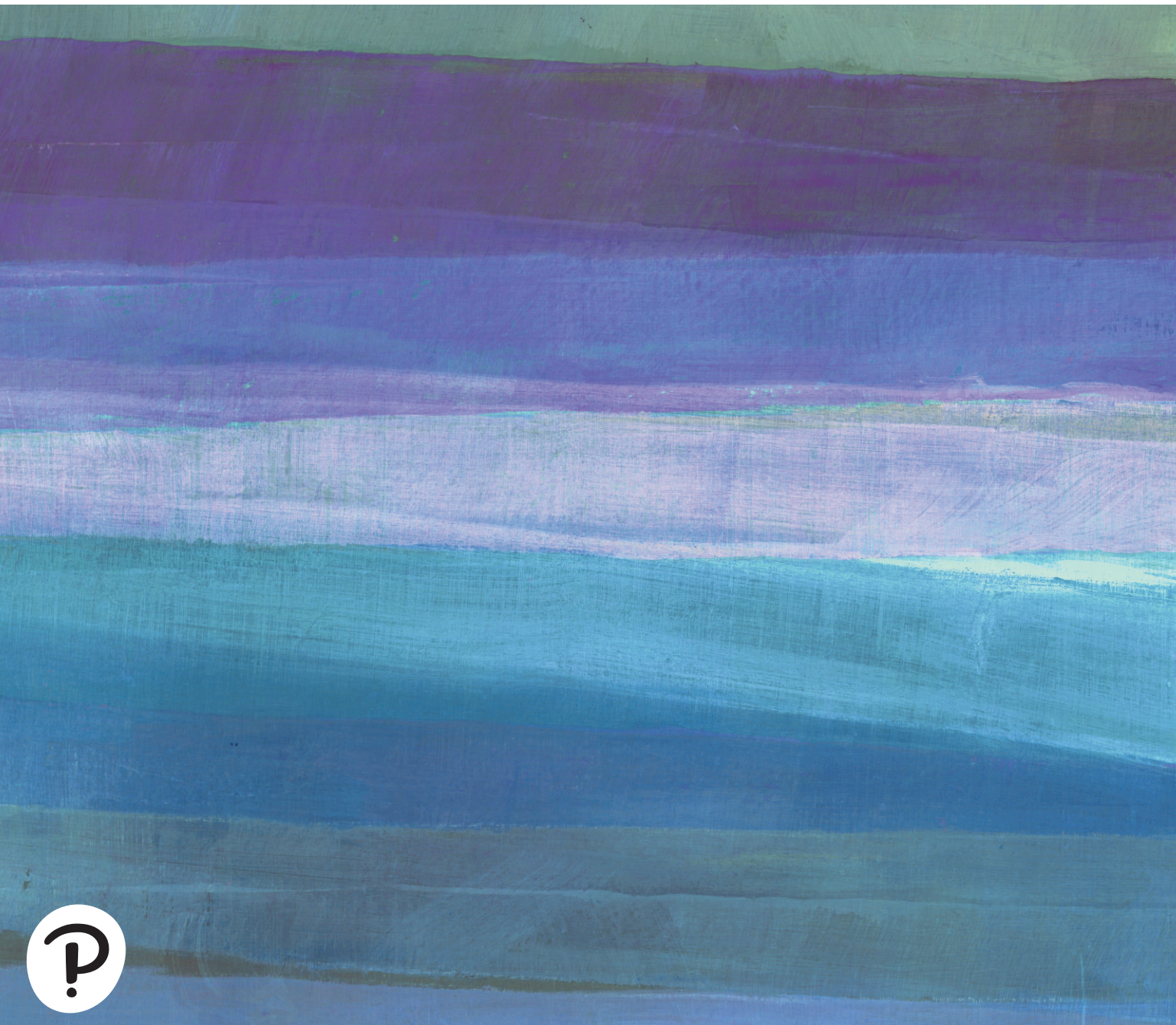# Behavior Management

Fourth Edition

Principles and Practices of Positive Behavior Supports

John J. Wheeler | David Dean Richey

Behavior Management

Principles and Practices of Positive Behavioral Interventions and Supports

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Behavior Management

Principles and Practices of Positive Behavioral Interventions and Supports

FOURTH EDITION

John J. Wheeler
East Tennessee State University

David Dean Richey
Tennessee Tech University, late of

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This book is dedicated to the memory of my dear friend and colleague Dr. David Dean Richey, who sadly left this earth much too soon, but who in his time here made a lasting and significant impact on the lives of so many; to my wife Karen for her ongoing support; and to my children Ben, Alli, and John who inspire me.

JJW

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About the Authors

John J. Wheeler, Ph.D., is currently Professor of Special Education at East Tennessee State University. Dr. Wheeler has served in many roles during his 35-year career including service as a special education teacher, professor, researcher, associate dean, and dean. His career has focused on the provision of technical assistance, program development, and research in the delivery of positive behavioral interventions and supports to children with autism spectrum disorder and other developmental disabilities in rural and underserved areas.

David Dean Richey, Ph.D. (1943–2014). Dr. Richey received his Ph.D. in 1974 from the University of North Carolina–Chapel Hill and had many professional roles while at Tennessee Tech University, including Professor, Associate Dean, and Interim Dean of the College of Education. He worked tirelessly for the care and well-being of young children with special needs and their families, specifically in his pivotal role in the establishment of Tennessee's Early Intervention System in the Upper Cumberland region of Tennessee. Dr. Richey was a devoted husband to his wife Linda; father to Patrick, Amy, Amanda, Hicham, Adam, and Gervan; and active grandfather to Noor, Lena, and Kaja. He was also a compassionate advocate for families and children, a mentor to countless students, a scholar, and a prolific gardener.

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Preface

Welcome to the fourth edition of *Behavior Management: Principles and Practices of Positive Behavioral Interventions and Supports*. I am delighted that you have selected this text, as it represents a new and revised edition designed to assist in the preparation of undergraduate and graduate students in positive behavioral interventions and supports (PBIS). The content of this text is intended to provide an overview of both the principles that undergird PBIS as a philosophy of practice and the practical applications of PBIS as a proactive approach in promoting optimal behavior across schoolwide, classroom, and individual levels.

There has been significant progress in the development of PBIS since its inception in 1997. The reauthorization of IDEA in 2004 clearly mandated the use of PBIS as an evidence-based practice aimed at proactively addressing challenging behavior in students with disabilities. This progress can be measured in the growing number of professionals and schools using PBIS across primary, secondary, and tertiary levels. In fact, the National Technical Assistance Center on Positive Behavioral Interventions and Supports (2017) reports that 23,363 schools nationally are implementing PBIS. A central focus of this text is the application of this evidence-based practice with learners of all ages and abilities across learning environments. PBIS has been demonstrated to be a viable technology for improving the quality of educational experience for all persons within the school community. It is our hope that this text will help meet your professional development needs in the area of PBIS.

NEW TO THIS EDITION

A new edition implies new content, and we have made it our goal to better address the needs of readers through the addition of new material based in the research literature to reflect current practices in the field of PBIS. Teachers and school administrators continue to express that one of their greatest concerns is how to proactively address the behavior of students both in terms of prevention and also when students need extensive tertiary support for more severe behavioral challenges. This ongoing need, coupled with the increasing levels of performance evaluation required of teachers, speaks to the need for professionals to better understand how PBIS can be fully used to provide behavioral and educational supports to all learners.

In this edition, you will find:

- Student vignettes throughout the text that will provide applied illustrations of how PBIS can be employed across the continuum of age(s) and abilities and at primary, secondary, and tertiary levels
- Information about response to intervention (RtI) and how RtI and PBIS can complement one another in the delivery of behavioral and educational supports to learners

- Expanded focus on prevention of challenging behavior through effective instructional strategies
- Examination of the applications of PBIS within classrooms, including practical strategies for how to collect functional behavior assessment (FBA) data within classroom settings and how to teach replacement behaviors
- An increased emphasis on evaluating student performance, including student progress monitoring and the application of single-case designs in the classroom as a tool for monitoring student performance
- Practical applications for developing behavior support plans (BSPs)
- Explanation of the role of reinforcement across schoolwide, classroom, and tertiary levels of PBIS
- An expanded emphasis on schoolwide PBIS and how it can be applied towards preventing and minimizing challenging behavior
- Recognition of the importance of self-determination and how PBIS can be a tool for promoting self-determination and improving the quality of life for all students
- Updated information and references on PBIS and how this evolving evidence-based practice can be applied across multiple tiers with all learners as a proactive means of promoting meaningful educational and behavioral outcomes

These changes within the text are aimed at providing you with up-to-date and relevant material on PBIS and the application of these principles within educational settings.

ACKNOWLEDGMENTS

Brief Contents

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Contents

Understanding Behavior in Children and Youth

CONCEPTS TO UNDERSTAND

After reading this chapter, you should be able to:

- List and describe the common theories used to understand human behavior, including the biomedical, developmental, psychodynamic/psychosocial, ecological, behavioral, and social learning models.
- Describe the foundations and applications of applied-behavior analysis.
- Describe the components of positive behavioral interventions and supports (PBIS) and the application of PBIS across the three tiers of prevention (primary, secondary, and tertiary).

KEY TERMS

Applied Behavior Analysis (ABA)

Behavioral Model

Biomedical Model

Developmental Model

Ecological Model

Positive Behavioral Interventions and Supports (PBIS)

Psychodynamic/Psychosocial Model

Social Learning Model

As a professional educator, your ability to understand teaching and learning is important in facilitating meaningful instructional outcomes for all students. One critical prerequisite skill for teachers is a fluent understanding of the diverse learning and behavioral support needs of all students, as these skills are critical to student success. Teaching and reinforcing the use of appropriate behaviors in the classroom are critical for student engagement and learning, and also for socialization with one's teachers and peers.

This chapter will provide you with a comparative overview of the common conceptual models used in understanding human behavior. Information is also provided

on the historical development of positive behavioral interventions and supports (PBIS) as a school-based model of behavioral prevention and its applications across school-wide (primary), classroom (secondary), and individual (tertiary) levels. We will also explore how PBIS has been viewed by some as an outgrowth of applied behavior analysis (ABA). Finally, the chapter will explain the many virtues of ABA and PBIS across a range of learners and environments including classroom and school-wide implementation.

THEORETICAL MODELS FOR UNDERSTANDING BEHAVIOR

The focus of this text is on the use of PBIS to practically and positively address the behavior support needs of students across educational environments. This includes children and youth from pre-k settings through grade 12 including students considered typically developing, and those with disabilities.

In addition to PBIS, there are many that are frequently used to explain and understand human behavior and learning. It is important as a teacher to understand contrasting viewpoints as you formulate your own philosophy of practice and better equip yourself to appreciate the efficacy and limitations of each model.

Biomedical Model

The **biomedical model** examines the presence of atypical development and behavior from an organic viewpoint. For example, the medical profession addresses changes in physiological functioning (optimal health) within the context of presenting symptoms. These physical symptoms are often present as the result of pathogens in the body or other organic causes. Pathogens alter the body's equilibrium and are defined as any causative agent of disease resulting in changes in one's health and optimal levels of functioning. In other words, an illness can change the way a person typically feels, behaves, thinks, etc. Within the field of special education, we frequently encounter the biological or medical model when explaining the presence of specific disabilities that affect cognitive and behavioral functioning in children and youth. Many of these conditions stem from organic causes that alter typical development in children, thus producing disabilities. An example of this model is how autism was once believed to be a psychogenic disorder (a disorder with no known organic basis but was likely caused by emotional stress) and in fact many at the time believed that the condition was attributed to a lack of maternal nurturing (Kanner, 1943). Later in 1967 the infamous term "refrigerator mom" was coined by Bruno Bettleheim (1967) to describe this lack of maternal bonding that he perceived as the cause of autism in children. Many mothers of children diagnosed with autism were made to feel as if they were the cause. Sadly, the lives of many individuals were adversely affected as a result. It was later discovered in the late 1970s that autism was a neurobiological disorder caused by genetic and biological differences (Folstein and Rutter, 1977).

Further advances in medical science have contributed to our understanding of the causal factors associated with many disabilities, including autism, such as the origins of this disorder, not only the genetic factors associated with it but the impact of these on brain functioning (Gliga, Jones, Bedford, Charman, & Johnson, 2014). Biomedical research continues to explore the underlying genetic and environmental factors related to autism (Anderson, 2015). Some early examples of this type of research point to multiple causal factors as evidenced by varied biomarkers identified in individuals with autism across

the body's four basic systems: gastrointestinal, immunologic, neurologic, and toxicological (Ratajczak, 2011). These findings are important because they assist us in accurately diagnosing these conditions and in designing appropriate treatment programs.

