Integrating Positive Behavior Support with Adlerian Counseling and Reality Therapy: Building a Comprehensive Strategy to Redirect Youth at Risk

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Abstract

Positive behavior support has demonstrated encouraging changes in the behavior of students ranging from preschool through high school. Even the most at risk populations have exhibited improved grades and increased satisfaction with school. Schools and trained staff members provide a structure in which positive behavior support can be effective. The successful implementation of positive behavior support has prompted some proponents to expand its use into the juvenile justice system and family counseling. Developing these programs for the larger community will require building systems that can support and redirect youth at risk. Combining positive behavior support with Adlerian family counseling and reality therapy will provide families and community with these necessary resources for success on a larger scale.
INTEGRATING POSITIVE BEHAVIOR SUPPORT WITH ADLERIAN COUNSELING AND REALITY THERAPY: BUILDING A COMPREHENSIVE STRATEGY TO REDIRECT YOUTH AT RISK

Introduction

All too often in recent years, news reports are filled with stories about school shootings and violence. Columbine has become a household word and a warning that violent behavior in schools needs to be examined and addressed. Vandalism, drugs and gangs can be found in almost any school in the United States. Students, teachers and parents are all affected by this phenomenon.

The United States Department of Education and the Department of Justice have been collaborating since 1998 on studies regarding school safety and have recently published the latest report on how these problems are affecting education. According to the study, school violence affects all students and teachers even if they are not the direct victims of the violent act. Students are likely to experience depression and loneliness, have adjustment difficulties, and are more likely to skip school and drop out. The report also indicates that teachers are becoming disillusioned and are leaving the teaching profession (U.S. Department of Education, 2005).

The report includes some very sobering statistics on problem behavior in schools. In the 1999-2000 school year 71% of public schools reported violent incidents and 36% of schools reported occurrences of student violence to police. In middle schools bullying was one of the largest reported problems that occurred weekly and accounted for 29% of all incidents. The report also includes distressing statistics on drugs and gang involvement (U.S. Department of Education, 2005).
In 2003 30% of students reported using alcohol and 22% used marijuana. It is readily available at the schools they attend. In fact 29% of students reported being approached and asked if they wanted to purchase drugs. In addition to drugs, nearly a third of all urban students surveyed report the presence of gang activity in their schools. The US government report went on to point out that gang graffiti is also present on and near by urban campuses (U.S Department of Education, 2005).

Many schools have approached this problem by increasing school security. The use of metal detectors and extra security personnel are being employed in an attempt to make schools safer. Video surveillance technology and lock down policies have also been employed to make schools safe (U.S Department of Education, 2005). While punitive forms of behavior management are effective in reducing problem behavior for the majority of the student population, approximately 15% of students will continue to act out in spite of negative consequences and do not respond well to punishment (Horner, & Sugai, 2004). These young people are often identified by the term “youth at risk.”

Defining Youth at Risk

There are many different working definitions of youth at risk depending on the professional discipline perspective. Many times the term is heard and associated with a particularly hazardous behavior that youth are facing; such as use of drugs, being perpetrators or victims of violence, or contemplating suicide. The Substance Abuse and Mental Health Services Administration (SAMHSA) conducted studies that focus on drug use as an at risk behavior. The SAMHSA National Household Survey on Drug Abuse (NHSDA) has produced reports that examine a number of drug related factors that put youth at risk. One report stated that there are 3 million youth at risk of committing suicide in the United States. The reports adds that young
people who use drugs are at a much higher risk for suicide, yet only 36% will receive treatment (NHSDA, 2002).

Another definition of at risk youth is provided by the National At-Risk Education Network (NAREN), a private non-profit organization that focuses on young people who are at risk of dropping out of school or are at risk because of being raised in unfavorable living circumstances. Many of these young people identified by NAREN come from backgrounds of poverty. Over 13 million children come from families whose income is below the poverty level. Child abuse and neglect is rampant with over 1 million verified cases per year. More than 1-1/2 million children have a father in prison. Drugs and alcohol are also cited by NAREN as epidemic among youth. While these statistics are frightening, another risk that these young people face is that educators give up on them to focus their efforts on the mainstream population. It is these forgotten youth who are at the greatest risk (NAREN, 2006).

A different classification of youth at risk suggests that young people are exhibiting symptoms as a reaction to the problems they face at home and in school. Drugs use, violence, suicide and dropping out are signs that our young people are truly discouraged. It is important to examine the etiology to understand what is putting our youth at risk. There are 4 ecological hazards that are putting youth at risk in modern society (Brendtro, Brokenleg, & Bockern, 1990). Young people have to contend with destructive and broken relationships, a climate of futility, learned irresponsibility, and a loss of purpose.

