supporting Students at Risk for Emotional and Behavioral Disorders within Multi-level Models: Data Driven Approaches to Conducting Secondary Interventions with an Academic Emphasis." November 1, 2007. *Education & Treatment of Children*. http://www.freepatentsonline.com/article/Education-Treatment-Children/172179738.html

[2] "Emotional and Behavioral Disorders." Council for Exceptional Children. http://www.cec.sped.org/AM/Template.cfm?Section=Behavior_Disorders_Emotional_Disturbance&ContentID=5845&template=/CM/ContentDisplay.cfm

[3] The PACER Center provides a useful list of conditions falling under the category of EBD (as defined by DSM-IVR criteria). See "What is an Emotional or Behavioral Disorder?" pp. 2-4. PACER Center, 2006. http://www.pacer.org/parent/php/php-c81.pdf

[4] Lane, Op. cit.

increasingly focused on **screening**, or early identification of at risk students, and **the provision of academic support**.[5]

In a recent study published in *Beyond Behavior*, researchers Cynthia Farley, Caroline Torres, Cat-Uyen Wailehua, and Lysandra Cook highlight "an increasing acknowledgment that strong academic instruction and interventions may be the first line of defense in working effectively with students with EBD."[6] Other sources have echoed this sentiment, noting that "in the absence of sound academic instruction, the most effective behavior management systems in the world will do little to prepare students for school or later-life success."[7]

> *Researchers have highlighted "an increasing acknowledgment that strong academic instruction and interventions may be the first line of defense in working effectively with students with EBD."*

Farley et al. identify two key evidence-based practices for supporting students with or at risk of EBD: peer assistance and self-management interventions, both of which are discussed in detail in the subsections that follow. Additional researchers have highlighted a variety of strategies for effective support and engagement of EBD students, which tend to highlight several common themes:

- *"Zero tolerance" policies are largely ineffective.* Researchers generally agree that such policies – which automatically suspend or expel students for certain behaviors or infractions – can be particularly harmful to students with conduct disorders, as expulsion and suspension effectively remove already troubled or disengaged students from the academic setting, "beyond the reach of educators who could help them address their difficulties."[8]

- *Tiered programs offer a means of addressing a wide spectrum of behaviors associated with EBD.* Sources commonly cite tiered programs as effective interventions for students with conduct and behavioral disorders. Lane notes that Response to Intervention (RtI) and School-Wide Positive Behavior Supports (SWPBS), also known simply as Positive Behavioral Supports (PBS) show particularly strong potential for this student population.[9] Both of these approaches are discussed in greater detail in Section II of this report.

---

[5] Ibid.

[6] Farley, Cynthia, Caroline Torres, Cat-Uyen T. Wailehua, and Lysandra Cook. "Evidence-Based Practices for Students With Emotional and Behavioral Disorders: Improving Academic Achievement." *Beyond* Behavior, Winter 2012. http://www.ccbd.net/sites/default/files/bebe-21-02-37.pdf

[7] McDuffie, Kimberley A., Timothy J. Landrum, and Jennifer A. Gelman. "Co-Teaching and Students with Emotional and Behavioral Disorders." *Beyond* Behavior, Winter 2008. http://www.ccbd.net/sites/default/files/bebe-17-02-11.pdf

[8] "Emotional and Behavioral Disorders." Council for Exceptional Children. http://www.cec.sped.org/AM/Template.cfm?Section=Behavior_Disorders_Emotional_Disturbance&ContentID=5845&template=/CM/ContentDisplay.cfm

[9] See Turnbull, Ann, et al. 2002. "A Blueprint for School-Wide Positive Behavior Support: Implementation of Three Components. *Exceptional Children*, 58, 377-402; and Walker, Bridget, et al. 2005. "Schoolwide Screening and

- ***Professional development is central to effective student support.*** Researchers have widely cited a lack of adequate teacher training with respect to the needs of students with conduct disorders, suggesting that broader instructional supports are necessary for effective roll-out of intervention programs. Farley et al. identify several steps to guide teachers in the identification and effective implementation of evidence-based practices; an overview of these steps is provided at the end of this section.[10]

PEER ASSISTANCE

In their study "Evidence-Based Practices for Students with EBD," Farley et al. note that "research … strongly supports the use of peers for improving the academic achievement, time on task, and behavior of students with disabilities and … EBD."[11] While the What Works Clearinghouse has identified potentially positive, but not definitive, effects of peer-assistance interventions (specifically, classwide peer tutoring and peer-assisted learning strategies) for some student populations,[12] researchers have often heralded such approaches as particularly effective for students with or at risk of EBD.[13]

Of peer assisted techniques, Farley et al. note that "classwide peer tutoring (CWPT) is the most researched and widely recognized effective peer-tutoring model."[14] CWPT involves assigning students to pairs to "peer tutor each other by reading, asking questions, and providing prompts and feedback on correct and incorrect responses in a highly structured format."[15] CWPT is suitable for many different content areas, and can be incorporated into existing curricular materials. The following guidelines are recommended:[16]

- ✓ **Group students in heterogeneous dyads**, using assessments from the previous week to assign and adjust high-low pairings.
- ✓ Use for approximately 20 minutes a day, with each student taking the role of tutor for 10 minutes and learner for 10 minutes.

Positive Behavior Supports: Identifying and Supporting Students at Risk for School Failure." *Journal of Positive Behavior Interventions*, 7, 194-204. (Both cited in Lane, Op. cit.)

[10] Farley, Torres, Wailehua, and Cook, Op. cit.

[11] Ibid.

[12] WWC has found that peer-assisted learning strategies exhibit "potentially positive effects" on student learning for learning-disabled populations, beginning readers, and adolescent learners. Classwide peer tutoring was found to exhibit the same level of effect for beginning readers, although it is worth noting that in most cases, the body of studies meeting WWC criteria for inclusion was fairly small.

[13] Farley et al. cite, for instance, Falk, Katherine and Joseph H. Wehby. 2001. "The Effects of Peer-Assisted Learning Strategies on the Beginning Reading Skills of Young Children with Emotional or Behavioral Disorders." *Behavioral Disorders*, 26, pp. 344–359.

[14] Farley et al., Op. cit.