There are many other examples of how the biomedical model has contributed to the knowledge base for the diagnosis and treatment of other forms of intellectual, behavioral,

TABLE 1–1	
Theoretical Models for Understanding Human Behavior	
Theoretical Model	**Key Concepts Relating to Behavior**
Biomedical model	• Views behavior from an organic standpoint • Emphasis on pathogens as explanation for disease • Has medical/health implications
Developmental model	• Jean Piaget is a noted theorist in this area • Stresses a child's adaptation to environment is largely innate rather than learned • Application of model seen through widespread use of developmentally appropriate practice (DAP) by educators
Psychodynamic/Psychosocial model	• Pioneered by Sigmund Freud and expanded upon by Erik Erickson • Emphasis on unconscious processes (e.g., id, ego, & super-ego), underlying motives of behavior • Development of personality is key to understanding abnormalities
Ecological model	• This model is associated with the theorist Uri Bronfenbrenner • Focus on relationships between and within levels of ecosystems • Adaptations of this model have been applied to serving students with emotional/behavioral (E/BD) disorders
Behavioral model	• Ivan Pavlov, John Watson, and B. F. Skinner were significant theorists in the development of the behavioral model • Behavior is viewed from a functional perspective—measured and observed • Applied Behavior Analysis is how we refer to it today and it is widely used in the treatment of autism
Social learning	• Albert Bandura was significant in the development of this model, emphasis is placed on modelling—imitation of models as an important element in learning • Merges cognitive and behavioral models
Applied Behavior Analysis (ABA)	• Emphasis on the applied study of socially relevant behaviors • Focus on measurable and observable behaviors with precise measurement
Positive Behavioral Interventions and Supports (PBIS)	• Reliance on person-centered planning and supports • Stresses positive approaches to behavior change and seeks to enhance quality of life for the learner • PBIS is the method for addressing challenging behavior in public schools as recognized in the Reauthorization of the Individuals with Disabilities Act (IDEA) of 2004

and learning disabilities. These contributions include the organic factors associated with intellectual disabilities that encompass chromosomal abnormalities in conditions such as Down syndrome, multiple congenital disabilities, prenatal difficulties, gene defects, and postnatal brain damage. As special educators, we now have a fuller understanding of the etiology or causal factors associated with these disorders and their impact on fetal development.

The biomedical model has also assisted in the identification of the neurobiological origins of attention deficit/hyperactivity disorder (ADHD), a condition prevalent among many school-age children today. Through the use of magnetic resonance imaging (MRI), medical researchers have identified structural differences between the brains of persons affected with ADHD and persons not diagnosed with the condition, and they have observed diminished neuronal activity among persons found to have ADHD (Friedman & Rappaport, 2015). As with autism, earlier research had pointed to psychopathological origins rather than organic causal factors.

We also know that some children diagnosed with ADHD have co-occurring learning disabilities (DuPaul, Gormley, & Laracy, 2012). This means that for some children these conditions can result in learning and behavioral challenges if left untreated. The use of stimulant medications continues to be widely used in the treatment of children diagnosed with ADHD. These have been noted to be effective in improving attention and cognitive functioning in children and adolescents but concerns have been expressed about the evidence guiding the practice of using these medications to treat ADHD (Cortese et al., 2013). This criticism is due in part to the view held by many concerning the overreliance of this form of treatment for ADHD in children which is estimated to be as high as 3.5% of the school-age population by Zukevas and Vitiello (2012).

The limitations of medication as the primary form of treatment for children diagnosed with ADHD have also been questioned in the literature. These limitations include side effects, their lack of maintenance and generalization of behavior change when discontinued, issues of medication compliance meaning adhering to the prescribed dosage levels on a daily basis, and that some individuals do not respond favorably to the medication (Charach, Yeung, Volpe, & Goodale, 2014). There has also been concern expressed by many in the field that the use of medication seems to be the standard response when treating ADHD without fully understanding the potential for misuse of these medications (Greydanus, 2015). It has been advocated that the most effective method for successful treatment of children with ADHD is through the use of multimodal interventions that combine medication and positive behavioral interventions and supports (PBIS; DuPaul, Weyandt, & Janusis, 2011). This trend of using medication paired with PBIS continues to grow among professionals and families. Medical science has made progress in the diagnosis and treatment of conditions such as ADHD, and we continue to see that the outcomes from the merger of bio-medical and behavioral forms of intervention are more effective than medication alone in successfully treating these conditions on a long-term basis.

Consider This

- How could you envision the biomedical model better informing your practice as a teacher when addressing the learning and behavioral support needs of some students?
- What are your questions and concerns as a teacher regarding the use of medications in the treatment of ADHD?

In summary, the biomedical model contributes to our understanding of the underlying causes of disability and/or physical conditions that affect our health and well-being including our physical, emotional, and behavioral health and also assists us in the selection of treatment options designed to restore optimal health and functioning. Though informative in our practice, the biomedical model does not give us the complete picture and should be paired with PBIS and other evidence-based instructional practices to fully complement one another when addressing the educational and behavioral support needs of students.

Developmental Model

The developmental perspective has traditionally been associated with Swiss-born biologist Jean Piaget (1896–1980). Piaget's contributions are noteworthy in the field of human development and have served as a cornerstone among developmental theorists. His theory was built on the premise that children's adaptation to their environment was contingent on two processes: assimilation and accommodation. *Assimilation* is the process by which children fit new stimuli into their "comfort zone" or their current ability to understand this new information. *Accommodation* refers to how children modify their cognitive processing to fit these new or novel stimuli.

The **developmental model** has evolved over time; it essentially maintains that children develop in a predictable and predetermined manner that is internally organized (Cobb, 2001). Developmental theorists also contend that as children age, they proceed through several stages of development, each with its own unique set of characteristics. Similar to how a child first learns to crawl, then stand, and then walk; developmental theorists describe children's cognitive processes emerging in similar patterns as they interact with their environment.

The developmental model is most prominent in the education of young children. Contemporary early childhood educators and early childhood special educators rely on the principle of developmentally appropriate practice (DAP) as the philosophical foundation for the provision of education and related services to young children.

Copple & Bredecamp (2009) outline a synthesized list of research-based principles that undergird DAP. These principles include the following: (a) recognizing that physical,

Jean Piaget

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cognitive, social, and emotional domains associated with child development are related, and that development in each of these areas is interdependent; (b) development is an orderly sequence whereby skills are developed in a stepwise fashion with new knowledge and skills building on existing strengths and previous learning; (c) development among individual children is unique, and variation for every child is important (i.e., no two children are alike); (d) learning experiences for children have a cumulative effect and long-term implications in terms of the child's growth and development in later years; (e) cognitive development advances from concrete to abstract in terms of the child's ability to acquire and transfer knowledge and skills; (f) child development is influenced by environmental factors; (g) children learn through their active engagement in environments and the events that surround them; (h) development and learning result from a combination of physical maturation and the environments that encompass the child; (i) play is an essential avenue for promoting development and learning in every child; and (j) optimal development is promoted when children are presented with new and enriching experiences that take into account present skill levels and those skills deemed to be emerging.

One limitation of the developmental model in understanding children with disabilities is that this model, when used exclusively, fails to inform us completely as to how to adapt the developmental model to children who display atypical development, as in the case of children with disabilities. It is important that all teachers of young children learn about typical and atypical development and that this method of instruction used in early childhood education settings can be modified and adapted to be inclusive of all children, including children with disabilities. The developmental model when paired with early intervention and/or early childhood special education is greatly enhanced and can be used to provide meaningful educational experiences for all young children. Young children should be provided a range of individualized activity-based interventions that are evidence-based and designed to support the optimal development of the child (Odom, 2016).

Psychodynamic Model

The **psychodynamic model** is a stage theory used to explain human development and behavior. The stage theory viewpoint is best characterized by a series of progressive developmental life stages that we experience as we move from childhood into adolescence and later periods throughout our lives. The psychodynamic model emphasizes the critical importance of unconscious processes (i.e., psychodynamic) as the determinants for atypical behavior. Although the psychodynamic model represents a cognitive perspective, it does acknowledge that environment contributes to development through internal processes and the battle between internal processes and these external events (Cobb, 2001). In short, the view held by psychodynamic theorists is that all people have internal states or thought processes operating as they attempt to process the environmental events that influence the development of these thought processes and, subsequently, their personalities. The challenges for educators when relying on psychodynamic approaches are that we cannot observe these internal states or processes in students and attempts to change these processes usually take lengthy periods of time.

The most noted psychodynamic theorist was Sigmund Freud (1859–1939), a well-known Austrian-born psychoanalyst. He is best known for his theory of personality development and the terms *id*, *ego*, and *superego*, which are associated with the formation of personality. Each of these components of Freud's structural model serves a unique function, yet they must ultimately balance one another to accommodate the development of the personality. The id is the area of the personality that demands immediate gratification of biological impulses, thus operating on the "pleasure principle" (Freud, 1961).
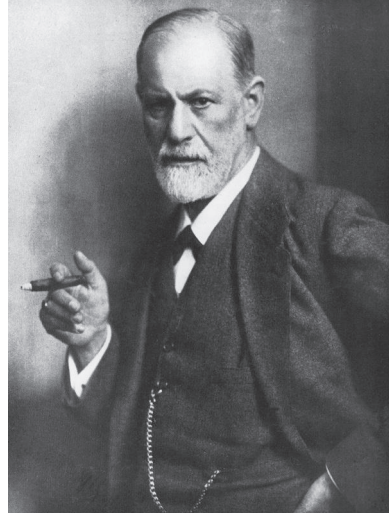
Sigmund Freud

The ego, on the other hand, attempts to satisfy these impulses in a more socially acceptable manner. The superego is the area of the personality that serves as the moral conscience as one attempts to internalize moral standards. Freud acknowledged the interaction between biological and environmental forces in the development of the id and superego in the development of personality (Cobb, 2001). In Freud's view, development occurs as a result of the conflicts between a child's internal drives and his or her social environment. As a result, a psychological balance must be obtained that channels, represses, and/or redirects these drives and thus lays the foundation for the development of the child's personality (Tharinger & Lambert, 1990).

Erik Erikson (1902–1994) expanded Freud's theory on personality through his own theory of psychosocial development. Erikson's theory maintained the importance of ego identity and the healthy personality. This perspective asserts the importance of the ego and emphasizes the process of adaptation and the resolution of opposing forces.
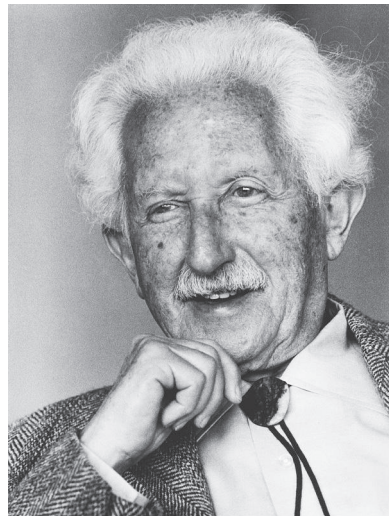
Erik Erikson

Erikson is best known for his eight stages of moral development, each of which is critical for subsequent development and involves a conflict involving maturational and social expectations on which the child progresses before moving to the next stage of development (Erikson, 1950). His stages extend from birth through the senior years, and each of these life stages brings with it a psychosocial crisis, referred to by Erikson (1950) as the epigenetic principle that serves as a developmental milestone. These stages include: (a) Basic Trust versus Basic Mistrust (birth to 18 months of age), when a child learns to develop trust; (b) Autonomy versus Shame and Doubt (18 months to 3 years of age), when a child learns to become independent by achieving some mastery of basic self-help skills; (c) Initiative versus Guilt (3 to 5 years of age), a stage characterized by a child role-playing and modeling adult life roles through creative play; (d) Industry versus Inferiority (6 to 12 years of age), when children learn and develop a sense of purpose or industry and when feelings of self-doubt or inferiority can also ensue, which may affect a child's self-esteem; (e) Identity versus Role Confusion (12 to 18 years of age), the point of development when the child begins to emerge in a more self-determined manner; (f) Intimacy versus Isolation (18 to 35 years of age), a stage of development marked by the forming of significant relationships (if we are not successful in forming these relationships, social isolation ensues); and (g) Generativity versus Stagnation (35 to 65 years of age), when the individual remains focused on making a contribution through work and family involvement—conversely, as children age and we grow older, we are faced with becoming more self-absorbed or stagnant. In Erikson's final stage, (h) Ego Integrity versus Despair (ages 65 years to death), adults pause for reflection on their lives and ideally draw on their contributions and accept the full circle of life, although some may experience regret and despair concerning paths not taken. Erikson contended that each of these stages of development is consistent for all people and that at critical periods within each stage, the developing personality is most sensitive to outside influences.