Brendtro, Brokenleg, & Bockern (1990) describe these four hazards. Young people face destructive relationships. Too many children come from broken homes and are rejected by those adults they need the most. They are rejected and starving for love. High divorce rates, addiction, poverty and imprisonment are destroying families and leaving our youth at risk. Young people
live in a climate of futility and feel that no matter how hard they try to do the right thing, it will not make a difference. This sense of powerlessness comes from negative expectations from adults who just punish them for misbehavior. It also comes from not being allowed to contribute in a way that would foster responsibility and stave off boredom. Learned irresponsibility stems from the lack of opportunities for some young people to contribute, or to be taken seriously by adults. Responsibility is learned through having responsibility. Young people feel a loss of purpose in our society and therefore they feel discouraged.

Youth at risk was not a common term during Alfred Adler’s time from 1870 to 1937, but he certainly embraced the concept in his work. Rudolf Dreikurs, a student of Adler’s, categorized misbehavior as the result of mistaken goals. There are four mistaken goals for behavior in children. These are the desire for attention, the struggle for power, retaliation/revenge, and discouragement (Dreikurs, & Soltz, 1964/1990). If Adler were alive today he would probably say that youth are at risk because they are discouraged. This leads to feelings of inadequacy. Young people, indeed all of us, behave in accordance to our goals, which are hidden below the surface. We are unaware of the goal that causes our behavior.

Regardless of the goal, discouraged young people are acting out in negative ways. They gravitate towards what Adler called the “wasting side of life,” where the individual is acting in a way that does not contribute to society and engage in self serving behaviors. It is often difficult for others to understand their reasons for the behavior they are exhibiting. The useless behavior is not without purpose. Young people are struggling to overcome their feelings of inadequacy. They are attempting to gain attention and power in a world over which they perceive they have no control (Oberst & Stewart, 2003.)
The view of William Glasser is very similar in the respect that youth at risk are individuals who are discouraged because they are not getting social needs met. Young people have the same social needs as adults. We require relationships with others and when this need is not met we feel a loss of control. Young people are engaging in acting out behavior to control their world (Glasser, 2000). Teenagers need the same unconditional love and understanding as young children. Parents seem to be better equipped to understand the behavior of young children. They bend over backwards to be a part of their teenagers’ quality world. When their adolescent child starts to act out parents often resort to punishment, but this form of discipline is ineffective. They need attention, patience and education or they will act out in rebellious ways (Glasser, 1998).

There is a common thread that runs through all of these definitions of youth at risk. Youth may feel discouraged and disconnected from the adults whose job it is to guide them into adulthood. Many are abused or abandoned physically or psychologically. They may come from homes that are rife with poverty or addiction. Even those that come from what appears to be a good home may, still not be achieving their full potential.

In order to deal with feelings of frustration and inadequacy young people are turning to drugs and alcohol. They are joining gangs, engaging in violent behavior and dropping out of mainstream society. Many are committing suicide in a final act of complete helplessness and inadequacy or revenge. These behaviors are cries for help.

The definition of youth at risk for the purpose of this thesis is as follows. Youth at risk are discouraged and have given up hope and faith in society and the adults around them. They are young people who have not connected with someone who can accept and mentor them. It is
not their behaviors but their lack of connection that poses the greatest threat. The biggest tragedy is that they will not live up to their true potential.

History of Disciplinary Interventions

Western views on the civil rights of children, psychology, and proper disciplinary interventions have evolved over the last couple of centuries. Corporal punishment is no longer acceptable as a means of disciplinary action in our schools and homes. The actions and behaviors of children are increasingly viewed in a developmental context. Once accepted physical punishments are now considered to be child abuse. Disciplinary interventions have changed along with views of human nature and learning.

Corporal Punishment

Early American schools followed the English schoolmasters’ tradition of stern discipline. The school master was considered the expert and was given the right to punish students as he/she saw fit. This included corporal means of punishment. Many times this extended beyond a means of controlling behavior problems. Children were sometimes punished for academic shortcomings. This tradition was strong in the Thirteen Colonies and especially in the Puritan and Quaker communities. This reflected the view that humans are basically evil and need to be molded in order to be closer to God.

A number of factors contributed to the tempering of corporal punishment in schools. Americans started to move west and fostered ideals of freedom and democracy. Judeo-Christian views also led to a softening of the use of physical punishments. More women were becoming teachers and it was considered improper for a woman to physically reprimand adolescent boys. Many still believed that children should obey and conform. The rights of children were still limited.
**Civil Rights of Children**

Although they still were denied full constitutional rights, the later half of the 19th century saw many strides in the civil rights of children. The first publicly tried case of child abuse was in 1874 by the Society for the Prevention of Cruelty to Animals. There was not an organization dedicated to the protection of children. New Jersey abolished corporal punishment in schools in 1867, at least 2 decades ahead of any other states. Even as states began to ratify laws against harsh treatment of students, many educators did not support the new mandates and ignored them.