[15] Ibid. See also Maheady, Larry, B. Mallette and G.F. Harper. 2006. "Four Classwide Peer Tutoring Models: Similarities, Differences, and Implications for Research and Practice." *Reading & Writing Quarterly*, 22(1), 65–89. http://www.tandfonline.com/doi/abs/10.1080/10573560500203541#preview

[16] Ibid. Bullet points quoted from source. Farley et al. note that these guidelines are largely based on the work of Bell, Young, and Blair's 1990 study "Facilitating Mainstreaming of Students with Behavioral Disorders Using Classwide Peer Tutoring" (*School Psychology Review*, 19, 564–573).

✓ Repeat three times weekly, resulting in a total of 60 minutes of CWPT each week.

✓ Teachers should **model and practice with students** as the first step in implementation.

✓ The procedure for the tutoring commences after students read a section of text.

✓ The tutors read teacher-provided questions to assess the tutees' understanding of the reading.

✓ Tutors have the answers and provide **positive feedback and acknowledgment** for correct answers; tutors interrupt and model correct answers when the learner provides an incorrect answer. The tutors then ask the question again to provide the learner with the opportunity to answer correctly.

✓ The teacher circulates and randomly awards points to dyads for students' responses and appropriate interactions. Dyads may be grouped into larger 'teams' to compete for points.

✓ End-of-unit test scores are added to group points, and **winners are announced and reinforced** (e.g., going to recess early, earning a certificate) the following week.

SELF-MANAGEMENT INTERVENTIONS

Self-management interventions, which have been researched largely in the context of attention deficit hyperactivity disorder (ADHD), have been defined by researchers Robert Reid, Alexandra Trout, and Michalla Schartz, as "methods used by students to manage, monitor, record, and/or assess their behavior or academic achievement."[17] Citing a 1999 study of learning-disabled and ADD/ADHD students led by Serena Shimabukuro, Farley et al. note that teachers have found self-management interventions "simple to implement and straightforward to learn."[18]

Research indicates that "self-management interventions can help students with EBD practice appropriate academic behavior while learning self-management skills that they do not already possess."[19] Such interventions can be effectively implemented at various grade levels, according to both the National Secondary Transition Technical Assistance Center (which has examined effectiveness primarily among secondary students) and the National Professional Development Center on Autism Spectrum Disorders and the National Autism Center, which has advocated for these types of interventions across grade levels.[20]

---

[17] Reid, Robert, Alexandra L. Trout, and Michalla Schartz. 2005. "Self-Regulation Interventions for Children with Attention Hyperactivity Disorder." *Exceptional Children*, 71 (4), pp. 361-377.
http://www.kau.edu.sa/Files/0008884/Files/48493_VOLUME71NUMBER4Summer2005_EC_Reid%252071-4.pdf

[18] Farley et al., Op. cit., p. 40. See also Shimabukuro, Serena M., Mary Anne Prater, Amelia Jenkins, and Patricia Edelen-Smith. 1999. "The Effects of Self-monitoring of Academic Performance on Students with Learning Disabilities and ADD/ADHD. *Education and Treatment of Children*, 22(4), 397–414.

[19] Ibid.

[20] Ibid. See also Mooney, Paul, Joseph B. Ryan, Brad M. Uhing, Robert Reid, and Michael H. Epstein. 2005. "A Review of Self-Management Interventions Targeting Academic Outcomes for Students with Emotional and Behavioral Disorders." *Journal of Behavioral Education*, 14(3), pp. 203-221.
http://www.springerlink.com/content/m381534m4271p504/

There are several types of self-management interventions, which are shown in Figure 1.1, below. Farley et al. note that self-monitoring is the most commonly utilized for students with EBD.[21]

Figure 1.1: Self-Management Interventions

TYPE	BRIEF DESCRIPTION
Self-monitoring	Students both observe and record targeted behaviors.
Self-evaluation	A student compares his or her performance to established criteria.
Self-instruction	Student-directed behavior is guided through the use of self-statements.
Goal-setting	Students select a goal and create personal guidelines for commitment and progress toward that goal.
Strategy instruction	Students are taught steps that will be followed independently with the overall purpose of solving a problem or reaching a goal.

Source: Farley et al. (2012). "Evidence-Based Practices for Students with EBD."

The following guidelines are suggested when implementing self-monitoring in the classroom:[22]

- ***After deciding on the academic subject to be targeted, begin with a student conference. During that conference:***
  - Provide examples of the student's academic work that have met the expected criteria.
  - Discuss the relevance of staying on task and paying attention to detail when doing classwork, as well as the importance of academic task completion.
  - Emphasize that both the quality and quantity of the assignments will be evaluated.
  - Introduce the student to self-monitoring by proposing that he or she manages independent work by using self-monitoring and graphing.
  - Show the student an example of a progress-monitoring chart.
  - Give examples of how to calculate the scores for completion and accuracy and how to use the progress-monitoring chart.

- ***Have the student complete an assignment.***

- ***Allow the student to correct the assignment as the teacher gives the correct answers.***

- ***Have the student compute the accuracy and productivity score, and then record and graph these scores on the progress graph.***

- ***Encourage the use of self-monitoring across different subject areas.***

SPECIFIC INTERVENTIONS FOR COMMON PROBLEM BEHAVIORS

The Office of the Superintendent of Public Instruction of the State of Washington provides a useful "Best Practice Guide to Intervention," developed through its Connecting IDEAS

---

[21] Farley et al. (Ibid) Figure contents quoted from source.
[22] Ibid. Bulleted points quoted from source.