One prominent characteristic of the psychodynamic model that should be emphasized is its focus on the underlying motives that govern behavior. The psychodynamic model assumes that the developmental stages previously described are consistent across individuals and that they rely on internal processes to explain subsequent development and learning. This characteristic has become one of the major areas of criticism concerning the application of this model. Given the focus of the psychodynamic theory on the development of personality with regard to the internal processing of environmental influences, it is difficult to empirically validate the role these forces play in individual human development making it impossible to observe and measure the internal thoughts and feelings of individuals. Thus the application of this model in educational environments serving children has been limited in terms of its applied efficacy. There has been an increase in the use of cognitive/behavioral approaches that are a merger of meta-cognitive (psychodynamic) theory with a behavioral component.

Ecological Model

The ecological model perspective on behavior and learning is a very important viewpoint, especially given the focus of this text—that is, positive behavioral interventions and supports—and the importance of understanding behavior within the relevant environments (home, school, community) in which the learner lives and functions. These environments and the individuals found within them constitute one form of an ecological system. What occurs within this system affects not only one individual but also all who function within it. The **ecological model** is focused on the interactions that occur within these environments and how they influence behavior and learning in each of us.

Felicia Martinez/PhotoEdit, Inc.

Lev Vygotsky

An early theorist who achieved much notoriety in recent times from his work in the area of young children and learning was the Russian psychologist Lev Vygotsky (1896–1934). His theory stated that children learn by engaging and participating in activities that they enjoy and that learning is enhanced when children are in social contexts, working with other children who have the same aims (Vygotsky, 1978). Thus environment and social context are important aspects in Vygotsky's theory. Vygotsky emphasized the development of cognitive processes and behaviors in the child through interactions within the social context. His theory pointed out how children who approximate a certain skill level can learn from other children who are more skilled at a particular task. He termed this phenomenon the *zone of proximal development*, meaning the distance separating a person's current performance level from that of optimal performance levels. Although not exclusively an ecological theorist, Vygotsky reminds us of the importance of social interaction in meaningful environmental contexts and how such interactions foster cognitive development in children.

Urie Bronfenbrenner (1917–2005) is widely known for his application of the ecological model in reference to families. Bronfenbrenner (1994) asserted that a child's development is inseparable from the environments in which they function, which thus constitute his or her ecology. Bronfenbrenner's theory comprises a concentric circle that has the child at its center and five systems emerging from the core of the circle: the microsystem, the mesosystem, the exosystem, the macrosystem, and the chromosystem. The microsystem is basically the child's immediate environment, such as a home and family, or peer group association for an adolescent child. The mesosystem is composed of the interactions among contexts in the microsystem, such as school, home, and community. The exosystem refers to settings that influence the child with which he or she does not have a direct interface, such as school administrators or the employer of the child's parents. The macrosystem is illustrative of a set of philosophical or ideological patterns of a culture or subculture, such as the effect on a child's development of a school culture that practices corporal punishment. The chromosystem refers to changes that occur over time to a child within his or her environment. Examples of the chromosystem include the birth of a sibling, divorce, and effects of relocating to a new home and school system (Richey & Wheeler, 2000). Certainly it is easy to ascertain from Bronfenbrenner's theory how interactions across these systems can ripple and affect the child (our point of concern is at the

center of this model). This theory supports what we have learned thus far—that is, the importance of the interactions between environment and individual and the cumulative effect that alterations within these ecologies can have on the optimal learning and development of children and youth. Vignette 1.1 provides more insight into the ecological model applied to children and families affected by poverty.

Vignette 1.1

The Ecological Model Applied to Children and Families in Poverty

An elementary school teacher working in an Appalachian community beset by high poverty and unemployment rates commented to a state representative that people do not really understand the complexities and impact of poverty and its effects on children and families as far as development and learning are concerned and the importance of education in these communities.

In this example, the community was once a thriving coal-mining region in which people were gainfully employed; however, when the demand for coal diminished, the mines closed, and subsequently the community's economy was destroyed. As a result, stores closed, people were left jobless, and some families left the region in search of new opportunities; whereas those families who remained behind worked at less fruitful jobs paying minimum wage and offering no insurance or benefits for themselves or their families. The impact began to be felt within all facets of the community, including the local schools. Evidence of this impact was seen as greater numbers of children began to receive free breakfasts and lunches through subsidy programs. Increasing numbers of children began coming to school without their basic needs met. Local teachers began to see the impact on individual children as well, including addressing the needs of children who were homeless. Other changes were noted within the community, such as increased alcohol and drug abuse, family problems, and criminal activity largely due to lack of opportunity and the hopelessness resultant from job displacement and unemployment.

Reflective Moment

Respond to the problems posed in the vignette by examining the following questions:

- How do the environmental challenges affecting families described in the vignette impact the work of teachers and educational systems within such a region?
- What strengths does the ecological model provide for educators in attempting to meet the educational needs of the students served in such a setting?
- What are the limitations of this model in assisting us as classroom teachers in facilitating optimal learning outcomes for children affected by such conditions?

Another example of an ecological-based approach to service delivery was a program known as Project Re-ED directed by Nicholas Hobbs (1915–1983). Dr. Hobbs was historically one of the most prominent leaders to provide educational and behavior support to children with emotional/behavioral disorders (EBD). Best known for his theory on the re-education of troubled children and youth, Hobbs had many formative experiences that led to the design of the Re-ED (Re-Education of Emotionally Disturbed Children) program. These experiences included studying how

Western European countries provided educational supports to children with disabilities. He was most impressed with the model that he had witnessed in France and the role of childcare workers known as *psychoeducateurs*, a title for which there was no equivalent in the United States (Hobbs, 1974). The psychoeducateur was essentially a child care specialist who had been cross-trained in the disciplines of child development, psychology, education, and child care and was responsible for working with children both during school hours and after school hours (Juul, 1977). Hobbs borrowed from this idea and framed the role of teacher–counselor, emphasizing teacher disposition as being the most important attribute for professionals who worked with troubled children.

The defining role of the teacher–counselor emerged, and these professionals were taught to develop trusting relationships with the children and youth in their care and to teach and model positive affirming behaviors that were offered within a context of support and inclusiveness, rather than one of failure and exclusion. Hobbs believed strongly in the development of interpersonal skills in the teacher–counselor and the importance of understanding feelings and expressions of anger and hurt in children and adolescents. He believed in promoting the idea that each child had a bright future and abilities from which to draw and to build from (Hobbs, 1974).

The Re-ED model came about largely from Hobbs's mounting frustration that psychotherapy, as a form of treatment, was ineffective in dealing with the life problems of troubled children and youth. Hobbs believed that Re-ED offered a positive and more holistic alternative to treatment models at that time and recognized the importance of working not only with the child but also with the child's family and other contacts in natural settings such as the home, community, school, and other relevant settings. An example of the ecological model used in the Re-ED program is illustrated in Figure 1–1.

The supporting theory behind the Re-ED model was that the child is inseparable from his or her social system or ecological unit. The child and the child's family, school, and neighborhood or community compose this ecological unit. The ultimate goal of

FIGURE 1–1

Ecological Model
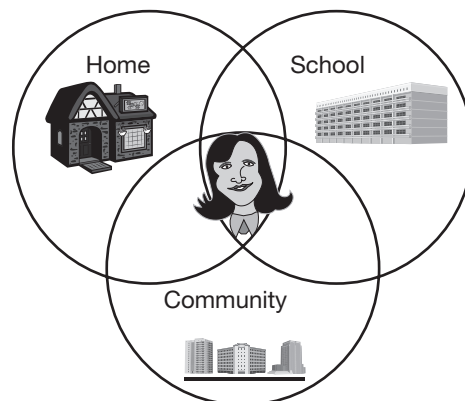
treatment was to be able to move each component of the child's life, including those significant others, above threshold (Hobbs, 1974). In the Re-ED model, the parents and family, teachers, and others who are significant in the life of the child were considered collaborators in promoting the desired outcomes. The Re-ED model attempted to maintain the child in his or her home and supported residential placement options for those children and youth who demonstrated a need for intensive re-education or whose family was incapable of providing in-home supports (Hobbs, 1974).

Re-ED was responsible for demonstrating model practices in the education of children and youth who were challenged by EBD. Many replication programs were developed from the original schools developed by Hobbs. In reflection, the Re-ED model represented a new and innovative philosophy and practice in educating children with some significant emotional and behavior challenges. It was a model of practice built on the delivery of child-centered and holistic educational services and supports and was inclusive of natural environments and significant others in the delivery of these behavior supports.

In contemporary practice, we see much of the early Re-ED model reflected in the delivery of wraparound services within special education and mental health settings that serve children with EBD and other high-risk youth (Fries, Carney, Blackman-Urteaga & Savas, 2012). These wraparound services mirror the ecological model in that they involve child, family, school, community, mental health professionals, and others in the design and delivery of supports to children and their families. The ecological model is important in promoting the implementation of educational and behavior supports across multiple environments with persons who are significant in the life of the learner. This approach views the persons within these settings as agents for change and, indeed, targets for change.

Consider This

- Identify how you, as a teacher, can have a meaningful influence in the life of a child?
- How can you as a teacher be sensitive to the needs of a child when they are experiencing challenges beyond school such as within their home or community?

Behavioral Model

One defining characteristic of the **behavioral model** is that it views behavior from a functional perspective in terms that are both measurable and observable. This means that rather than focusing on internal issues, conflicts, and feelings, the behavioral model first focuses directly on behavior that can be seen and documented by parents, educators, and others. It also recognizes that all behavior serves a function or purpose for the individual and has evolved as a direct result of the individual's learning history coupled with interactions within their environments over time (Sulzer-Azaroff, Mayer, Wallace, 2013). The historical development of the behavioral model provides the foundation for the development of applied behavior analysis and the subsequent development of Positive Behavior Interventions and Supports (PBIS).

The origins of the behavioral model are steeped in the research of many prominent theorists who empirically derived the scientific principles of behavior that served as the cornerstone of behavior modification. These include Ivan Pavlov (1849–1936), a Russian psychologist credited with discovering the principles of respondent conditioning. In Pavlov's famous experiment, he demonstrated that a dog would salivate when presented with meat (a reflex response). He then paired the presentation of the meat to the dog with the ringing of a bell (a neutral stimulus), and later, after repeated trials, Pavlov
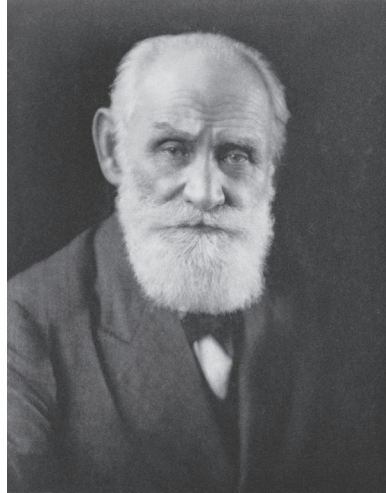
Ivan Pavlov

would ring the bell alone, and the dog would salivate (Pavlov, 1927). This is referred to as *respondent conditioning.*

Later research began to explore the effects of consequences on behavior through the research of Edward Thorndike (1874–1949), who is credited with the discovery of the Law of Effect. The Law of Effect (Thorndike, 1911) states that if a behavior produces a favorable outcome on the environment, it is more likely to be repeated in the future. Thorndike established this principle through his research with animals (primarily cats). He trained cats to open their cage doors by pressing a lever to access their food; on learning of the positive outcome (obtaining their food), the cats not only repeated the process but also did it faster.

As the field of behavioral research continued to evolve, John Watson (1878–1958) coined the term *behaviorism*, which served to emphasize the relationship between environmental events and the responses they produced (Watson, 1924). The most prominent force in the development of behavior modification and the application of these principles to human conditions was, of course, B. F. Skinner (1904–1991), known for his work in the
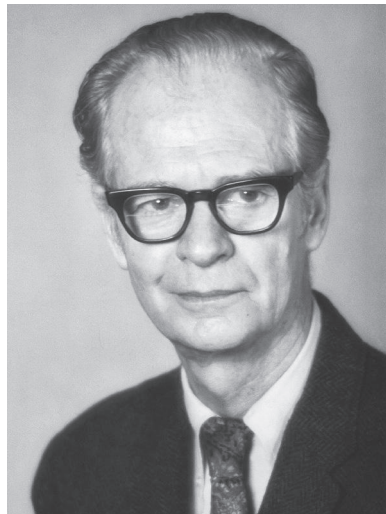
B. F. Skinner

area of operant conditioning. Skinner furthered the earlier theories of Watson and Pavlov to more complex behaviors in humans, which he termed *operants* (Skinner, 1953). Operants are behaviors that are to a considerable degree controlled by their consequences (Sulzer-Azaroff & Mayer, & Wallace 2013). Operant conditioning occurs when a behavior is followed by a reinforcing consequence that results in the behavior being more likely to occur in a similar context in the future.