Another factor that influenced discipline in the schools was the emerging science of psychology. Many theories were systematically developed to explain the motivation and behavior of children. Scientific models that explained development of moral behavior were replacing theories based on religious beliefs. These ideas were used to explain the way children balanced pleasure and self-indulgence with societal influences to control their impulses.

**Psychological Theory**

Psychological theories on human behavior were being used to develop systems of discipline that were far superior to corporal punishment and coercion. The psychodynamic and interpersonal models were developed from the work of psychoanalysts such as Freud and Adler. Freud alleged that humans were driven by biological instincts, while Adler believed that humans are driven by social needs. Both models stress the importance of the past, especially during developmental periods, and that the present can only be understood by looking at the past.

Discipline models based on these psychodynamic approaches attempt to resolve misbehavior by promoting insight in the student. One of the most widely used approaches is based on the individual psychology of Adler and was developed by Rudolf Dreikurs. This system focuses on helping children understand the logical consequences of their behavior. Punishment is
deemphasized and teachers are trained to understand the goals that are related to children’s misbehavior. This approach has widespread acclaim especially for helping teachers to understand the behavior of children.

The work of the behavioral psychologists has certainly had great influence on school discipline. Much of the current practice of behavior modification is based on the work of B. F. Skinner. He emphasized that behavior was determined and reinforced by reward. Modern behaviorists use modeling to help teach children appropriate behavior. In this approach, the past is of little importance and the attempt is to analyze the actions of children in their current context. Problem behaviors are learned and can be unlearned (Bucher & Manning, 2001). Programs instituted by schools often use rewards, such as tokens, students can receive for appropriate behavior. In some programs, students can also lose tokens as a reprimand.

The sociological model proposes that behavior is prompted by and can be explained by socioeconomic factors. In this view labeling is an important concept as well as perceived differences between groups. Disruptive behavior is examined through the microscope of socioeconomic stratification. Disruptive behavior is countered by education to help groups understand each other. The emphasis is on promoting understanding of social values to promote cooperative functioning.

The eclectic-ecological approach is similar to the sociological model. It expands to include concepts from biophysical, intrapsychic, phenomenological, and behavior models. All of these areas contribute to the development and understanding of personality and behavior. Some of the cognitive approaches would be classified as a part of this genre. One of the more popular systems was developed by William Glasser. This model promotes training teachers for effective discipline. Glasser modified this approach in later years to focus more on the individual’s
response to the environment and the behaviors that person chooses to react to the circumstance. Glasser’s choice theory will be examined in greater detail later in this thesis.

The Humanistic approach stresses the potential of humans to strive to better themselves. This psychological movement has its roots in the work of Maslow, Fromm, Allport, and Rogers. According to this view, when humans have their basic needs met, and are allowed and encouraged to explore their world, they will reach higher levels of self and other awareness. This holistic model rejects the notion of illness and instead explains disruptive behavior as reaction by the individual of societal constraints or the inability to get basic needs met. This approach spawned human relations training for teachers in the 1940’s as a means of solving interpersonal and intrapersonal problems. In the 1960’s it resurfaced again as sensitivity training (Hyman et al, 1979).

Psychology contributes greatly to the understanding of the personality and behavior of students and educators. The lessons learned for the quest to understand human nature were applied to the educational system from the early days of the science. Psychology was employed to train and foster more effective teaching methods. Greater understanding of what young people require in order to thrive and be successful has been woven into many school programs. One evidence based program that has been instituted in many schools is Positive Behavior Support (PBS). Research on PBS is showing promising results in decreasing problem behaviors and increasing safety and learning.

In the 1960’s the foundation for PBS was being laid for this program which was discovering practical applications for research on behavior. The *Journal of Applied Behavior Analysis* included articles that were at the forefront of the development of finding ways to use behavioral analysis for both adults and children. Building on this basis, PBS was researched and
developed at the universities of Oregon, South Florida, Missouri, Kentucky, and Kansas. This research was combined and became the Center on Positive Behavioral Interventions and Supports (Sugai, et al., 1999).

The center and its research are supported by special grants from the US Office of Special Education Programs (OSEP) and the US Department of Education Safe and Drug Free Schools Program. In the mid 1970’s Congress enacted the Education for All Handicapped Children Act which is now known as the Individuals with Disabilities Education Act (IDEA). The law was enacted to enable handicapped children access to educational and support services at the state level. It was also designed to protect the rights of these individuals and assure them equal treatment (US Department of Education, 2007). In 1997 IDEA was amended and PBS was adopted as an evidence based program.

Positive Behavior Support

Positive Behavior Support is a three tiered model with different levels of support. The primary level is universal and addresses the behavior of the general student body. This generally includes about 85% of the average student population. The secondary level is applied to groups that are at risk of more serious behavior problems. Finally the tertiary level addresses the students with the most serious behaviors individually, about 3% to 5% of students (Walker, et al., 2003).