Project – a joint venture of the Clover Park School District, the state's Child Study and Treatment Center, and the Seattle University School of Education.[23]

The guide identifies specific interventions for common behavioral problems exhibited by students with severe EBD. Suggested strategies are supplied for teachers, parents, and for students themselves, with the aim of promoting positive behaviors. Figure 1.2, below, presents best practice **teaching interventions** for students exhibiting signs of EBD.[24]

Figure 1.2: Teaching Interventions for Students with Emotional or Behavior Disorders

FOCUS AREA	DESIRED BEHAVIOR	OBSERVABLE BEHAVIOR	TEACHING STRATEGIES
Appropriate Self-Expression	Students express their ideas, thoughts, and emotions using non-offensive language.	Students use inappropriate language (e.g., swearing)	▪ Clearly define offensive language ▪ Post lists of offensive and non-offensive words ▪ Send lists home to family members ▪ Establish link between self-esteem and language ▪ Teach about emotions ▪ Teach alternate ways to express anger ▪ Share feelings with others ▪ Role-play strong emotions ▪ Provide feedback ▪ Use journaling for self-expression ▪ Redirect attention ▪ Create incentives
Following Directions	Child follows directions and rules, both at home and at school.	Child refuses to follow directions given by adults.	▪ Clearly define problem ▪ Develop plan ▪ Use simple directions ▪ Be consistent ▪ Know when to ignore noncompliance ▪ Know when to address noncompliance ▪ Directly teach compliance ▪ Empower students in positive ways ▪ Use positive reinforcement
Honesty	Students will be honest with themselves and others.	Students lie at home, at school, and in the community to family, peers, staff, and community members.	▪ Clearly define problem ▪ Clearly establish rules ▪ Have specific class discussions about lying ▪ Recognize honest behavior ▪ Do not punish honesty ▪ Role-play honesty ▪ Read stories about being honest ▪ Refer to school counselor

---

[23] "Teaching Students with Severe Emotional and Behavioral Disorders: Best Practices Guide to Intervention." January 2005 . The Office of Superintendent of Public Instruction, State of Washington. http://www.k12.wa.us/SpecialEd/pubdocs/bestpractices.pdf

[24] Ibid. Figure contents quoted from source.

FOCUS AREA	DESIRED BEHAVIOR	OBSERVABLE BEHAVIOR	TEACHING STRATEGIES
Maintaining Boundaries	Students keep appropriate distance from others and use touch in "okay" ways.	Students touch others inappropriately.	▪ Teach boundaries ▪ Respect cultural differences ▪ Recognize cultural biases ▪ Teach about personal bubbles ▪ Define boundaries as being "at arm's length" ▪ Encourage alternatives to intrusive touching ▪ Teach alternative strategies for positive attention ▪ Clearly define space boundaries ▪ Use carpet squares ▪ Monitor room or seating arrangements ▪ Collaborate with parents and professionals ▪ Develop a safety plan ▪ Maintain appropriate confidentiality
Recovering from Upsetting Events	Students can recover from upsetting events.	Students enter the school/classroom exhibiting behaviors that suggest anger, frustration, and an inability to cope with the demands of the current environment.	▪ Support students following upsetting events ▪ Use assistive techniques ▪ Process the event ▪ Give regular feedback ▪ Be patient with the recovery process ▪ Develop timeline of events ▪ Determine if need for professional assistance ▪ Draw conclusions ▪ Discuss recommendations with student ▪ Transition student back into classroom when appropriate ▪ Provide skill enhancement ▪ Address cognitive distortions ▪ Proceed with caution ▪ Take care
Respecting Property	Child respects the property of others, as well as the child's own.	Child destroys property.	▪ Clearly define problem ▪ Encourage self-monitoring ▪ Give verbal or nonverbal cues ▪ Promote communication and understanding ▪ Help students who are out of control ▪ Encourage restitution ▪ Coach them through apologies ▪ Model respect and pride in ownership
Safety	Child will be safe with others.	Child harms others with physical contact, such as hitting, biting, or kicking.	▪ Clearly define problem ▪ Clearly establish rules ▪ Develop individual contracts ▪ Use positive reinforcement ▪ Separate students ▪ Be consistent ▪ Teach and model journaling ▪ Teach relaxation ▪ Use role modeling

Focus Area	Desired Behavior	Observable Behavior	Teaching Strategies
Satisfying Interactions	Student communicates with adults in a positive manner.	Students argue, have an "attitude," or engage in power struggles.	▪ Model or imitate positive communication ▪ Teach positive communication ▪ Show respectful attitude ▪ Use "parroting back" techniques ▪ Help students understand negative consequences of arguing ▪ Help students accept "no" ▪ Help students learn when to say "no" ▪ Use "DEARMAN"[25]
Staying in Designated Areas	Students stay in the designated area (i.e., where they are expected to be).	Students wander in class, walk out of class, or run away.	▪ Clearly define problem ▪ Post clear rules ▪ Set clear expectations ▪ Develop contract ▪ Use consistent structure ▪ Monitor length of instruction ▪ Change seating arrangements ▪ Use floor markers ▪ Change room arrangement ▪ Be flexible ▪ Provide sensory input ▪ Minimize distractions ▪ Use common language ▪ Use nonverbal cues ▪ Use positive reinforcement ▪ Remove audience ▪ Use role modeling ▪ Practice "Playground Five Drills" ▪ Encourage self-monitoring ▪ Directly address tendency to run away
Waiting to Talk	Students raise their hand to talk.	Students interrupt others when they are talking, as well as talking "out of turn," or "blurting out" answers.	▪ Clearly define problem ▪ Post Clear Rules ▪ Set clear expectations ▪ Encourage self-monitoring ▪ Reinforce positive efforts ▪ Change seating arrangement ▪ Ignore interruptions ▪ Use nonverbal cues ▪ Practice role modeling

Source: Office of Superintendent of Public Instruction, State of Washington

IMPLEMENTING BEST PRACTICES: GUIDELINES FOR TEACHERS

Farley et al. note that "implementing evidence-based practices" for students exhibiting emotional or behavioral problems "does not guarantee improved student outcomes or replace effective teaching."[26] When coupled with effective teaching, however, appropriate interventions can produce positive behavioral and academic outcomes among EBD

---

[25] "DEARMAN" stands for: Describe the problem; express feelings and opinions; assert oneself by directly asking for what is wanted; reinforce/reward; be mindful; appear confident and poised; and negotiate.
[26] Farley et al., Op. cit., p. 40.

students. To guide teachers in the selection and implementation of evidence-based practices (EBPs), researchers Caroline Torres, Cynthia Farley, and Bryan G. Cook have developed "step-by-step" guidelines for teachers, shown in Figure 1.3.[27]