Skinner's work on operant conditioning began to be applied in settings outside the laboratory by other researchers and was most evident in the field of developmental disabilities, thus earning the clinical label of behavior modification (Scheerenberger, 1987). Researchers such as Sidney Bijou explored the application of Skinner's theories in working with children and adults with intellectual disabilities. Bijou (1963) advocated the use of applied behavior analysis procedures such as functional analysis in understanding the variables that influence learning and performance in persons with mental intellectual disabilities and the involvement of systematic instruction and support for parents. Until this time, many persons with intellectual disabilities were condemned to live their entire lives in state institutions with little or no active treatment aimed at learning new skills or fulfilling their learning and life potential. Many lay persons and professionals alike including many from the medical profession thought the condition of these individuals was beyond hope and that people with intellectual disabilities lacked any potential for learning; consequently, many persons were reduced to custodial care in these facilities. Behavior modification represented an avenue for hope in the design and delivery of interventions aimed at maximizing the human potential of these previously discarded persons.

It was during this time that numerous skill-acquisition studies using behavioral approaches began to emerge in the literature. Much of the early literature was directed toward understanding the value of reinforcement in teaching functional skills to persons with developmental disabilities (Reid, Phillips, & Green, 1991). As the research began to provide more evidence in support of behavior modification to enhance the learning potential of persons with intellectual disabilities, active programming became more prevalent within state institutions (Anderson & Freeman, 2000).

The application of behavioral research to the field of education was strongly encouraged by Skinner in his book entitled *The Technology of Teaching* (1968). Bijou (1970) also advocated that the principles of applied behavior analysis be used within the field of education. These include: (a) the importance of understanding the interaction between behavior and environmental events from a scientific perspective that placed emphasis on studying these relationships in terms that were observable, measurable, and reproducible; (b) the interactions between the behavior of individual and environmental events as lawful and as a function of an individual's instructional history and the context in which the behavior occurs; (c) the importance of understanding the variables that influence complex behavior, such as setting conditions, stimulus control, and reinforcement schedules; and (d) that emerging theories should adhere to stringent criteria such as being tied to observable events, having functional utility, and not overlapping existing principles previously identified from research. Bijou (1970) supported the perspective held by Skinner that the teacher was a facilitator of learning by arranging the contingencies within the environment to promote the desired outcome in the child and the use of systematic instruction procedures to promote acquisition of desired skills.

In summary, the behavioral model evolved from basic scientific research aimed at understanding reflexive behaviors in animals to examining complex human behavior, learning, and human development. The behavioral model is committed to the understanding of human behavior from a scientific perspective in terms that are observable and measurable. It places emphasis on the relationship between environmental events and behavior, it deemphasizes past events as being directly related to the occurrence of

problematic behavior, and it attempts to identify cause-and-effect relationships, or what is termed a functional relationship, to explain behavior. The field of applied behavior analysis has had noted advancements over the years in the application of evidence-based practices in educational environments and other settings. Perhaps the greatest limitation of this model was the lack of widespread acceptance of it within educational settings. This trend was prevalent for some time, as many perceived the model as far too clinical, non-humanistic, and lacking in functional utility for widespread use in school settings. This resistance was attributable in part to a lack of uniform understanding within the field of education, as applied behavior analysis' origins are in the field of psychology. Fortunately this trend has faded and applied behavior analysis is widely recognized for its many contributions, most notably as an evidence-based practice in the education and treatment of persons with autism.

Social Learning Model

The **social learning model** (Bandura, 1977) advanced the understanding of learning and behavior to become more inclusive of multiple influences on human development (Kazdin, 2012). Albert Bandura advocated that people learn within a social context and that the environment and models within the environment influence learning in children. For example, children who grow up in an environment where they see other children being kind may more readily learn to be kind themselves. Whereas in contrast, children growing up in an environment where they see other children being cruel may more readily learn to be cruel themselves. One of Bandura's major contributions was studying the relationship of social learning to aggression in children (Bandura, 1973). His famous "Bobo Doll" experiment demonstrated the influence of modeled aggression on the behavior of young children (Bandura, Ross, & Ross, 1961). In this study, 36 boys and 36 girls between the ages of 37 and 69 months who were enrolled in Stanford University's nursery school participated in the famous experiment, which illustrated that children exposed to aggressive and violent modeling were more apt to imitate it, whereas those children not exposed to such behavior were less inclined to demonstrate such responses. Modeling is central to the social learning theory, which believes that the imitation of models is the most important element in learning for children in the areas of language,

Jon Brenneis/The LIFE Images Collection/Getty Images

Albert Bandura

social behavior, and gender-appropriate behaviors (Martonell, Papalia, & Feldman, 2013). The selection of models that children choose to identify is influenced by the characteristics and accessibility of the model, the child's preferences, and the environment to which the child is exposed. The social learning model's perspective on understanding behavior acknowledges the cognitive influences on behavior and the role of models within the child's environment as being very important to subsequent learning in the child (Martonell, et al., 2013). The social learning model attempts to merge the cognitive and behavior models and expands the view of each toward a more comprehensive understanding of behavior.

Applied Behavior Analysis

Applied behavior analysis (ABA) is the study of socially relevant human behavior in applied settings. ABA emphasizes the applied study of socially relevant behaviors within naturally occurring contexts. The focus is on overt behaviors that are measurable and observable, the influence of environmental variables on the occurrence/nonoccurrence of the behaviors in question, and precise measurement of these responses. In other words, ABA examines how factors in the environment influence behaviors. ABA studies behavior over time in relevant environments and employs research-validated teaching procedures that are replicable and specific to the individual needs of the learner. These procedures are socially acceptable, are implemented by people such as teachers and caregivers in everyday life, and are designed to promote increased lifestyle outcomes for the learner. Anderson and Freeman (2000) stated that no other subdiscipline within the field of psychology has had such a profound impact on the quality of services provided to persons with developmental disabilities than the field of applied behavior analysis. Persons with developmental disabilities were most often perceived as having a lack of potential for learning, yet with the advent of applied behavior analysis people began to see otherwise through the use of behavioral learning principles, as research to the contrary began to rapidly emerge (Anderson & Freeman, 2000).

Applications of ABA

Applications of ABA are evident across many areas, such as special education, in which applied behavior analysis research has resulted in the development of instructional inroads for children and youth with disabilities. These interventions have been refined over time from the early research conducted in the 1960s and 1970s within residential facilities serving individuals with severe disabilities. The research and applications of ABA were at first most evident in the area of systematic instruction or teaching approaches designed to facilitate the acquisition of new skills in learners.

An early leader in the use of systematic instruction to teach meaningful vocational skills to young adults with intellectual disabilities was Marc Gold (1939–1982), an applied researcher from the University of Illinois. Gold tirelessly advocated that persons with intellectual disabilities should be provided with meaningful opportunities for learning and gainful skills that would promote employability. Gold (1980) was a proponent of the effectiveness of behavioral teaching principles and adhered to the philosophy that "a lack of learning in any particular situation should first be interpreted as a result of the inappropriate or insufficient use of teaching strategy rather than an inability on the part of the learner" (p. 15). Gold's work demonstrated that persons with severe intellectual disabilities could be taught complex vocational skills where many had perceived these individuals as having a limited capacity for performing functional skills. To illustrate his point about people with severe intellectual disabilities having the ability to learn, Gold

taught these individuals how to perform complex assembly skills by applying the use of task analyses and instructional prompts.

The use of behavioral teaching principles has been acclaimed in the area of autism, largely through the research of Ivar Lovaas. Lovaas demonstrated through his research (1993; McEachin, Smith, & Lovaas, 1993) that the use of discrete trial teaching with children younger than 2 1/2 years of age resulted in dramatic performance increases in these children that were maintained over time. No other form of treatment resulted in such significant treatment outcomes in the education of young children with autism (Martin & Pear, 2014). ABA treatment has been endorsed by the former Surgeon General of the United States, David Satcher (1999) and discrete trial training has become a staple within treatment programs for young children with ASD, as it has been widely recognized as an evidence-based practice that is effective in the education and treatment of autism.

ABA is recognized as an evidence-based practice in developing educational and behavioral intervntions for children with a range of challenging behavior and learning needs, including the areas of attention deficit disorder (ADD) and ADHD (Fabiano, Pelham, Coles, Gnagy, Chronis-Tuscano, & O'Connor, 2009), anger management in adolescents with emotional/behavioral disorders (Barnes, Smith & Miller 2014), the use of cognitive behavioral interventions such as self-management to teach academic and social skills in adolescents and young adults with behavior disorders and intellectual disabilities (Miller, Miller, Wheeler, & Selinger, 1989; Wheeler, Bates, Marshall, & Miller, 1988), and more recently the re-emergence of self-management to teach social conversation skills to children with autism spectrum disorder (2014). These are a just a few of the numerous research studies supporting the use of ABA procedures in educational environments serving children and adolescents with learning and behavioral challenges.

ABA has also been applied in a variety of other areas including the area of behavioral medicine. Behavioral medicine is interdisciplinary in nature and is aimed at understanding the connections among illness, wellness, and behavior (Martin & Pear, 2014; Poppen, 1988). Martin and Pear (2014) point to the application of behavioral medicine, particularly in health psychology, that has resulted in enhancements in the treatment of health conditions, the area of treatment compliance, wellness, management of caregivers, and stress reduction. ABA has also been active in working with geriatric populations for conditions such as chronic pain (Wisocki & Powers, 1997) and dementia (Engelman, Altus, & Mathews, 1999; Heard & Watson, 1999) associated with Alzheimer's disease (Dwyer-Moore & Dixon, 2007).

Consider This

- What do you consider to be the strengths and limitations of each of the theories described?
- Which theory do you think you identify most with and why?

POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS

The evolution of ABA as a method of promoting behavior change has resulted in the widespread application of behavioral procedures as has been described. This trend continues with the refinement and application of these procedures within new and challenging circumstances. Most noteworthy in this development was the emergence of **positive behavioral interventions and supports (PBIS).** Some have viewed PBIS as

an outgrowth of applied behavior analysis relying on the use of person-centered interventions that depend on the use of positive approaches to engineer environments, teach alternative behaviors, and employ meaningful consequences to enhance the quality of life for the individual.

PBIS is linked to the initial work of Horner and colleagues (1990) who advocated for the use of nonaversive behavioral supports for persons with severe disabilities largely within integrated community-based residential and employment settings. But as Dunlap, Kincaid, Horner, Knoster, and Bradshaw (2013) indicate, PBIS was influenced by a convergence of the social and civil rights initiatives aimed at deinstitutionalization of persons with severe disabilities, the foundations of applied behavior analysis, and research in the functional analysis of behavior. Changes in the philosophy of service delivery for persons with severe disabilities resulted from the increased community integration initiatives and, as a result, behavioral interventions became more functional and nonaversive (Anderson & Freeman, 2000).

Many within the field of ABA have argued that PBIS is no different from ABA, yet others view it as an enhancement of ABA (Koegel, Koegel, & Dunlap, 1996). Anderson and Kinkaid (2005) point out that PBIS adheres to the main components of ABA such as it is applied and behavioral, analytic and conceptual, technological, effective and generality. There are those that also believe elements associated with the implementation of PBIS has not been sufficiently validated through sufficient research. Despite these viewpoints, PBIS was introduced in legislation as part of the IDEA Reauthorization in 1997 and in 2004 whereby it called for the use of functional behavior assessment (FBA) as a method for understanding challenging behavior and toward capacity building in schools as a formative measure for addressing schoolwide disciplinary practices. PBIS operates from a values base that highly regards the quality of life of the individual and the input from their family. PBIS is composed of intervention methods that are behaviorally based, empirically validated, and congruent with the value of nonaversive intervention embedded within this values-based philosophy. PBIS is characterized by three prominent characteristics: (a) PBIS operates from a person-centered values base and is designed and delivered specific to the needs and preferences of the individual, thus representing socially valid goals; (b) PBIS recognizes the individuality of each person in the delivery of services and supports and therefore takes into consideration the need for flexibility to accommodate the individual's needs as necessary, given life demands in the delivery of behavior supports; and (c) PBS works toward meaningful outcomes that enhance the overall quality of life for the individual, including participation in inclusive educational and community environments (Anderson & Freeman, 2000; Dunlap et al., 2013).