**Functional Behavior Assessment**

Functional Behavior Assessment (FBA) is the foundation upon which the PBS model is built. FBA is used for identifying events and environmental factors that help educators to predict problem behaviors and factors that exacerbate them. Instead of a pathological view of behavior, FBA examines the individual purpose of behavior and provides a baseline to measure student
conduct. The information gathered during assessment is used to create individualized interventions based on the environmental context of the behavior (Sugai, et al, 1999).

FBA is a systematic method of identifying problem behaviors and events. It allows prediction of the occurrence and absence of behaviors based on readable environmental factors. The main purpose is to promote effective and individually relevant behavior support plans (Sugai, Sprague, & Horner, 1999). Functional assessments are used to plan event, antecedent, teaching, and consequence strategies for each individual PBS plan. The FBA also aides in planning which strategies are used and when they will be implemented. The analysis guides the development of contingency plans for emergencies and crisis situations. FBA is not a set of standard tests used to analyze student behavior but a fluid process of observation and planning to build effective behavioral interventions (Sugai, et al, 1999).

FBA is not a standardized system. There are however, six basic steps to the process (Sugai, Sprague, & Horner, 1999). The first step is to collect information on where and how inappropriate behavior occurs and what behavior would be desired. This can be done using available records and by observations. The next step involves team development of a testable hypothesis regarding the purpose of the behavior. The third part of the process is making observations to see if the hypothesis is supported. In the fourth step the team develops a strategy or plan for dealing with the target behaviors. The next step is to develop and implement a plan that includes scripts that guide how, when and where interventions will be put into operation. Finally the team works together to review progress data and continue or modify the plan as needed (Sugai, et al, 1999). The success of FBA and PBS is based in part on the fact that it is flexible and can be uniquely applied across a variety of settings.

Improvement of behavior is encouraged through PBS by rewarding positive conduct instead of just punishing bad deeds. According to the Center on Positive Behavioral Interventions and Supports, PBS is made of some basic components. Horner and Sugai, (2004) state that schools must first identify the problem behaviors and then have a unified and cohesive plan to improve conduct. The authors go on to say that students should be taught the clear cut expectations and be rewarded for positive actions (Horner & Sugai, 2004). This would describe PBS in the simplest of terms and does not depict all of the complexities of this model.

Many schools across the country have adopted PBS programs to deal with the behavior problems that are present in education today. Varieties of studies have been done to look at the efficacy of PBS and are claiming that schools are becoming safer (Lewis, Powers, Kelk, & Newcomer, 2002; Todd, Haugen, Anderson, & Spriggs, 2002; Oswald, Safran, & Johanson, 2005). There are also reports of increased student satisfaction and improved academic scores. Administration and staff from many schools are touting the merits of PBS (Luiselli, Putnam, Handler, & Feinberg, 2005; Hawken, & Horner, 2003; Hetzroni, 2003; Lassen, Steele, & Sailor, 2006). The purpose of this limited review of literature is to examine some of the empirical evidence to determine the validity of these claims. The aim is to discover whether or not PBS is effective in reducing problem behavior, making schools safer and improving academics.

Methodology.

It is important to note that this is by no means a complete review of all the literature that has been produced on the topic of PBS over the past 15 to 20 years. Great care has been taken, however, to assure that a reasonably accurate sample of the writings on this topic has been taken
from the best available sources such as peer-reviewed journals of psychology and education, or government studies.

The articles reviewed encompass a variety of population and variance in focus. Some of the schools where research took place had a high population of lower socio-economic status (Lewis, Powers, Kelk, & Newcomer, 2002; Luiselli, Putnam, Handler, & Feinberg, 2005; Sprague, Walker, Golly, White, Myers, & Shannon, 2001). Other researchers included populations that were middle to upper class (Luiselli, Putnam, & Sunderland, 2002; Oswald, Safran, & Johanson, 2005). The studies also ranged in diversity of population from 98% Euro-American (Oswald, Safran, & Johanson, 2005) to 88% African-American (Luiselli, Putnam, Handler, & Feinberg, 2005). These studies represented the extremes of diversity, while many others had a more representative mix. One of the articles included in this review was done in Israel at a school for students with intellectual disabilities (Hetzroni, 2003). Hetzroni (2003) was looking at differences in speech and communication and how they are influenced by the implementation of PBS.