Figure 1.3: Identifying and Implementing Evidence-Based Practices for EBD

Step 1: Establish the Characteristics	▪ Teachers should think about the **unique characteristics of students, the environment, and the instructor**. ▪ Teachers should consider their own knowledge base, experience, philosophy, and style, to ensure feasibility of implementation.
Step 2: Examine the Sources	▪ Teachers should **examine available resources relating to EBPs**. These sources may include the What Works Clearinghouse, the Best Evidence Encyclopedia, and organizations such as the National Autism Center.
Step 3: Decide on an EBP	▪ There may not always be an exact match between the student, teacher, and environmental characteristics and available EBPs, but teachers should **aim to identify practices best-suited to their classroom** context.
Step 4: Identify the Fundamental Elements of the EBP	▪ To replicate the positive effects found in research, fundamental elements of the practice need to be identified and implemented with fidelity. Even minor changes or alterations to the central elements of an EBP may negatively impact outcomes.
Step 5: Apply the Practice through Effective Teaching	▪ Effective teaching includes maximizing academic engagement, **using appropriate pacing**, pre-teaching key vocabulary, previewing instruction, reviewing previous instruction, **monitoring student performance**, circulating and scanning the instructional environment, recognizing appropriate behavior, **teaching with enthusiasm**, having an awareness of the classroom, and implementing wait time after questioning.
Step 6: Monitor Outcomes	▪ EBPs are shown to work with a majority of students; however, it is important to monitor student progress to evaluate the practice objectively. ▪ Teachers should systematically measure student progress (e.g., through curriculum-based measurements) to gauge effectiveness.
Step 7: Adapt Instruction and Continue to Monitor Outcomes	▪ After understanding the fundamental components of the practice, a teacher can **adapt the process to better match student and teacher needs and abilities**, particularly if student outcomes do not show the desired results. ▪ However, teachers must take care not to alter or compromise the key elements of the practice as a result of the adaptation. ▪ Teachers should continue to engage in a continuous cycle of progress monitoring and adaptation to best meet the needs of all students.

Source: Farley et al. (2012). "Evidence-Based Practices for Students with EBD."

---

[27] Torres, Caroline, Cynthia Farley and Bryan G. Cook. 2012. "A Special Educator's Guide to Successfully Implementing Evidence-Based Practices." *Teaching Exceptional Children*, 45(1), pp. 64-73. Cited in Farley et al. (Ibid.) Points quoted from source with some alterations.
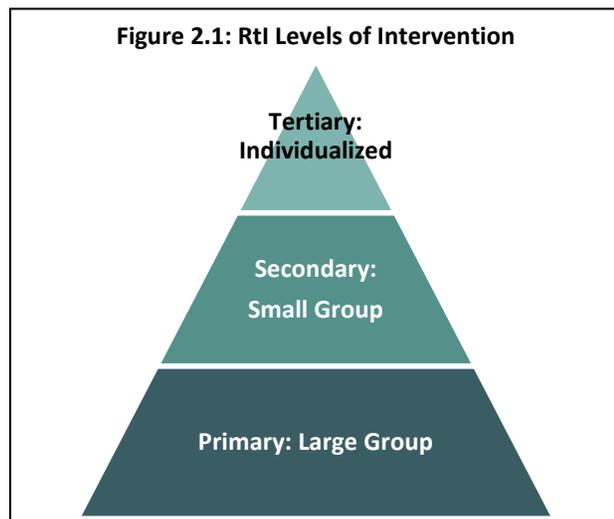
SECTION II: EFFECTIVE PROGRAMS

In this section, Hanover Research reviews two tiered programs, Response to Intervention (RtI) and School-Wide Positive Behavior Support (SWPBS), both frequently cited by the literature as effective in supporting students with conduct and behavioral disorders. The Council for Exceptional Children notes that these approaches offer the most potential for effectiveness when implemented together.[28]

RESPONSE TO INTERVENTION

An RtI-based approach to improving student learning outcomes stresses multiple actions toward one key goal: enhancing the educational experience of diverse students.[29] The National Center on Response to Intervention (NCRTI) identifies the following "essential components" of an RTI model:[30]

- A **school-wide, multi-level instructional and behavioral system** for preventing school failure;

- Screening;

- Progress monitoring; and

- **Data-based decision-making** for instruction, movement within the multi-level system, and disability identification.

As illustrated in Figure 2.1, RTI programs are typically based on a three-tier

Figure 2.1: RtI Levels of Intervention

Tertiary: Individualized

Secondary: Small Group

Primary: Large Group

intervention structure. This structure establishes specific criteria for defining student success and identifying educational needs, with an emphasis on progressing students to the point at which no further interventions are required. It is important to note that while RTI is most commonly utilized as a three-tiered model, this is not the only form of implementation. For example, some schools or districts may elect to implement more than

---

[28] "RTI for Emotional/Behavior Disorders Shows Promise." Council for Exceptional Children. http://www.cec.sped.org/AM/Template.cfm?Section=Behavior_Disorders_Emotional_Disturbance&template=/CM/ContentDisplay.cfm&ContentID=11297

[29] Wedl, Robert J. "Response to Intervention: An Alternative to Traditional Eligibility Criteria for Students with Disabilities," p. 19. July 2005. Education Evolving. http://www.educationevolving.org/pdf/Response_to_Intervention.pdf

[30] "Essential Components of RTI – A Closer Look at Response to Intervention." Bullet points quoted from source. April 2010. National Center on Response to Intervention. http://www.rti4success.org/pdf/rtiessentialcomponents_042710.pdf

three tiers of intervention.[31] Broadly speaking, the levels of an RTI model represent the closeness with which an instructor, counselor, or other school administrator must work with a student in order to produce the standardized ("benchmark") results:[32]

- *Primary prevention*: High-quality core instruction that meets the needs of most students, typically 80 to 90 percent of the student body.

- *Secondary prevention*: Evidence-based intervention(s) of moderate intensity that address the learning or behavioral challenges of most at-risk students, typically 5 to 15 percent of the student body.

- *Tertiary prevention*: Individualized intervention(s) of increased intensity for students who show minimal response to secondary prevention, typically 1 to 5 percent of the student body.