Components of PBIS

As Horner and Sugai (2015) point out, PBIS consists of three tiers of support that encompass schoolwide, classroom, and individual levels of behavioral support. Tier 1 is directed towards primary prevention of challenging behavior and is embedded within and across the school culture. This level of PBIS is referred to as schoolwide behavioral supports and engages all school personnel and students in the recognition of proactive behaviors within the school. Generally speaking, this level of prevention addresses approximately 80% of the student population. Tier 2 is referred to as secondary prevention and provides additional behavioral and instructional support for approximately 15% of the student population who may display signs of at-risk behavior. These strategies can be readily employed across classroom settings. The final tier, Tier III or tertiary supports are specialized individualized interventions directed towards students with high-risk behavioral support needs. This generally constitutes 5% or less of the student population.

Important to the delivery of PBIS especially at the secondary and tertiary levels is the use of assessment and intervention practices designed to identify and understand the variables that correspond with the occurrence of challenging behavior and the delivery of interventions designed to teach positive replacement behaviors. The use of functional behavior assessment (FBA) is an essential component of PBIS and is intended to assist in the identification of variables that precipitate and/or maintain challenging behavior, including the setting events and antecedent variables that trigger these behaviors in an individual and the consequences that maintain these responses. It is important that the data gathered from the functional assessment process lead to the development of meaningful instructional interventions (Dunlap & Fox, 2011).

Specific methods associated with functional behavior assessment include the structured interview with key stakeholders such as teachers, family members, and often the learner as a means of identifying the target behavior and those variables of concern that influence this behavior. Other components include the collection of observational data on the learner within relevant environments and, on occasion, actual manipulations of instructional and/or environmental variables. Hypothesis statements are generated concerning the behavior, such as: "What setting events or antecedents appear to trigger the problem behavior?" and "What function(s) does the problem behavior serve for the individual?"

Sugai, Horner, and Sprague (1999) identified five outcomes associated with the functional assessment process: (a) operational definitions of target behaviors, (b) identification of conditions that predict when challenging behavior will and will not occur, (c) identification of consequences that maintain challenging behavior, (d) hypothesis statements that state when and where the target behavior will occur and the associated antecedents and consequences, and (e) direct observational data that confirm the accuracy of the hypothesis statements.

Functional analysis, a term you will learn more about later in the text, represents a form of functional assessment. Functional analysis involves the experimental manipulation of antecedents and consequences to demonstrate a cause-and-effect relationship between specific antecedent and/or consequence variables and the occurrence or nonoccurrence of the behavior in question. Functional assessment has been widely used within learning environments such as classroom settings, given its practicality, whereas functional analysis has been historically confined more to experimental research settings.

Functional assessment offers the classroom teacher a more user-friendly method for understanding challenging behavior. An applied illustration of how functional assessment can be utilized in the classroom is contained in Vignette 1.2.

Vignette 1.2

Functional Behavior Assessment Within a Classroom Setting

The behavior specialist, Ms. Thomas, a young and energetic teacher with a master's degree in special education and applied experience in the delivery of positive behavior supports, was recently asked to lend her assistance within her school district. She received a request to serve as a consultant in reference to a 12-year-old boy named Stefan, who was receiving services in a self-contained classroom for children with moderate and severe disabilities. He was displaying some chronic episodes of

challenging behavior, and his team needed assistance in the application of functional assessment procedures as a means of understanding his behavior and providing intervention.

Given Ms. Thomas's expertise and strengths in the areas of positive behavior supports and consultation, she was deemed an appropriate liaison for the team to consult. She began the process by meeting with the child's team and discussing the details prior to initiating the formal assessment process.

During this phase, Ms. Thomas assembled relevant information that included the child's age, information on the child's family and his disability, current Individualized Education Program (IEP), learning strengths, and greatest areas of challenge. She then proceeded to ask each member of the child's immediate team, including Stefan's mother, to complete a functional assessment interview (i.e., structured interview questionnaire) related to the behaviors of concern. The functional assessment interview consisted of a series of questions that probed the specifics of the behavior in question, elements of the environment that consistently coincided with high and low occurrences of the behavior, and what Stefan may be getting by engaging in the challenging behavior. Other relevant questions pertaining to changes in medical and physical health, family and living circumstances, changes in the routine at school and home, and other information deemed important by the team were then posed.

Upon obtaining the completed interviews, Ms. Thomas compiled, sorted, and collated the information contained in each of the completed interviews. In all, four total questionnaires were completed. These included one from Stefan's teacher, one from the classroom assistant, one from the speech and language therapist, and one from Stefan's mother. After reviewing the results, Ms. Thomas ascertained that the target behavior of concern was task avoidance. Stefan was identified with severe mental retardation and had limited communication abilities. It appeared from reading the interview responses that the behavior would frequently escalate if Stefan were not redirected early in the cycle.

Ms. Thomas collaborated with Stefan's team in sharing these immediate hypotheses and then began the next phase of the functional assessment. With the team's assistance, she operationally defined each of the target behaviors in question. The definitions were in terms that were observable and measurable. Once the behaviors were defined, she asked Stefan's teacher and his mother to record occurrences of these behaviors across 15-minute time blocks using a scatter-plot data sheet. After 5 days of collecting the scatter-plot information, she could see patterns of behavior emerging. Stefan had virtually no occurrences of the target behaviors at home, high frequencies of the behaviors during specific points of the day while at school, and periods of time in school when the behaviors were minimal, if present at all.

In conducting subsequent observations during both the peak times of the behaviors and times when the behaviors were not present, the hypotheses became clearer. Stefan was not given opportunities for choice, and when in need of help in performing a task, he would seek to escape rather than seek assistance. A functional communication method was developed for Stefan that included a laminated index card. One side of the card displayed a red circle with the word *help* written beneath it. Stefan was instructed to turn his card over to seek help when he needed the teacher's assistance. This small intervention was responsive to his needs and the need of his teacher in preventing problematic behavior from occurring.

Reflective Moment

1. After reading the vignette, do you feel that you have a better understanding of the importance of systematic data collection as part of the functional behavior assessment (FBA) process?
2. What skills are important to facilitate the completion of such a process while serving as a consulting teacher?
3. What strategies would you use to initiate collaboration among your fellow team members in such a role?

REAUTHORIZATION OF IDEA

The use of functional behavior assessment was introduced into legislation in the 1997 Reauthorization of IDEA (the Individuals with Disabilities Education Act). This legislation mandated the use of functional behavior assessment and the design of behavior intervention plans (BIP) to address the needs of learners with problem behaviors. The BIP component of IDEA stated that the BIP must be developed based on a functional assessment and developed with the intent of ameliorating the problem behavior (IDEA Amendments of 1997, Public Law 105-17). The mandate served as a catalyst for examining these issues and for building the case for the use of positive behavioral interventions and supports.

The most recent Reauthorization of IDEA occurred in 2004. Some changes in the Reauthorization related to PBIS worth noting included the increased emphasis on the use of PBIS in addressing challenging behavior. Whereas the 1997 Reauthorization says one should "consider" using positive behavioral interventions and strategies to address a behavior that is impeding the student or other student's learning, the 2004 Reauthorization stated that one "must consider" the use of positive behavioral interventions and strategies to address a behavior that is impeding the student's or another student's learning. Other changes stress that the IEP must give priority to PBS strategies for addressing challenging behavior (20 U.S.C. § 1414(d)(3)(B)(i), 34 C.F.R. § 300.324(a)(2)(i)). In summary, the 2004 Reauthorization of IDEA served to strengthen the role of PBS and embed PBIS as the recommended practice for addressing challenging behaviors in the schools.

THE APPLICATION OF PBIS ACROSS LEARNERS AND LEARNING ENVIRONMENTS

PBIS has evolved into a recognized evidence-based practice for addressing the prevention and remediation of challenging behaviors. Early research validated the use of these practices largely at the tertiary level for students with more significant needs including students with intellectual disabilities (Horner & Carr, 1997), emotional and behavior disorders, and learning disabilities (Dunlap et al., 1993; Dunlap, Kern-Dunlap, Clarke, & Robbins, 1991; Dunlap, White, Vera, Wilson, & Panacek, 1996; Kern, Childs, Dunlap, Clarke, & Falk, 1994; Umbreit, 1995).

The application of PBIS across the three-tiers of support illustrates a behaviorally-based systems approach to enhance the capacity of schools, families, and communities in

designing effective environments. In focusing attention on creating and sustaining school environments that improve lifestyle results for all children and youth by making problem behavior less effective, efficient, and relevant and making desired behavior more functional, PBIS is the integration of (a) behavior science, (b) practical interventions, (c) social values, and (d) a systems perspective (Sugai, Horner, Dunlap, et al., 1999; Dunlap et al., 2013).

SCHOOL-WIDE APPLICATIONS OF PBIS

School-wide PBIS has become increasingly more widespread as experts have recognized the utility of these principles of instruction and support as a prevention tool for promoting safe learning environments for all students. Horner and Sugai (2000) identified the common features of schools that were actively using school-wide behavior supports and they included the following:

- The use of school-based support teams in the design and delivery of PBIS
- Administrative buy-in and support for schoolwide behavioral supports
- School culture defined by a limited number of behavioral expectations
- Behavioral expectations taught to all students
- Students given recognition for positive behaviors
- Students who engaged in disruptive and dangerous behavior being corrected, not ignored or rewarded
- Evaluation of student performance collected in an ongoing manner by school-based teams and used for decision making

School-wide PBIS has been successful in minimizing problem behavior and school violence and reducing discipline referrals through prevention (Sadler, 2000; Taylor-Greene & Kartub, 2000). Since its inception, school-wide PBIS has been used successfully in over 21,000 schools nationwide (Horner & Sugai, 2015). Historically, many school systems relied on rapid-suppression procedures for managing problematic behavior. Students who engaged in problematic behavior were usually administered punitive consequences such as expulsion, in-school suspension, and even corporal punishment. These procedures were after-the-fact interventions that were directed at suppressing or controlling the problem behavior. The merits and disadvantages of such approaches have been the source of constant debate over time among professionals, parents, and child advocates. In short, the use of rapid-suppression approaches does nothing to promote positive behavior, nor does it promote prevention through the active teaching and reinforcement of prosocial behaviors. These approaches do not enrich the culture or climate within the learning environment, and, finally, they are not sensitive to the environmental factors that influence challenging behavior.

FACTORS INFLUENCING THE DEVELOPMENT OF PBIS

One of the most important elements promoting the use of PBIS is the training of educational professionals at the in-service and preservice levels. Such training includes preservice teachers who are in the initial stages of professional preparation and professionals who are already on the job working as teachers. At present, most teacher training programs allot one course within the curriculum devoted to behavior management

or classroom management issues. For preservice teacher training in the field of special education, students typically receive training in one or more courses devoted to ABA or behavior management. Given the outgrowth of PBIS, teacher training programs have expanded to become more inclusive of competencies in PBIS. Effective training practices of preservice and in-service educational professionals will hopefully lead to improved practices in the provision of behavioral supports within learning environments and result in greater quality assurance.

Another issue that is important to the success of PBIS with children and youth is the partnership between professionals and families. Families are key players in the process of functional assessment and in the development and success of behavioral intervention plans. Parents and families contribute a perspective on the child that is unique and exclusive to them and their role as the child's parents. Also important to the success of school-wide behavioral supports is the use of a school-based team comprised of administrators and teachers all with the goal of achieving a durable and lasting system-wide impact. This impact can be evaluated through such indicators as a reduction in office referrals, suspensions, and expulsions as one example. Vignette 1.3 provides an illustration of the use of school-based teams in the provision of behavior supports.

Vignette 1.3

School-Based Behavior Support Teams and the Provision of PBIS

Adams Elementary School and the regional state university have entered into a unique partnership involving the development of school-based teams in the delivery of behavior supports within their school. The partnership is part of a pilot grant project that facilitates the development of systemwide behavior support teams within schools. Adams Elementary School was selected to participate in the project based on several factors. The student body at Adams Elementary is composed of children primarily from lower socioeconomic conditions, and the patterns of problematic behavior that have emerged within the district as the children transition to middle school and junior high school have pointed to the need for early intervention and prevention at the preschool and elementary levels. Thus school officials and university project personnel have developed an innovative project aimed at the development of school-based teams in the area of behavior supports.