Almost all of the research included focused on school wide PBS interventions. A couple of the studies looked at specific areas where problematic behavior occurred. Two of the research efforts examined playground behavior and were done concurrently with larger studies that were looking at school wide PBS programs (Lewis, Powers, Kelk, & Newcomer, 2002; Todd, Haugen, Anderson, & Spriggs, 2002). Another study that was part of a larger research effort examined student safety in the hallways between classes (Oswald, Safran, & Johanson, 2005). There were a couple of research efforts that focused on the 5% – 15% of the population that would require the most intensive interventions (Hawken, & Horner, 2003; Walker, Cheney, Stage, & Blum, 2005).
Almost all of the studies were conducted over a 3 to 4 year period. There were only 3 that were 1 year in length. The first was a one year district policy pilot study (Netzel, & Eber, 2003). The other 2 were piggyback studies on playground behavior that came at the end of a longer effort (Lewis, Powers, Kelk, & Newcomer, 2002; Todd, Haugen, Anderson, & Spriggs, 2002). Students in the studies reviewed mostly ranged from kindergarten through the 8th grade. The exception is the research by Hetzroni (2003) where the students range in age from 3 to 22 years old.

Most of the studies reviewed for this article used a similar design to study the efficacy of PBS. In many of these studies problem behaviors were identified before PBS was implemented. A baseline of the identified behaviors were measured and recorded for comparison to outcome data. Most of the studies reviewed the effect of PBS on a school wide basis.

Several of the studies reviewed used ODR data as the main variable. (Hawken, & Horner, 2003; Lassen, Steele, & Sailor, 2006; Metzler, Biglan, Rusby, & Sprague, 2001; Netzel, & Eber, 2003; Todd, Haugen, Anderson, & Spriggs, 2002; Walker, Cheney, Stage, & Blum, 2005). The data already exists in most schools and a baseline is easy to establish. The common position in all of these articles was that PBS would reduce the occurrence of sending students to the office for behavior problems.

There are some subtle differences in how the data were tabulated. Each school had a unique definition of problem behavior for which referrals are made and this makes comparing ODR data across studies less compelling (Sugai, Sprague, Horner, & Walker, 2000). The authors also state that staff biases towards the students, both positive and negative, skew the reliability of ODR data. Walker, Cheney, Stage, & Blum (2005) found that ODR data only targets the students
who are acting out and does not address the issues of other young people who are withdrawn from the process of learning.

Other variables were used to measure the effect of implementing PBS in schools. Student suspensions were recorded in a 4 year study of kindergarten through 5th grade students in a Midwestern school (Luiselli, Putnam, Handler & Feinberg, 2005). In a 1 year midwestern pilot study suspension statistics was used in addition to ODR data (Netzel, & Eber, 2003). In a larger study that encompassed multiple schools suspension information was used as one of 4 criteria to determine the efficacy of PBS (Lassen, Steele, & Sailor, 2006). The primary measure in all of these studies remained, however, ODR records.

Some researchers looked for improvement in academic scores as a way to validate the use of PBS in schools. In one of these studies by Lassen, Steele, & Sailor (2006) the Kansas State Academic Assessment was used to measure math and reading scores before and after the implementation of a PBS program. In another study the Metropolitan Achievement Test, a nationally norm-referenced and standardized test, was used for the same purpose (Luiselli, Putnam, Handler, & Feinberg, 2005). Both studies postulated that with the implementation of PBS, teachers would have more time to teach and students would feel safer participating.

All of the previously mentioned studies followed, to some degree, a formulaic approach to institute PBS programs in the various schools studied. The methods and measures of the school-wide evaluation tool (SET) were tested for reliability, validity and sensitivity and were highly rated by researchers (Horner, Todd, Lewis-Palmer, Irvin, Sugai, & Boland, 2004). This research showed 12 out of 13 schools that participated in the study showed significant improvement when maintaining fidelity to the SET methodology. Some of the studies in this review followed the SET model as closely as possible (Lassen, Steele, & Sailor, 2006; Luiselli,
Putnam, Handler, & Feinberg, 2005; Walker, Cheney, Stage, & Blum, 2005). Other researchers found their efforts were a bit confounded by administrations, teachers, and staff that modified PBS programs to suit specific needs (Luiselli, Putnam, & Sunderland, 2002; Netzel, & Eber, 2003).

All of these studies identified and measured problem behavior and then set clear expectations of the behavior of students in each respective school. Staff members were trained on how to implement PBS. Lesson plans were developed to teach students behavioral expectations. Students were also instructed that they would be rewarded for positive behaviors. Measures of the dependent variables were tabulated for each school year.

Another method for studying the efficacy of PBS is direct observation. Direct observation was used to study implementation of PBS during the students recess time to increase playground safety. Observers were trained staff members who were available to watch the playground and record the incidence of 6 identified behaviors that were problematic on the playground (Lewis, Powers, Kelk, & Newcomer, 2002). Observations were made before and after the implementation of behavior supports that were targeted specifically toward playground behavior.

The direct observation method was used in another study that focused on safety in the halls between classes. Observers identified and recorded a list of behaviors set forth by the research team and observations were taken with and without school staff present in the hallways (Oswald, Safran, & Johanson, 2005). Hawken and Horner (2003) used trained graduate student observers to study students engaged with teachers during lesson time in the classroom before and after implementation of PBS (Hawken, & Horner, 2003).