Within each level, there may be multiple tiers of intervention. For example, a teacher might choose the most appropriate solution to student distraction from among several options, including changing the seating chart, using the distraction to redirect focus, or adjusting the difficulty of the lesson. All of these strategies would fall within the primary level of intervention.

RTI programs generally utilize **two screening stages** to place students appropriately within the designated levels and to determine the most promising tiers of intervention. The first screening stage is universal; all students must complete baseline testing in order for schools to identify specific needs groupings among the entire student population. This screening typically consists of targeted assessments to identify core content and behavioral skills. Universal screening measures for academics often measure either accuracy or fluency performance. According to an article on universal screening by the RTI Action Network:[33]

> Accuracy distinguishes students according to the percentage of correct responses on tasks and can reveal individual differences in knowledge. Fluency distinguishes students by number of correct responses per minute and can reveal individual differences both in knowledge and speed of processing.

Screening is typically repeated up to three times per academic year to monitor student progress over time. Universal screening is essential to identifying the specific needs of subsets of the student population, which is in turn critical to the implementation of prompt secondary interventions. Such screening also helps educators identify students at risk for learning disabilities, while a transitional level of support ameliorates the over-diagnosis of such impediments. The second screening stage is administered only to those students placed in Tier II, and is intended to identify additional needs that must be met on an individual basis. Secondary screening allows students with learning disabilities to be

---

[31] Ibid, p. 3.
[32] Ibid., p. 4.
[33] Hughes, Charles and Douglas D. Dexter. "Universal Screening Within a Response-to-Intervention Model." RTI Action Network. http://www.rtinetwork.org/learn/research/universal-screening-within-a-rti-model

positively identified at consistently high rates of accuracy, without inappropriately diagnosing other students.[34]

It should be emphasized that the interventions employed in an RTI framework are meant to function as *supplements* to high-quality, research-based core academic instruction. Under the RTI framework, researchers note, students in need of additional learning support should continue to experience normal classroom instruction to the maximum extent possible, with interventions occurring in addition to, and not as substitutions for, standard core instruction.[35]

Two approaches to providing interventions for Tier II and above have been noted in the literature: 1) problem solving, and 2) standard treatment or intervention protocol.[36] Some schools also utilize an RTI model which combines both approaches; researchers have theorized that the two models in combination may offer the most benefit to students.[37] The two models differ chiefly in the method used to select interventions for students. The **problem solving** model employs individualized evaluations created for each student in need of intervention, with specific intervention strategies selected based on a collaborative student assessment performed by school personnel. Comparatively, the **standard protocol** model, as the name suggests, employs a standardized array of incrementally more intense intervention strategies through which students move until they achieve the desired learning goals.[38]

RTI FOR STUDENTS WITH EBD

The Council for Exceptional Children's Council for Children with Behavior Disorders (CCBD) has published a position statement on RTI addressing specific concerns as related to students with EBD.[39] Key points include:[40]

- *All teachers and school personnel should be provided with the tools to implement scientifically-based academic and behavioral interventions.*

- *Schools that implement RTI should be committed to providing Positive Behavioral*

---

[34] Ibid.

[35] "Essential Components of RTI," Op. cit.

[36] Ibid.

[37] Shapiro, Edward S. "The Two Models of RTI: Standard Protocol and Problem Solving," p. 8. January 2009. Virginia Department of Education.
http://www.doe.virginia.gov/instruction/response_intervention/guidance/two_models.pdf

[38] Christ, Theodore J. and Matthew K. Burns, et al. "Conceptual Confusion Within Response-to-Intervention Vernacular: Clarifying Meaningful Differences." November 2005. National Association of School Psychologists. *NASP Communiqué*, 34(3). http://www.nasponline.org/publications/cq/cq343rti.aspx

[39] "CEC's Position on Response to Intervention (RTI): The Unique Role of Special Education and Special Educators." October 2008. Council for Exceptional Children.
http://www.cec.sped.org/AM/Template.cfm?Section=CEC_Professional_Policies&Template=/CM/ContentDisplay.cfm&ContentID=11116

[40] "RTI for Emotional/Behavior Disorders Shows Promise." Bullet points quoted from source. Council for Exceptional Children.
http://www.cec.sped.org/AM/Template.cfm?Section=Behavior_Disorders_Emotional_Disturbance&template=/CM/ContentDisplay.cfm&ContentID=11297

Interventions and Supports and should integrate RTI and PBIS to ensure students' academic and behavior needs are addressed.

▪ *A functional behavior assessment and behavior intervention plan are suggested for any student exhibiting behavior that leads to restrictive disciplinary actions. RTI interventions should not be substituted for special education evaluation referral for a student suspected of having an emotional/behavioral disability.*

▪ *General education teachers should receive support staff, resources, and training in appropriate scientifically-based academic and behavioral interventions regarding RTI. While collaboration between general and special educators will enhance services at every level of a tiered system, special education teachers should not be expected to reduce services to identified students with disabilities to assist general education teachers in implementing RTI.*

▪ *Parent should be actively involved in RTI and informed of the student's progress, or lack of, throughout the process.*

In a presentation at the 2010 National Association of School Psychologists Conference, researchers Diana Joyce, Nancy Waldron, Christopher Raye, and Tanya Kort, provided an overview of K-12 RtI geared toward "behavioral and socio-emotional needs."[41] They identified several key tiered behavioral interventions, which are shown in Figure 2.2, below.[42]

Figure 2.2: RtI: Tiered Behavioral Interventions

TIER	INTERVENTIONS
Tier I *Universal, All Students*	▪ **Positive Behavioral Support**: Frequent recognition for appropriate behaviors, proximity control, cueing, building-in of appropriate movement opportunities, predictable structure, positively-phrased and highly visible behavioral expectations. ▪ **Embedded Social Curriculum**: Instruction in pro-social behaviors and attitudes. ▪ **Data Screening**: School-wide climate survey, ISS/OSS data, incidence mapping, rating scales for emotional risk and social skills.
Tier II *Supplemental, Targeted, Short Term*	▪ **Observations, Functional Behavioral Assessments (FBAs), Behavior Plans**: Classroom observations to determine environmental contributors, antecedents, sustaining factors, frequency, patterns across subjects or time-of-day and task demands, self-monitoring or reinforcement plans. ▪ **Counseling**: In the areas of social skills, anger management, test anxiety, and friendship groups. ▪ **Data Progress Monitoring** (Tier II data)
Tier III *Intensive, Individual, Long Term*	▪ **Behavior Plans and Counseling Therapy:** Individualized, greater frequency and intensity, often addressing multiple issues simultaneously. ▪ **Multi-agency Plans:** Coordinate with outside agencies on counseling, behavioral plans, medications, family therapy, juvenile justice, etc. ▪ **Data Progress Monitoring:** Psychological assessment, Tier III data

Source: Joyce et al. (2010). "Implementing RtI for Behavioral and Socio-Emotional Needs, K-12."