To initiate the newly formed partnership, the university project personnel and school-based team from Adams Elementary formulated an agreement to establish goals and objectives for the program and benchmarks for team progress. This agreement also detailed the roles and responsibilities of each team member and the appointed role of the university technical assistance team. A special education teacher trained in behavior supports, a school psychologist, a school counselor, an assistant principal, and a general education teacher participated as team members. The university-based technical assistance project consisted of one doctoral-level behavior analyst and two graduate students who worked as partners with the local school-based team.

The next phase of the project implementation was to provide extensive in-service training in the use of PBIS for members from the school-based team. The goal of the in-service preparation phase was to ensure that all members of the team from Adams Elementary and team members from the university-based behavior support project were well versed in a common knowledge base. This knowledge base included the

principles of PBIS, functional behavior assessment, behavior support plan development, collaboration and consultation, and working in unison with families. The purpose was to build a sense of community within Adams Elementary among all relevant parties, including administrators, teachers, teaching assistants, cafeteria workers, bus drivers, and administrative personnel.

Once the team at Adams Elementary and other school personnel had received training and were aware the purpose of the project, the university-based technical assistance team served as on-site consultants at the school. They began working with the local school-based team in the delivery of PBIS practices with children referred to the project. They worked in tandem with classroom teachers and related education personnel with identified children who were experiencing problematic behavior. Applications of PBIS practices such as functional behavior assessment and development of behavior support plans were implemented for children identified with such conditions as autism, intellectual disabilities, emotional/behavior disorders, attention deficit disorder, and learning disabilities. The purpose of this phase was to model the implementation of these practices for the school-based team and assist in problem solving as they began to implement evidence-based practices for children within classroom settings. As the team began to sharpen their skills and positive outcomes began to be realized, teachers and administrators became more enthusiastic and supportive. As the first year of the program concluded, school officials were pleasantly surprised with the evaluation outcomes from the project, which included a reduction in office referrals and incident reports and measures of teacher and family satisfaction. During the second year of the program, the team began to generalize these practices throughout the general school population through the formation of school-wide PBIS and began involving students in the process by establishing school policies that promoted a sense of community for the students with the intent of improving school climate, such as school-wide incentives for appropriate conduct and behavior.

The project has resulted in improvements at all levels (individual student, classroom, and school) and continues with intermittent involvement of the university-based technical assistance team. Adams Elementary has become a model school in the district with its innovative approach to promoting positive student behavior through the use of PBIS. The district now uses the team from Adams Elementary as district wide consultants to provide professional development throughout the district as other schools are beginning to undertake the implementation of PBIS within their respective schools.

Reflective Moment

1. What are some indicators of positive school climate based on your observations within schools?
2. Identify some methods you could use to develop effective behavior support teams within your school.

Consider This

- How does PBIS fit or not fit with your theoretical orientation?
- What, in your view, are the strengths and limitations of PBIS?

SUMMARY

In this chapter, the common theories used to understand behavior and development in children and youth were described; these include the biological, psychodynamic/psychosocial, developmental, ecological, behavioral, and social learning theories. The origins and distinguishing features for each of the theories were described, and examples of each theory applied to practice were presented. The major theorists were introduced, as were their contributions to their respective fields, and the strengths and limitations of each of the theoretical frameworks were also discussed.

Given the focus of this text, much attention was given to the development of the behavioral model and more specifically applied behavior anlaysis and its relationship and contributions to the evolution and development of PBIS as it is today. Related to the behavioral model were the ecological and social learning perspectives, given their close association with the behavior theory. The work of theorists such as Urie Bronfenbrenner and Nicholas Hobbs (ecological theory) and Albert Bandura (social learning theory) were highlighted. The early history of the behavioral model applied to animal learning and the later applications to complex human behaviors, pioneered by the work of B. F. Skinner and advanced by such leaders as Sidney Bijou and others, were elaborated upon, including the development of applied behavior analysis, the outgrowth of positive behavioral interventions and supports, and the application of these methodologies to learners and learning environments.

Applied vignettes provided throughout the chapter described how to generalize the various theoretical frameworks discussed toward solving applied problems involving children, families, and educational systems relative to the delivery of PBIS. Finally, the chapter closed with a section devoted to understanding the application of PBIS across learners and learning environments. The utility of these procedures was discussed relative to individual and school-wide applications of PBIS. The barriers to full-scale acceptance and implementation of PBIS, including enhanced preservice and in-service training of teachers and related professionals, systemwide implementation at the local and statewide educational agency levels, and future trends in the development of the field, were examined.

ACTIVITIES TO EXTEND YOUR LEARNING

1. Develop a matrix for comparing and contrasting the various theoretical viewpoints described in Chapter 1. Identify and list major components of each theory and their applicability to understanding the behavior of children and youth.
2. Identify and list the merits associated with PBIS from Vignette 1.2. Would you have followed the same procedures as Ms. Thomas, and do you agree with her conclusions following the functional assessment? What would you have done differently?
3. Which of the theoretical viewpoints presented in Chapter 1 in your opinion has the most practical application with children and youth in learning environments? Explain why.
4. Compare and discuss the three-tiered model of PBIS and evaluate each of the levels, Tiers I, II, and III, and how they fit within your current philosophy of behavior management.

FURTHER READING AND EXPLORATION

1. Visit the OSEP (Office of Special Education Programs) Technical Assistance Center on Positive Behavioral Interventions and Supports at www.pbis.org.

Family/Professional Partnerships

CONCEPTS TO UNDERSTAND

After reading this chapter, you should be able to:

- Describe how education reform has affected the partnerships between families and professionals, and how education reforms are relevant to positive behavioral intervention and supports (PBIS).
- List and describe the six types of involvement from Epstein's model of family–professional partnerships.
- Discuss the historical and current roles of families served through special education.
- Delineate the legislative mandate for partnerships and parent involvement.
- Define and differentiate among the terms *partnership*, *empowerment*, *collaboration*, *parent involvement*, and *family-centered supports and services*.
- Describe and provide examples of the desired roles of families in the development, implementation, and evaluation of PBIS.
- Summarize research literature that supports the roles of parents and families related to PBIS.

KEY TERMS

Alliance	No Child Left Behind Act of 2001 (NCLB)
Behavioral interventions and supports	Parent involvement and participation
Collaboration	Partnership
Empowerment	Reform
Family-centered support	Response to Intervention (RtI)
Intervention	Special education principles

THE NATURE OF FAMILIES AND PARTNERSHIPS IN EDUCATION

What is a partner? As you think about this question, you might respond by providing any number of examples from your experience. There are many forms of partnership, and they may be either formal or informal. A **partnership** in general between two or more persons is characterized by a sense of sharing and common purpose, a close, cooperative working relationship, and a reasonable balance of rights and responsibilities between the two parties. Some partnerships are successful, some are successful for a period of time but not lasting, others are tenuous and on shaky ground, and still others are failures. What are the factors that contribute to the building and maintaining of a successful partnership?

Of particular interest in this chapter is how this question relates to the partnership between educators and family members. We focus in particular on how professionals should seek to understand, establish, and take advantage of this partnership to improve and enrich the lives and self-determination of children and youth with challenging behavior through application of positive behavioral intervention and supports (PBIS). However, we take a broader view of this partnership because in large measure the basic tenets and practices of partnership around PBIS are the same as those detailed more generally in education.

A common assumption in education is that parent and family involvement is critically important and is the best predictor of academic success for children and youth in school. A body of research evidence and expert opinion has historically supported the powerful influence of parent involvement in schooling (Henderson, 1987; Henderson & Berla, 1995; McWayne, C. M., Melzi, G., Schick, A. R., Kennedy, J. L., & Mundt, K., 2013). Take a moment to reflect on what the statement "parents should be involved" might mean to different people. For some people, "parent involvement" might mean that parents passively support and back up the teachers and the school and that they refrain from interfering with teacher and school decisions. For others it translates into the idea that parents will do what is asked of them by teachers and schools. For example, they will ensure that their children do their homework, they will respond to notes sent home by the teacher, they will provide refreshments for a special classroom event, or they will serve the school as part of a fund-raising campaign. Still others might think of parent involvement as parents serving as tutors, extra hands, volunteers, and classroom teaching assistants. And those who have an understanding of special education may associate parent involvement with participation in Individual Education Programs (IEPs), Individualized Family Service Plans (IFSPs), or the provision of training experiences for parents. Finally, some might see parent involvement as including some or all of the preceding descriptions.

Although we will be considering in some detail these different forms of parent involvement, it serves us now to first pose some questions. How do we account for cultural differences and diversity when determining how parents might be involved? What are the relationships between parents' and families' developmental status (ages, maturity levels, education, parenting abilities, economic well-being) and their involvement as individuals? How do we as professionals relate to parents who have beliefs, values, and goals that differ from ours? Can we genuinely make a place in our professional philosophy and practices for parents to be in an alliance with us—to become our partners and collaborators? And do we have, or are we willing to attain, the knowledge and skills necessary to prepare us to be successful in working with the parents and families of the children whom we teach or to whom we provide other services?

For us to be successful as educators in developing and maintaining strong partnerships with families, we must have some knowledge of how the characteristics and functions of families have changed over time. It is important to understand what families look like today as compared to what they were like in the past and what they will be like in the future. Professionals will be better prepared as partners and collaborators if they understand and are accepting of the increasing diversity represented in families and the children who are members of those families.

Families have become increasingly diverse in their structure and in the way they function. The 2016 census data for the United States reported that the majority of American children under the age of 18 (50.7 million children) live with two parents, 17.2 million children live with their mother only, 2.8 million live with no parent present, and 3 million live with their father only (U.S. Census Bureau, 2016). Our nation is also becoming increasingly more diverse with regard to race, ethnicity, and religion. One may view these changes as evidence of a decline of the family—for example, children being raised in families without a father or as the changing demographic of families. One of these changes that represent an interesting and unique challenge for partnering is the increasing role of grandparents in raising grandchildren. In the U.S., approximately 2.7 million grandparents are raising their grandchildren with about one-fifth of these grandparents having incomes below the poverty line (Cancino, 2016). The reality is that the families with whom educator's work may at times look and behave increasingly different from their own families.

Many years ago, Bengtson (2001) acknowledged that families in the future would become increasingly more diverse in structure and function and stated that "multi-generational bonds" would become more important. As a result of several factors, including the increasing importance of grandparents and other extended family members in fulfilling family functions and our increasing longevity (life span), ultimately with families having become more connected across generations. Think about how this might affect you as a professional. As an example, you might be serving as an early interventionist, and your work is primarily to provide home-based support in a family-centered manner. Suppose the nuclear family is the grandmother of an infant with disabilities, the great-grandmother, and the infant's great-aunt. They are generally there when you arrive at the home, and they are your partners. Suppose that you are their child's fifth-grade teacher and that, as a part of your parent involvement plan for the year, you have sent a letter inviting family members to be a part of your classroom mentoring and volunteer program. Most of your thinking and planning has been done with the assumption that the responses you get to this invitation will be from the mothers of your students. One of your "takers" may be a grandfather. Or suppose that you are a special education teacher at the high-school level responsible for developing and helping others implement positive behavior support plans for adolescents with challenging behavior. At the IEP or PBIS planning meeting, you might have the student, her stepmother, and her paternal grandfather and grandmother, all of whom are members of the student's nuclear family and very important in her life. Or you might have an adult sibling.

The relationships between parents and other family members and various educational environments and professionals have evolved over the years. A cursory discussion is undertaken here to set the stage for consideration of current issues and practices. Many factors, related both to general education and to special education, have influenced the changes that have occurred. Certainly economic changes in the United States, population trends, increased levels of education of the citizenry, scientific and technological advances, increased cultural diversity, societal shifts related to the roles of families and parents, educational reform movements and research findings,

and other factors have all influenced this relationship. You might think of your own family and extended family and how these factors may have affected great-grandparents, grandparents, parents, and others regarding their connections with schools and educational professionals. The shifts that have occurred over time have sometimes been challenging for families, given that they have naturally tended to apply personal models and experiences to guide their ways of understanding and interacting with the education of their children. An example is the parent(s) in a family who are reluctant to participate in determining educational goals, curricula, or learning experiences because they have been acculturated to believe that education is best left exclusively to the professionals.

EDUCATION REFORM AND FAMILIES

Turnbull, Turnbull, Erwin, Soodak, and Shogren (2015) provide a description of how reforms in both general education and special education have affected the partnerships between families and professionals in education over four decades. And we have begun to see over the past 25 or so years a merger of these reform movements or a "unified systems reform" (McLaughlin, 1998). The term **reform** suggests that actions are taken to improve the form or condition of something but also to put an end to something that may be viewed as outdated or ineffective. To reform means to change for the better. Although it is not always so, one would hope that efforts to reform (for purposes here primarily with regard to the matter of educational institutions and their views and treatment of parents and families) are driven by empirical evidence and systematic and thoughtful deliberation, as well as by the wishes and needs of consumers, so that the reform will produce a more desirable result.