The use of surveys was another method that researchers used to investigate the effectiveness of PBS in improving behavior and learning environments in schools. The largest
such study was conducted by polling 78 child-centered PBS teams that included 397 members (Kincaid, Harrower, Shannon, & Bustamante, 2002). The study by focused on ways in which PBS improved quality of life for students as well as the perceived improvement in student behavior. Respondents were asked if they saw improvement in problem behaviors after PBS was implemented, if they thought support strategies were efficient, if student use of alternative skills increased, and if those skills were taught efficiently (Kincaid, Harrower, Shannon, & Bustamante, 2002).

In a study of 3 rural Ohio schools, Safran (2006) used surveys to poll teachers, administrators, and special services personal to see if they thought PBS was effectively implemented in their school. In a University of Oregon Institute on Violence and Destructive Behavior report, the staff at 9 treatment schools in a Pacific Northwest community were surveyed and evaluated for efficiency when implementing PBS programs (Sprague, Walker, Golly, White, Myers, & Shannon, 2001). While it is valuable to look at hard data regarding student performance school staff, it is also important to evaluate staff involvement to ascertain whether or not they felt PBS was effective. Some of these studies were attempting to show a link between perceived fidelity of the PBS model and the efficacy with respect to staff investment.

Another study used surveys but in this study both staff and students were polled. Staff members were surveyed, to see if they saw improvement after the implementation of a PBS program. Students were asked to complete a questionnaire that addressed their level of satisfaction with the program and if they felt safer with the new behavior program in place (Metzler, Biglan, Rusby, & Sprague, 2001).
Results.

Many of the research articles reviewed used ODR data to determine the efficacy of PBS implementation in schools. Luiselli, Putnam, and Sunderland (2002) demonstrated an overall reduction in discipline referrals of over half during a 4 year period. Referrals for all 3 categories combined, disruptive and anti-social behavior, vandalism, and substance use. These referrals declined from 1,346 to 605 (Luiselli, Putnam, & Sunderland, 2002). In another study, discipline referrals were reduced by over half during the PBS intervention and declined even further in a follow up measurement (Luiselli, Putnam, Handler, & Feinberg, 2005). The number of students sent to the office for playground infractions decreased by 47% in one year (Todd, Haugen, Anderson, & Spriggs, 2002). A study in Oregon showed a 41% reduction in the number of office referrals for behavior problems in a middle school study that lasted 4 years (Todd, Haugen, Anderson, & Spriggs, 2002). Two other studies measured ODR data as an average per student and found statistically significant reductions after implementing PBS programs (Lassen, Steele, & Sailor, 2006; Walker, Cheney, Stage, & Blum, 2005).

Many of the researchers also looked for a change in the number of student suspensions for behavior infractions. Some of the results in this category were less dramatic. Suspensions were reduced slightly in the Midwest K-5 study from 3.7 to 2.1 per day per 100 students (Luiselli, Putnam, Handler, & Feinberg, 2005). In a 1 year study in an urban school district the number of students suspended dropped by 22% from the baseline (Netzel, & Eber, 2003). Lassen, Steele, and Sailor (2006) showed a reduction in student suspensions of roughly one third.

In addition to looking for reductions in problem behaviors researchers also measured increases in academic performance. The results of Harcourt MAT-7 scores showed an increase in reading comprehension scores from an average of 38.5% to 57% and average mathematics scores
increasing from 33% to 58% (Luiselli, Putnam, Handler, & Feinberg, 2005). A small observational study saw improvement in some of the more difficult students in academic engagement (Hawken, & Horner, 2003). Hetzroni (2003) indicated increased communication skills in intellectually disabled students. A study using the Kansas standardized academic achievement test found virtually no change in reading scores over a 4 year period, yet MAT scores increased by 14% (Lassen, Steele, & Sailor, 2006).

Researchers also attempted to show that implementing PBS programs would lead to safer learning environments for students. In one study, students were surveyed to see if they felt safer. The results showed that students felt safer and reported fewer incidents of harassing behavior in non classroom areas (Metzler, Biglan, Rusby, & Sprague, 2001). After implementing a school wide PBS program, trained observers witnessed a decrease in dangerous and threatening behavior in the hallways between class periods (Oswald, Safran, & Johanson, 2005). Observers in playground studies also noticed a reduced frequency of unsafe behavior during recess times (Lewis, Powers, Kelk, & Newcomer, 2002; Todd, Haugen, Anderson, & Spriggs, 2002).