---

[41] Joyce, Diana, Christopher Raye, Nancy Waldron, Tanya Kort. NASP Conference 2010. "Implementing RtI for Behavioral and Socio-Emotional Needs, K-12." Materials retrieved via nasponline.org.
[42] Ibid., p. 8. Figure contents quoted from source.

The NASP presentation also included a list of interventions specifically effective for individual disorders, which we list in Figure 2.3, below.

Figure 2.3: Effective Interventions by Disorder[43]

DISORDER	EFFECTIVE TREATMENTS/INTERVENTIONS
ADD/ADHD	▪ Behavior modification ▪ Positive behavioral reinforcement ▪ Parent training ▪ Medication ▪ Organizers ▪ Clinical behavior therapy (CBT)
Anxiety	▪ CBT ▪ Family anxiety management
Depression	▪ CBT ▪ Coping skills training ▪ Behavioral self-control therapy
Obsessive Compulsive Disorder	▪ Exposure ▪ Response prevention
Oppositional Defiant Disorder/Conduct Disorder	▪ Behavioral parent training ▪ Anger management ▪ CBT ▪ Rational emotive therapy ▪ Time-out ▪ Parent-child therapy ▪ Problem-solving training
Fears/Phobias	▪ Graduated exposure ▪ Modeling ▪ Reinforced practice ▪ In-vivo exposure ▪ Self-calming techniques

Source: Waldron et al. (NASP), 2010.

SCHOOL-WIDE POSITIVE BEHAVIOR SUPPORT (SWPBS)

Positive Behavioral Interventions and Supports (PBIS), commonly referred to as **School-Wide Positive Behavior Support** (SWPBS, as we refer to it in this report) when applied at the school level,[44] is a **proactive approach to problem behavior prevention, supported by additional interventions for small groups and individual students with further needs**.[45] The approach is strongly supported by the National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS TA Center), established by the U.S. Department of Education's Office of Special Education Programs. While SWPBS has been frequently

---

[43] Kendall, P.C. 2006. *Child and Adolescent Therapy*. New York: Guilford Press. Cited in: Ibid., p. 20.

[44] "SWPBIS for Beginners." National Assistance Center on Positive Behavioral Interventions and Supports, U.S. Department of Education, Office of Special Education Programs. http://www.pbis.org/about_us/default.aspx

[45] Horner, Robert, George Sugai, and Claudia Vincent. 2005. "School-wide Positive Behavior Support: Investing in Student Success," p. 4. *Impact: Feature Issue on Fostering Success in School and Beyond for Students with Emotional/Behavioral Disorders.* http://ici.umn.edu/products/impact/182/182.pdf

discussed in the context of supporting students with disabilities, it is promoted as a successful approach to all types of students.[46]

Though "no two school-based programs will look alike," SWPBS features a series of key elements.[47] In a 2005 article discussing the approach, two of the co-directors of the PBIS TA Center – George Sugai and Robert Horner, along with support from Claudia Vincent – explained these elements, summarized below.[48]

- **Prevention –** Schools should seek to prevent problem behavior rather than responding to misconduct after it occurs. According to the authors, this is a "more effective, cost-efficient, and productive" approach to student behavior than traditional, reactive methods.

- **School Culture and Behavioral Expectations –** Children should be taught appropriate social behavior in the school setting, as they may come from different backgrounds where social expectations vary. As the authors explain, "schools must define the core social expectations (e.g., be respectful, be responsible, be safe), and overtly teach the behaviors and skills associated with these expectations."[49] This will form the basis for a school social culture, where every student knows the established social expectations.

- **Recognition of Appropriate Behavior –** Instances of appropriate student behavior should be recognized on a regular basis. Elsewhere this is described as a "gotcha" system, where students are "caught in the act" of behaving appropriately.[50]

- **Data –** Schools should carefully track data regarding student behavior and use it to inform decisions regarding approaches to problem behaviors.

- **Investment –** In addition to their focus on student behavior, schools and districts must invest in the personnel implementing SWPBS through the establishment of teams, policies, and data structures, as well as provide needed funding and administrative support.

While much of the above description largely applies to the preventive/proactive aspect of SWPBS, as noted earlier, the approach combines prevention with more targeted supports for students continually displaying problem behaviors. As such, SWPBS may be visualized in the form of a **three-tiered approach**, as illustrated in the figure on the next page.

---

[46] "About Us." National Assistance Center on Positive Behavioral Interventions and Supports, U.S. Department of Education, Office of Special Education Programs. http://www.pbis.org/about_us/default.aspx

[47] "Effective Schoolwide Discipline in Virginia: A Statewide Initiative that Provides Positive Behavioral and Academic Supports to All Students." Virginia Department of Education. June 2007. http://ttac.odu.edu/esd/documents/ESD_Manual.pdf

[48] Horner, Sugai, and Vincent, Op. cit., p. 4.

[49] Ibid.

[50] "Primary Prevention." National Assistance Center on Positive Behavioral Interventions and Supports, U.S. Department of Education, Office of Special Education Programs. http://www.pbis.org/school/primary_level/default.aspx

Figure 2.4: SWPBS – Tiered Framework of Behavioral Support[51]

TIER	DESCRIPTION
First Tier	The first tier represents supports for all of a district or school's students. It primarily features "positively stated expectations, strategies to teach expectations, high rates of reinforcement for complying with expectations, and clear routines to increase the
Second Tier	Supports within the second tier are more targeted to small groups of students who need further interventions to achieve desired behavioral outcomes. Strategies used at this level include "small group instruction in self-management and social skill
Third Tier	The third tier encompasses supports for individual students displaying chronic behavioral problems. The main feature of this level is the "functional behavioral assessment" which forms the basis for the development of an "individualized positive

Source: Lewis (2005).