GENERAL EDUCATION REFORM

Historically, reform in general education has included a number of national as well as state- and regional-level studies, reports, and related initiatives. You may be familiar with some of these initiatives through the study of the foundations, history, and philosophy of education. If so, think about the extent to which the reforms include content related to the partnership between families and educational settings. The research and demonstration models of Joyce Epstein (2010) have been the most frequently applied with regard to conceptualizing, planning, and implementing family professional partnerships in general education. In the Epstein model, family, school, and community are seen as "overlapping spheres of influence," and balanced roles of these influences represent the opportunity for partnership.

Epstein and Sanders (2002) suggested from their overview of theory, research, and practice that "in educational practice, more educators are moving away from isolation behind classroom doors and toward new models of family-school-community partnerships" (p. 431). They earlier described six types of involvement in which families and professionals both have roles and responsibilities in order to effectively make use of these partnership strategies. These strategies remain critical in today's schooling efforts when fostering family, school, and community partnerships. Each of these types of involvement may be applied to a variety of educational environments, children, and families, whether the children are infants, toddlers, preschoolers, school-age children, or

youth and whether they have a disability. Obviously the presence of a disability, ethnicity and language diversity, cultural and religious beliefs, as well as factors such as poverty, single-parent family, education level, and personalities of family members influence the types and intensity of involvement chosen and the ways in which schools and families experience involvement. It is also possible to understand the types of involvement as being to some extent sequential, moving from basic to more complex, with one building on the other. Here are a few examples:

- Type 1 focuses on the basic obligations of families for parenting. Suppose that you are the lead teacher in a school-based, inclusive preschool classroom for children ages 3 to 5. You find that some of your preschool teacher colleagues, your teaching assistants, and some of the parents of the children in your room have expressed an interest in learning how to do CPR with very young children, including children who are medically fragile and who have other health and orthopedic impairments. You arrange for a CPR trainer from the local health department to provide a training workshop over a couple of evening sessions.

- Type 2 addresses the obligation of schools for effective communication. As a fourth-grade teacher in your second year of employment, you are beginning to see the unique challenges associated with effective partnering, given that you have more than 100 different sets of families with whom to communicate. In assessing your first year's experience and your own professional development needs, you determine that you need some new ideas regarding strategies for written, verbal, and electronic communication. You take a step forward with regard to your Type 2 obligation by signing up for a graduate summer class on "Practical Communication Skills for Elementary Teachers."

- Type 3 highlights the importance of families volunteering at school and sharing their time and talents. As a high school special education resource room teacher, you find that your responsibilities for consulting with the general education teachers on behalf of included students are leaving you with insufficient time for some of the direct instruction that you need to provide to your students in the resource room. You address this issue by establishing a cadre of peer tutors and community mentors who volunteer time in your classroom.

- Type 4 focuses on home activities and primarily on applying school learning and homework. Your second graders are learning about trees, and it's time to do the project on collection and classification of leaves. You develop a guide and a few helpful hints for families as they participate with their children in this homework activity, and you and your first-grade colleagues take turns making yourselves available through the "homework hotline" program to answer questions after school.

- Type 5 involvement encourages parents and families to take leadership and decision-making roles related to schooling. As the father of an adolescent daughter who is a student at the local alternative school for children with behavior challenges, you initiate (and get support and assistance from the teaching faculty) a parent–teacher organization.

- Type 6 involvement describes the opportunities both teachers and parents might have to foster collaboration and connections in the community in support of education. In your role as a service coordinator, you are responsible for partnering with 30 families in which there is an infant or toddler with a disability that qualifies the child for early intervention services. A number of these families express interest in having access to respite care services. Along with these family members, you and some of your prior, experienced family members develop and distribute a respite care resource guide.

SPECIAL EDUCATION REFORM

Up to this point, we have examined general education reform. We'll now turn our attention to special education. An examination of the history of parent and family roles in special education and other services for children with disabilities proves quite interesting. What comes to mind when one thinks about the parents and other family members of a person with a disability? One's views are significantly affected by his or her closeness to the family and to the person with the disability. This is especially true if the individual is a member of his or her immediate family. It is reasonable to assume that the closer the personal relationship, the *less* likely one is to hold any of the following widely held historical assumptions:

- Parents are given a child with a disability because they are especially equipped to handle such a challenge.
- Families are given a member with a disability as a form of punishment.
- Families in which there is a member with a disability are stronger and more prepared to cope with adversity.
- Families in which there is a member with a disability tend to be dysfunctional in terms of marital and other intrafamily relationships.
- Parents of children with disabilities have a tendency to be at one extreme or the other—either overprotective of their child or disconnected and distant.
- Parents of children with disabilities go through a highly predictable process in which they experience shock, denial, blame, resistance, and finally acceptance.
- Parents of children with disabilities are adversarial and demanding of school systems and other service programs and are quick to take legal action.
- Parents of children and youth with disabilities want to be the primary teachers and interventionists for their children.

It is likely that some of these statements sound familiar. It is also reasonable to think that elements of truth exist in some of the statements. However, taken as a whole, they represent the inaccurate stereotypes and myths that have hindered our ability to establish and maintain partnerships with families.

With the initial passage of IDEA in 1990 as Public Law 101-476, legislation emphasizing the importance of "person-first" language came to exist, meaning that an individual's status as a person comes before his or her special needs. One would refer, for example, to a "child with Down syndrome" rather than a "Down syndrome child." Although it may sound like splitting hairs or political correctness to some, it is not to those persons with disabilities and their families. They do not want to be primarily defined by their disability status. In Richey and Wheeler (2000), we suggest adding the dimension of "family-first" language to the concept of "person-first" language:

> We are better served as professionals if our starting point in thinking about and serving families is to view them first as families (like our own families), and then as having uniqueness based on their individual circumstances, including the accommodations needed for a family member with a disability. (p. 12)

What is the relationship between the changes that have occurred over the past 50 years in the delivery of special education services and the views and roles of parents and families with children and youth who are the recipients of these services? The reforms in special education over the period noted are intertwined with the actions of parents; professionals' changing views of parents and families; economic, social, and political changes affecting family life in the United States; and the expanding knowledge base regarding causes, prevention, treatment, and **intervention** for persons with disabilities.

This point is validated if you think about your own personal experiences and those of your parents, grandparents, great-grandparents, extended family, and the people with disabilities with whom they have been acquainted. Turnbull, Turnbull, Soodak, and Shogren (2015) provide a helpful framework for understanding the evolution of parents' and families' place historically—in special education specifically and related to disability generally (Table 2–1). They report that by understanding this history, we might better understand the present situation and the challenges that families face.

Considering how the field of special education has changed over the years, it is reasonable to attribute those reforms to several primary sources, including social, political, and economic factors influencing our attitudes toward and treatment of people with disabilities. Also influencing change has been research regarding causation and best and effective teaching and intervention practices and the advocacy efforts of many (but especially parents), leading to federal and state legislation and its associated rules and regulations, policies, and financial resources.

TABLE 2–1

Historical and Current Roles of Families

Role/Time Frame	Event(s)
Parents as the source: 1880–1960	Parents viewed as unfit. Eugenics movement advocated the need for selective breeding (Barr, 1913).
Parents as organization members: 1930s–Present	Parents take lead in local and national organizing—for example, United Cerebral Palsy, 1949; Autism Society of America, 1961; National Association for Down Syndrome, 1961; Association for Children with Learning Disabilities, 1964; Federation of Families for Children's Mental Health, 1988.
Parents as service developers: 1950s–1960s	Largely as a result of the organizations that they developed, parents established service programs.
Parents as recipients of professional decisions: 1960s–1970s	Parents expected to be passive recipients and appreciative and supportive of the teacher.
Parents as teachers: 1960s–1980s	Prompted by the research related to environment and children's intellectual development (Hunt, 1972) and the work of psychologist Urie Bronfenbrenner, Head Start and school-age programs for children with disabilities emphasized parents as extensions of the educator.
Parents as political advocates: 1970–Present	Parents' central role was through advocacy for success of two landmark litigations for rights to treatment and education, leading to passage in 1975 of P.L. 94-142, the Education for All Handicapped Children Act.
Parents as educational decision makers: 1975–Present	Legislation—found in P.L. 94-142 and in subsequent reauthorizations in 1986, 1990, 1997, and 2004—establishes the importance of parents as decision makers.
Families as Partners and Educational Decision Makers: 1990s–Present	Advanced by Part C of IDEA Infants and Toddlers Program changes focus for parents to families and a family-centered approach and the Individuals with Disabilities Improvement Act (2004).

Source: Based on information from Turnbull, A. A., Turnbull, H. R., Erwin, E. J., Soodak, L. C., & Shogren, K. A. (2015). *Families, professionals, and exceptionality: Positive outcomes through partnerships and trust*. Columbus, OH: Pearson.

Yell (2015) stated that the landmark case *Brown v. Board of Education* (1954), which resulted in a victory for the civil rights movement and determined that separate, segregated schools were inherently damaging and not equal and were inconsistent with the Fourteenth Amendment of the U.S. Constitution as applied to students with disabilities. The basic position upheld by the Supreme Court that racial segregation was stigmatizing and had negative consequences was interpreted to also include persons who were denied opportunity as a result of their disability. The *Brown* decision was important in establishing the rights of persons with disabilities. However, the role of parent advocacy can be associated with a major event that occurred some 44 years prior to the civil rights case (Yell, 2015). The first White House Conference on Children took place in 1910. One of the goals of the conference was to define and establish remedial programs for children with disabilities or special needs. This and related events of the time served as an impetus in the United States to be more responsive to children and youth with disabilities in school settings and to establish separate special education. The assumption was that this arrangement would provide smaller classes and would facilitate individualized instruction, less competition, and more self-esteem for students with disabilities.

Although the concept of equal opportunity (articulated as a result of *Brown v. Board of Education*) did extend to children with disabilities, it was a number of years before that decision was specifically applied in the federal courts to those children. Two landmark class action lawsuits—the *Pennsylvania Association for Retarded Citizens,* or *PARC* (1972) and *Mills v. Board of Education of the District of Columbia* (1972), along with other cases—were foundational in establishing the right to education for children with disabilities. Prior to *PARC* being argued in court, it was resolved by a consent agreement stating that children ages 6 to 21 with intellectual disabilities had the right to a free public education and that it was desirable to provide that education in educational settings such as those provided for same-age peers who did not have disabilities. In a summary of *PARC*, Yell (2015) emphasized four points: (1) children classified as intellectually disabled can and do benefit from education and training, (2) education is more than strictly academic experiences, (3) the state of Pennsylvania cannot deny access to public education, and (4) early preschool experiences are important for children with intellectual disabilities and should be provided just as they are for children who are typically developing. Although these statements may seem obvious to us given where we are today with legislative mandates for special education, they were quite remarkable in 1972.

Like the *PARC* litigation, *Mills v. Board of Education* was a class action lawsuit. However, it was filed in the District of Columbia by parents and guardians representing a variety of disabilities and children who were denied public education without due process. *Mills* resulted in the federal court mandating that all children with disabilities in the district be provided with public education. It also outlined procedural safeguards and due process procedures. Due process has become an established cornerstone of IDEA. Families have a right to due process related to the decisions made about their children in special education programs. Earlier in this chapter, the role of parents as political advocates was introduced. The central role of parents and families and guardians in advocating for the right to public education for children with disabilities, not discounting the importance of parent organizations as advocates, may be connected to these two lawsuits. *PARC* and *Mills* clearly pointed to the necessity for both federal and state legislation specific to the provision of special education services.

That legislation was forthcoming beginning in the mid-1970s, as states and the federal government hastened to pass laws establishing the right to public education for children with disabilities. The legislation education was prompted in part by parent and professional advocacy groups, such as the Council for Exceptional Children. Also, a growing

understanding from research and model programs about children and youth with disabilities, which showed they were valuable and capable no matter what their disability or its severity, supported legislation. But it was also clear to politicians and other decision makers from the litigation, especially *PARC* and *Mills,* that legislation was necessary to avoid further lawsuits.