Some of the research was done by surveying of teachers, administrators, and support staff in the schools where PBS was implemented. These studies, while they are more qualitative, add more dimension and depth to this review. One of the more sophisticated surveys was conducted in an Eastern tri state area surveying 78 of the 200 PBS teams that had been implemented (Kincaid, Harrower, Shannon, & Bustamante, 2002). The results showed that 81.7% of the team members said that problem behaviors occurred less frequently, 78% indicated that the behaviors were less severe, and 76.1% stated that problem behaviors did not last as long as they did before PBS was implemented. When asked about the efficiency of support strategies used to reduce problem behavior, 67.2% felt that it worked very well, 76.6% stated the strategies were
implemented comfortably, 86.1% indicated the implementation was consistent, and only 21% reported interference with implementing the program (Kincaid, Harrower, Shannon, & Bustamante, 2002). Seventy one percent of the team members polled indicated more frequent use of positive behavior, 87.5% reported that these behaviors were appropriately used, and 75.8% declared that students were now using positive behaviors independently (Kincaid, et al, 2002). Team members indicated that overall quality of life, interpersonal relationships, self determination, social inclusion, as well as personal and emotional well being increased significantly for students (Kincaid, et al, 2002).

A Pacific northwestern study was conducted in nine schools and educators declared that PBS was very effective in the schools. The students were also polled and reported greater feelings of safety (Sprague, et al, 2001). An Ohio study rated not only the staff views of how efficient the implementation of PBS programs but also asked how much of a priority improving each category was. It was interesting that while the scores were high staff always indicated that it could be better (Safran, 2006). Surveys of school staffs and students help to provide researchers with qualitative information that provides greater understanding of potential confounding variables and extra support to quantitative data.

Discussion.

All of the investigations reported here had strengths and weaknesses. While most of the research took place over a three to four year period, there were some that were shorter (Lewis, Powers, Kelk, & Newcomer, 2002; Netzel, & Eber, 2003; Todd, Haugen, Anderson, & Spriggs, 2002). This could mean that the results were more likely to be confounded by factors other than the implementation of the PBS program. It is possible that the behavior changes noted were
simply due to normal fluctuation. All three of these studies affiliated with larger school wide studies on PBS and certainly the results could be attributed to the effect of the larger program.

A problem indicated in some of the articles was that PBS programs were not always consistently implemented. In one study in which the researchers also acted as consultants to the school, efforts were frustrated by administrators and staff who modified the program as it was instituted (Luiselli, Putnam, & Sunderland, 2002). A Midwestern study was also modified by school staff during the course of the investigation (Netzel, & Eber, 2003). In another investigation, researcher efforts were frustrated when the school administration changed the way ODR data was recorded (Metzler, Biglan, Rusby, & Sprague, 2001). In some of the research, a system for tracking ODR data was implemented along with the PBS program which would indicate that the baseline measure and test measures were not accurately compared (Luiselli, Putnam, & Sunderland, 2002; Netzel, & Eber, 2003; Metzler, Biglan, Rusby, & Sprague, 2001). The researchers in these studies used other variables in addition to the ODR data.

Observational studies had a different set of problems. In one trial graduate students conducted observations but were not sufficiently trained to do the observations and the authors noted that there was a high risk of observer bias by staff who also participated (Todd, et al, 2002). This particular risk was minimized in another study in which observers were trained in the polling methods until they reached an 80% inter-observer agreement (Lewis, Powers, Kelk, & Newcomer, 2002). In Ohio researchers also employed undergraduate students who were thoroughly trained until the consultants felt the observations made were consistent and valid (Oswald, Safran, & Johanson, 2005).

The research that relied on surveys had some problems as well. In the samples of survey studies in this review the researchers took great care to minimize the usual favorable self
reporting that often accompanies this type of test. In one large tri state examination researchers randomly selected 78 out of 200 PBS teams (Kincaid, et al, 2002). Effort was made in this study to assure accurate results including comparing survey results to quantitative scores. In another research effort the authors also compared survey results to ODR data to check results (Safran, 2006). Other researchers added staff and student surveys to the quantitative testing to enhance the findings and test consumer satisfaction (Hawken, & Horner, 2003; Luiselli, Putnam, Handler, & Feinberg, 2005).

Sample populations for the research reviewed varied. A couple of the studies looked at the students with the most problematic behavior. According to the PBS model approximately five to fifteen percent of the school population falls into this category. One study focused on students who had at least five discipline referrals or more to from which to pull the sample population (Hawken, & Horner, 2003). Only six students qualified for this research. Hawken and Horner (2003) noted that this was too small of a sample size to draw any generalizations about the effect of PBS on the worst behavior problems. A Washington state examination sorted out the students who were most at risk and came up with 72 participants (Walker, Cheney, Stage, & Blum, 2005). The students in this study were selected using ODR data and personality testing and provided a more significant data set to analyze.