As discussed above, this three-tiered approach is **well-aligned with Response to Intervention (RtI) practices**, where instruction and interventions are closely coordinated with the needs of individual students, and student data are widely used to inform decision making. Both SWPBS and RTI "are grounded in differentiated instruction" and delineate student supports along the lines of universal, secondary, and tertiary interventions.[52]

While the PBIS TA Center offers an expansive set of resources regarding the implementation of SWPBS, below we provide additional details of key elements of the first, second, and third tiers of support.

SETTING BEHAVIORAL EXPECTATIONS AND RECOGNIZING APPROPRIATE BEHAVIOR (FIRST TIER)

As noted above, supports within the first tier are implemented for all students in a school or district and seek to prevent problem behaviors before they occur. According to the PBIS TA Center, the focus of the first tier is a set of "rules, routines, and physical arrangements" established by the school staff to prevent specific negative behaviors. The Center recommends that a team of school representatives – including administrators, general education teachers, and special education teachers – **develop three to five behavioral expectations** that can be easily remembered. Each expectation **targets a negative behavior but restates it in a positive manner** (e.g., "Respect Yourself, Respect Others, and Respect Property" or "Be Safe, Be Responsible, Be Respectful").[53]

The team will next determine how students should meet these expectations in various settings. For example, specific behaviors associated with "Respect Property" would include "keeping feet and hands where they belong" on the bus, "wiping table with sponge provided" in the cafeteria, and "returning playground equipment to the proper area" on the

---

[51] Lewis, Timothy J. 2005. "Implementing School-wide Positive Behavior Supports," p. 26. *Impact: Feature Issue on Fostering Success in School and Beyond for Students with Emotional/Behavioral Disorders.* http://ici.umn.edu/products/impact/182/182.pdf

[52] "Response to Intervention (RTI) & PBIS." National Assistance Center on Positive Behavioral Interventions and Supports, U.S. Department of Education, Office of Special Education Programs. http://www.pbis.org/school/rti.aspx

[53] "SWPBIS for Beginners," Op. cit.

playground. The PBIS TA Center recommends that the team develop a matrix displaying each setting and associated examples of appropriate behavior, and present them to the rest of the school staff for approval.

Once the team has achieved staff buy-in of the behavioral expectations, the SWPBS approach requires **teaching the expectations to students**. While there are a variety of means available to accomplish this task, some schools have elected to set aside time at the beginning of the school year to take students to various "stations" around the school to demonstrate the expected behaviors. For example, as the PBIS TA Center explains, "a bus may be brought to the school and the children will practice lining up, entering the bus, sitting on the bus, and exiting the bus using hula hoops to denote proper body space distance in lining up to enter the bus."[54]

Finally, the school's SWPBS team will determine how to **recognize students meeting the behavioral expectations**. For example, some schools hand out "gotchas" – pieces of paper – recognizing that the student is behaving appropriately. The Center explains that "specific praise is extremely important in increasing the reoccurrence of appropriate behavior."[55]

CHECK IN/CHECK OUT (SECOND TIER)

For students who do not respond to first tier supports – defined as "students who visit the office between 2 and 5 times per year,"[56] students receiving several minor referrals, and/or students who exhibit problem behavior that is not dangerous[57] – more targeted interventions may be necessary. One example of a second tier intervention is **Check In/Check Out (CICO)**, also referred to as the Behavior Education Program (BEP). In a 2010 publication of the Council for Children with Behavioral Disorders, researchers from the University of Connecticut and Assumption College outline CICO in the following manner:[58]

> Students check in with an adult in the morning, obtain a point sheet that they carry throughout the school day and use to gather performance feedback from teachers (in the form of points and positive comments), and check out with an adult at the end of the day. A token economy is used in conjunction with the CICO system; students earn tokens (e.g., points, bucks) for meeting their individualized, predetermined point percentage goal for that day. Tokens can be accumulated and are eventually exchanged for preferred backup reinforcers (e.g., activities, privileges, or tangible items).

---

[54] Ibid.

[55] Ibid.

[56] "Secondary Level – Frequently Asked Questions." National Assistance Center on Positive Behavioral Interventions and Supports, U.S. Department of Education, Office of Special Education Programs.
http://www.pbis.org/school/secondary_level/faqs.aspx

[57] "Targeted Behavior Interventions – Check-in/Check-out Introduction," p. 7. Michigan Department of Education. December 2009. http://miblsi.cenmi.org/LinkClick.aspx?fileticket=znbJrNL439Y%3d&tabid=739

[58] Myers, Diane M., Donald E. Briere III, and Brandi Simonsen. 2010. "Lessons Learned from Implementing a Check-in/Check-out Behavioral Program in an Urban Middle School." *Beyond Behavior.*
http://www.ccbd.net/sites/default/files/bebe-19-02-21.pdf

The above activities are coupled with **regular parent communication** and **teacher/ staff reviews of student progress**. Providing an example of the latter, the Michigan Department of Education's Office of Special Education recommends that bi-weekly meetings should be held to evaluate data regarding the progress of CICO participants. The data are then used to determine whether the student is ready to exit the program or whether the program should be revised.[59] Commenting on the strengths of the program, a presentation by the Office explains that the students receive prompts/reminders throughout the school day regarding appropriate behavior, as well as regular feedback and rewards for correct behavior. As such, the approach works particularly well for students who are seeking attention from adults.[60]

The University of Connecticut and Assumption College researchers cite **multiple studies demonstrating the positive effects of CICO on social behavior at the elementary and middle school levels**, while an additional study has shown positive effects at the high school level when coupling the program with academic tutoring.[61] Further, CICO programs are promoted by the PBIS TA center as an effective second tier support.[62]

FUNCTIONAL BEHAVIORAL ASSESSMENT AND BEHAVIOR SUPPORT PLAN (THIRD TIER)

Finally, the third tier of support focuses on students who exhibit more severe and/or chronic behavioral problems. Supports at this level are typically comprised of two elements: (1) a functional behavioral assessment (FBA) designed to better understand the behavior and (2) the development of an individualized plan of intervention strategies, sometimes referred to as a behavior support plan (BSP) or behavioral intervention plan (BIP).