In 1975, P.L. 94-142, the Education for All Handicapped Children Act (EAHCA) was passed, becoming essentially a bill of educational rights for all children with disabilities between the ages of 3 and 18 by September 1978 and up to age 21 by September 1980. This landmark legislation became the foundation for special education services in all 50 states. Its amendments and reauthorizations continue to provide the direction and a significant portion of the resources available today for the provision of special education services, as well as for the preparation of qualified personnel, funding of demonstrations of model service delivery, and the conducting of research in special education. Since it was initially passed as EAHCA in 1975, the legislation has been amended in 1986 as P.L. 99-372, the Handicapped Children's Protection Act, allowing parents to recover attorney's fees and their costs when they prevail in lawsuits. P.L. 94-142 was amended and reauthorized as P.L. 99-457, the Education of the Handicapped Amendments of 1986. In recognition of the established and growing body of research evidence regarding the efficacy of early intervention for very young children with disabilities and resulting from the advocacy efforts of parents, professionals, and others (Safer & Hamilton, 1993), P.L. 99-457 included funds for states to participate, if they chose to, in the development of programs for infants and toddlers (ages birth to 3 years) and their families. This initiative was Part H (now Part C) of the law and provided funding for 5 years of phasing in, developing, and planning for states to make ready their own models of early intervention.

By September 1991, all states had put in place mandates for early intervention services in compliance with Part H and following the components required in the law. Silverstein (1989) had indicated that a growing recognition of and respect for the importance of family resulted in the inclusion of family-centered and family-focused language and emphasis that we now find in Part H. Safer and Hamilton (1993) summarized the importance of families in early intervention by noting that:

> Part H reflects not only a respect for families and what they know, but also an assumption that the family plays the key role in the development of the young child, and that the responsibility of the service system is to support that role. (p. 5)

There is a very significant distinction to be made here between the concepts of supporting families as contrasted with providing services (educational and otherwise) to children. These views might be different based on the age of the child and the nature of the environment, and clearly the family–professional partnership is substantially affected by these factors.

In 1990, the special education federal law was once again amended and reauthorized, this time as P.L. 101-476, the Individuals with Disabilities Education Act (IDEA). As noted previously, IDEA changed the title of the law to reflect person-first language. P.L. 105-17, the Individuals with Disabilities Education Act Amendments of 1997, reauthorized IDEA and included some changes and refinements, including a greater emphasis on the inclusion of children and youth with special needs in general education (referred to as natural environments for infants and toddlers) and the role of general educators in the planning and implementing of special education. Turnbull, Turnbull, Erwin, Soodak, and Shogren (2015) noted that reform in special education has progressed through two phases: (1) reshaping how free and appropriate public education (FAPE) is provided and (2) reshaping the educational placements of children and youth with disabilities to be

more inclusive and to have greater access to the general curriculum. Certainly the basis for this reform in special education over the past many years is attributable to the legislative mandates summarized earlier and the changes and refinements associated with their amendments and reauthorization.

Consider This

- What do you consider significant about the relationship between the federal legislation in special education as a source of reform and the partnership between parents and families of children and youth with disabilities and professionals?
- How might future legislation affect this partnership?

It is important first to remember that the relationship between the reform and partnerships has been reciprocal. That is, parents and families—through advocacy, litigation, and in other ways—have affected not only the initial passage of the law (EAHCA) now IDEA but also the changes that have been made and the ways in which IDEA has been implemented from its regulations at the level of state and local education agencies. Legislation has been the foundation for the establishment and refinement of the family–professional partnership in special education. From the initial passage of the law in 1975 through the most recent reauthorization in 2004, parent involvement has been emphasized as not only positive and desirable but also necessary. Six **special education principles** that underlie IDEA and that must be met if states are to participate; the relationships between them; and both the family-centered focus of Part C early intervention for infants, toddlers, and their families; and the parent involvement focus of Part B (special education for children and youth ages 3 years through 21 years) are all emphasized in the 2004 IDEA reauthorization. We are assuming that you have been exposed to these principles in previous special education classes, or maybe you have learned and applied them in educational settings. Although all six are relevant to our consideration of the roles of parents/families, we will focus here on Principle 6: Parent Participation.

THE PARENT PARTICIPATION PRINCIPLE UNDERLYING SPECIAL EDUCATION PROGRAMS

The sixth and last principle underlying IDEA is parent participation. This principle specifically addresses parents' rights to have access to the records of their children as well as control of others' access to those records. More generally, this principle may be understood as closely related to the six types of parent participation introduced earlier as a part of the model of home–school partnership developed and researched by Epstein (2010). The parent participation principle, interpreted somewhat loosely, supports the involvement of parents and families at all levels of special education service development and delivery, including leadership and decision-making roles at the school and system-wide level. With regard to how we may quantify and measure the satisfaction of families and the quality of the family–professional partnership, increased attention is noted in the professional literature. Summers and colleagues (2005) described the development of the Family–Professional Partnership Scale—an instrument that includes six domains of partnering and is divided into both child- and family-focused relationships. Last, a perspective

that has not been sufficiently addressed in research and practice is the understanding of parents and families as being in a developmental process of growth and change, just as their children with disabilities are, with regard to their interest in and willingness to be participatory and to be our partners.

UNIFIED SYSTEMS REFORM

The ongoing movement to restructure schooling and education in a way that merges special education and general education and that further erases the line between the two is difficult for some professionals to comprehend and accept. Early work by McLaughlin (1998) focused on unified systems reform as a means of accommodating and supporting diverse learners and, including those with disabilities, without categorizing students or program resources. She emphasized accountability by schools for the learning of all students. It is reasonable to associate united systems reform with the trends in special education as reflected in the 1997 amendments to and 2004 reauthorization of IDEA and their emphasis on participation of general education, inclusion for children ages 3 through 21, and natural environments for infants and toddlers and their families. Subsequent research followed—Stichter and Caldicott (1999) discussed some of the issues involved in collaboration between families and schools in the context of the 1997 IDEA Reauthorization and amendments and PBS. They emphasized that whereas IDEA advances the need for personnel preparation that supports partnerships between general and regular educators and partnerships between educators and families, the tendency of preservice programs in special education and general education to maintain distinct boundaries is problematic and continues today within teacher training programs in colleges and universities. This separation creates great difficulty in realizing the achievement of a shared vision and the sense of being in a partnership and collaboration, especially as it relates to dealing with challenging behavior and the development and implementation of positive behavioral interventions and supports for all learners.

United systems reform has focused attention on the educational needs of all children and has blurred the lines between children who have disabilities and their age peers and classmates who do not have disabilities. The theory and practice of inclusion has become an accepted practice of schooling as the majority of students served in special education are being educated in general education settings. However, there are researchers and leaders in the field of special education who caution that unified systems reform (sometimes referred to as standards-based reform, high-stakes accountability, or minimum standards) has not necessarily been a benefit to children with disabilities, particularly as it relates to assessment and accountability. It has been reported that approximately 80% of students with disabilities take their states' standardized assessments either with or without special accommodations and another 20% take alternative forms of assessments. The outcomes in terms of their performance on these have been quite low leading one to question the efficacy of these practices.

Although it is difficult to pinpoint when reforms in special education and general education converged to become a unified effort, the beginnings can certainly be traced back to the 1980s and early 1990s. It was suggested (Kleinhammer-Tramill & Gallagher, 2002) that the National Goals 2000 legislation was the point at which the two converged. In 1989, President George H. W. Bush and the nation's governors established six national goals. In 1994, they were amended to include two additional goals. These eight goals were intended to provide the framework for reform and improvement in all of our nation's schools and for all of its diverse students. Goals 2000 specifically

addressed the importance of including children with disabilities and the necessity for unifying special education and general education reform. The eight goals were: (1) children entering school ready to learn; (2) improving the high school graduation rate to 90%; (3) children achieving competence in core subjects; (4) excellence in math and science; (5) adult literacy and competing in the workforce; (6) safe, drug-free schools; (7) professional development for educators; and (8) increased parental involvement in learning. Of particular interest to us is the eighth goal: parent involvement. The full statement of the National Goal was as follows: "Every school will promote partnerships that will increase parental involvement and participation in promoting the social, emotional and academic growth of children." The inclusion of this goal specific to parent involvement and partnership came about largely as a result of advocacy efforts by the National PTA (2016).

Finally, with regard to national education reform movements and initiatives, and in particular how they are connected to parent and family involvement, we briefly address the connections among the **No Child Left Behind Act of 2001 (NCLB),** the Every Student Succeeds Act (ESSA) of 2015, the Response to Intervention (RtI) initiative, PBIS, and the place of parents and families in general and special education. NCLB, The Elementary and Secondary Education Act of 2001 (NCLB, 2001), which was the focus of education reform for the administration of President George W. Bush, was enacted January 8, 2002, and took effect in 2003. NCLB was controversial, especially in regard to costs to states, concerns about possible over-emphasis on testing, and potential negative impacts on students with disabilities. NCLB required, as a part of its quality of education focus, that schools implement scientific-based classroom practices and include parent involvement programs. It is also understood to require states and school districts to report their performance related to annual achievement to parents and to inform parents about whether their child is being taught by a "highly qualified" teacher. And according to the U.S. Department of Education website ED.gov (U.S. Department of Education, n.d.), NCLB "allowed parents to choose public schools, or take advantage of free tuition if their child attends a school that needs improvement. Also parents can choose another school if the school their child attends is unsafe." This law was amended in 2015 when President Barack Obama signed into law the Every Student Succeeds Act (ESSA). This new law afforded greater control back to the individual states and local authorities for addressing accountability and the educational needs of students in poverty, but it did maintain the required testing for all students in grades three through eight in math and in reading (Act E.S.S.A. 2015). The commonality between these two laws is that both teachers and parents alike were outraged with the increased and continued reliance on testing.

Response to Intervention (RtI) is an initiative that has gained in popularity and use primarily as an outgrowth of the 2004 IDEA Reauthorization. RtI is a process intended to assist educators with identifying students who are struggling early on and provide instruction that is based on research evidence and scientific studies. RtI is not without controversy with regard to its nature and purpose and how it is applied to support students who have special needs, particularly those with severe learning and behavioral needs. Although it is beyond our scope here, you should be aware that substantial differences of opinion exist. Fuchs, Fuchs, and Stecker (2010) detailed much of the controversy. They suggested that there are two "camps," an IDEA group focused more on a traditional special education perspective and an NCLB group that emphasizes the addressing of special needs more in the context of general education. This list is a summation and represents an oversimplification of the issues and concerns, but the point is that although all of the reforms and associated initiatives (NCLB, RtI, IDEA, and PBIS) are intended to improve education for children who are most at

risk (including those with challenging behavior) and to involve parents and families in the process, the continuing confusion and disagreement about how and why to implement reforms may serve as a hindrance to meaningful parent involvement and parent partnerships.

RtI, like PBIS, is a three-tiered process that is intended to serve as a schoolwide model. Two notable, essential components of RtI are: (1) the requirement for research-based instruction, and (2) parental involvement in the process. These are consistent with the tenets of PBIS. The similarities between the two models are also notable. RtI focuses primarily on academic problems and PBIS on the prevention and intervention of challenging behavior, but they have in common emphasis on applying a problem-solving approach using a range of evidence-based practices, differentiated instruction, and parent involvement.

SUMMARY OF EDUCATIONAL REFORMS

Up to this point in the chapter, the intent has been to provide you with some perspective on the current status of P–12 education, especially with regard to the relationships of schools and teachers with parents and families. Reforms that have occurred in both special education and general education, especially over the past four decades or so, were reviewed. How these reform efforts have begun to merge into a unified systems reform was also summarized. The unified systems reform movement, including NCLB, ESSA, and RtI, carries with it very significant implications for all stakeholders, including the citizens who fund education, policy makers, researchers and leaders in education and related disciplines, children and youth with disabilities and those who do not have disabilities, and the families of those children and youth. It certainly has ramifications not only for how education is delivered in the United States but also for how professionals are prepared in teacher preparation and related programs from infancy through high school.

Consider This

Think about the preservice programs with which you are familiar or the one in which you are currently enrolled. How is the relationship between special education and general education presented in your coursework and by your professors? Are they treated as merged, as having some overlap, or as totally separate disciplines with unique and different goals, methods, and desired outcomes? Where might you place the program(s) on this continuum? How is the subject of understanding families and partnering with parents and families treated in those preservice programs? Is there any coursework at all related to families? Perhaps some family content is infused in a course or courses across the curriculum. Maybe the preservice program addresses parents and families in the programs aimed at preparing professionals to teach or intervene with very young children but minimally or not at all in programs at the upper elementary, middle school, or secondary level. Do the courses and field experiences in an undergraduate or graduate degree and/or licensure program focused on parents and families treat the families with children who have disabilities as distinct and separate entities from families with children who do not have disabilities?