Regarding when third tier supports come into play, a document prepared by the Maryland State Department of Education on effective practices of discipline for students with disabilities lays out situations in which a student's behavior should typically trigger an FBA:[63]

- Standard school or classroom management strategies have been ineffective;
- The behavior occurs with a high level of intensity and/or frequency;
- The student is at risk of exclusion and/or suspension; and/or
- A more restrictive placement or a more intrusive intervention is being considered.

---

[59] "Check In Check Out (CICO)." Michigan Department of Education, Office of Special Education. http://miblsi.cenmi.org/MiBLSiModel/Implementation/ElementarySchools/TierIISupports/Behavior/TargetBehaviorInterventions/CheckInCheckOut.aspx

[60] "Targeted Behavior Interventions – Check-in/Check-out Introduction," Op. cit., pp. 7, 18.

[61] For example, see: Fairbanks, Sugai, Guardino, and Lathrop. "Response to Intervention: Examining Classroom Behavior Support in Second Grade." *Exceptional Children*. 2007; Hawken. "School Psychologists as Leaders in the Implementation of a Targeted Intervention: The Behavior Education Program." *School Psychology Quarterly*. 2006; and Swain-Bradway. "An Evaluation of a Cohesive Secondary Level Intervention for High School Students at Risk of School Failure: The High School Behavior Education Plan." Unpublished Doctoral Dissertation, University of Oregon. 2009.

[62] "Secondary Level User Resources." National Assistance Center on Positive Behavioral Interventions and Supports, U.S. Department of Education, Office of Special Education Programs. http://www.pbis.org/school/secondary_level/user_resources.aspx

[63] "Discipline of Students with Disabilities," p. 11. Maryland State Department of Education. September 2009. http://www.marylandpublicschools.org/NR/rdonlyres/5F4F5041-02EE-4F3A-B495-5E4B3C850D3E/22802/DisciplineofStudentswithDisabilities_September2009.pdf

Further, the Individuals with Disabilities Education Act (IDEA) requires a functional behavioral assessment and development of a behavioral intervention plan when a student with disabilities would be subject to suspension or other removal from his or her educational environment for an extended period of time.[64] An FBA is a process by which the school seeks to understand why a student is behaving in a certain manner. More specifically, it has been described as "a systematic way of gathering information in order to determine a relationship between a child's problem behavior and aspects of the environment."[65] Such information may then be used to develop a plan of interventions to best meet the child's needs. While the full details of implementation of an FBA and development of a BSP/BIP are beyond the scope of our current report, we provide a brief description of what the process involves.

If the school decides that third-level supports are necessary, a support team of family, teachers, and other direct service providers should be convened. Robert A. Gable, a professor of education at Old Dominion University, explains that the FBA process should then follow a series of steps including **definition of the behavioral problem, collection and analysis of data** around the problem that could explain the function of the behavior (e.g., "to get attention, avoid an aversive social situation, express anger or frustration"), **identification of a hypothesis** regarding the function/motivation of the behavior (e.g., "under condition X, the student does Y, in order to Z"), and **systematic testing of the hypothesis** by changing an aspect of the child's instruction or environment.[66] Ultimately the information yielded by this process will assist the team in developing a plan of targeted intervention. The team will then monitor how the plan is implemented and assess its effectiveness.[67]

According to the PBIS TA Center, the BSP/BIP may involve making "adjustments to the environment that reduce the likelihood of the problem; teaching replacement skills and building general competencies; consequences to promote positive behaviors and deter problems; and a crisis management plan (if needed)."[68] With regard to this last element, a crisis management plan may be necessary when severe episodes of the behavior occur and the safety of all individuals involved is in question. Such steps should draw on carefully planned procedures (developed in advance of the occurrence) and "focus on a rapid de-escalation of the behavior."[69]

---

[64] "Frequently Asked Questions – What is Tertiary Prevention?" National Assistance Center on Positive Behavioral Interventions and Supports, U.S. Department of Education, Office of Special Education Programs.
http://www.pbis.org/school/tertiary_level/faqs.aspx
[65] "Teaching Students with Severe Emotional and Behavioral Disorders: Best Practices Guide to Intervention." Office of Superintendent of Public Instruction, State of Washington. January 2005.
http://www.k12.wa.us/SpecialEd/pubdocs/bestpractices.pdf
[66] Gable, Robert A. 2005. "Functional Assessment of Classroom Behavior Problems," p. 17. *Impact: Feature Issue on Fostering Success in School and Beyond for Students with Emotional/Behavioral Disorders.*
http://ici.umn.edu/products/impact/182/182.pdf
[67] Ibid.
[68] "Frequently Asked Questions – What is Tertiary Prevention?" Op. cit.
[69] Ibid.

PROJECT EVALUATION FORM

Hanover Research is committed to providing a work product that meets or exceeds member expectations. In keeping with that goal, we would like to hear your opinions regarding our reports. Feedback is critically important and serves as the strongest mechanism by which we tailor our research to your organization. When you have had a chance to evaluate this report, please take a moment to fill out the following questionnaire.

http://www.hanoverresearch.com/evaluation/index.php

CAVEAT

The publisher and authors have used their best efforts in preparing this brief. The publisher and authors make no representations or warranties with respect to the accuracy or completeness of the contents of this brief and specifically disclaim any implied warranties of fitness for a particular purpose. There are no warranties which extend beyond the descriptions contained in this paragraph. No warranty may be created or extended by representatives of Hanover Research or its marketing materials. The accuracy and completeness of the information provided herein and the opinions stated herein are not guaranteed or warranted to produce any particular results, and the advice and strategies contained herein may not be suitable for every member. Neither the publisher nor the authors shall be liable for any loss of profit or any other commercial damages, including but not limited to special, incidental, consequential, or other damages. Moreover, Hanover Research is not engaged in rendering legal, accounting, or other professional services. Members requiring such services are advised to consult an appropriate professional.

1750 H Street NW, 2nd Floor
Washington, DC 20006

P 202.756.2971 F 866.808.6585
www.hanoverresearch.com