Most of the studies investigated larger school wide populations. The researchers looked at schools with enrollments in the area of 500 to 600 students per year (Luiselli, Putnam, Handler, & Feinberg, 2005; Luiselli, Putnam, & Sunderland, 2002; Netzel, & Eber, 2003; Todd, Haugen, Anderson, & Spriggs, 2002). The largest single school populations were around 1000 students (Oswald, Safran, & Johanson, 2005; Safran, 2006). Some of the research examined the effects of
PBS on behavior in multiple schools and communities (Lassen, Steele, & Sailor, 2006; Sprague, Walker, Golly, White, Myers, & Shannon, 2001).

Only one of the studies reviewed used a comparison group. A Pacific Northwest based research endeavor looked at 9 schools in which PBS had been implemented and then compared the results to 6 other area schools to determine if the positive gains were due to the implementation of the new programs (Sprague, Walker, Golly, White, Myers, & Shannon, 2001). Control groups are difficult to institute in this type of research. Differences in results could easily be attributed to differences in neighborhoods and communities.

Conclusion

Overall the research reviewed for this article has shown PBS to be a powerful program to reduce problematic student behavior. Researchers used a variety of methods to determine the efficacy of positive behavior supports. Some of the methodology was very solid, while other studies were not as effectively designed. In spite of the weakness of some of the studies, the overall body of evidence is reasonably convincing. The sample populations represent a wide range of students of diverse backgrounds with a variety of cultural and socio economic backgrounds.

As a body of research the articles reviewed here show promising results. As a whole the researchers demonstrated that implementing PBS programs can create safer and more satisfying school environments. Behavior programs such as PBS allow teachers to spend less time on discipline and more time teaching. Students are better able to learn when they feel safer and are not distracted by problem behavior.

The research reviewed indicates that implementing PBS in schools does reduce problem behavior, makes schools safer, and helps to improve academic performance (Kincaid, et al, 2002;
Lassen, et al, 2006; Luiselli, et al, 2005; Sprague, et al, 2001). Quantitative measures shown statistically sound improvement and qualitative reports show high satisfaction for both staff and students in our schools. These results are quite promising and should be replicated by other researchers to strengthen this body of evidence regarding the efficacy of PBS as a means of improving schools.

More research needs to be conducted that examines ways in which school environments can be made safer and more satisfying for students. While some studies touch on these standards much more needs to be done before parents and educators can fully understand and trust that students are in the optimum environment for growth and learning.

Violence in the schools and poor academic performance are not just problematic for teachers, administrators, and other support staff. These are community problems that require larger interventions. School shootings and violence are merely representative of larger social problems. The PBS programs implemented in the schools make a difference because of positive adult and peer reinforcement. As more studies are completed, programs like PBS may be applicable to larger social concerns.

Clinical Implications.

As the research continues more schools are implementing positive behavior programs into school policy and procedures. There are possibilities for implementing PBS programs in the juvenile justice system as well. Some research is starting to look at using positive behavior support instead of punitive measures to help turn around at risk youth in the community. Communities can implement such programs through churches, community centers and outreach programs. Similar to PBS programs in the schools, community based positive behavior programs teach clear expectations and set in place rewards for positive behavior exhibited by young
citizens. In the long run working on changing behavior may prove to be more cost effective and efficient for reducing school violence than metal detectors and guards.

*Expanding Beyond the Classroom*

The success of PBS in the schools has prompted researchers to look for other arenas to apply the concepts of this model. PBS is being examined as an alternative support method in the juvenile justice system (Houchins et al, 2005; Scott et al, 2002). It is hypothesized to be an effective method of controlling disruptive behaviors in detention centers and group homes. PBS may also have applications with adults who are developmentally disabled (Hetzroni, 2003). Some researchers are examining ways to apply PBS at the community level (Sambrano et al, 1997; Schepis et al, 2000).

*PBS and Juvenile Justice.*

The suggestion that PBS may have applications in the juvenile justice system is a relatively novel idea. Adjudicated youth represent only a portion of the at-risk population and represent only a fraction of young people who could benefit from a system that models and encourages positive behavior. Within the last few years, educators and juvenile authorities started integrating PBS as a method for modifying behavior of juvenile delinquents and young people who are at risk of becoming involved in the legal system. A number of demographic variables have been recognized that can help to identify youth who are at-risk of legal problems. Some of these factors include anti-social or aggressive behavior, difficulties in school, poverty and family stresses. In addition to these, poor supervision or ineffective parenting, physical and sexual abuse, substance abuse, and living in high crime neighborhoods have all been identified as risk factors for young people (Scott et al, 2002).
There are differences in the overall philosophy between schools and juvenile detention facilities. The basic model in schools is comprehensive and durable across a variety of applications. The focus is on the needs of students as well as teaching and modeling positive behaviors. The focus in the juvenile justice system is punishment and security. For this reason getting cooperation from the entire staff of a correctional facility is more difficult and complex. For PBS to be effective in the schools requires approximately 80% of the staff trained and invested in the process (Sugai et al, 2000).

Young people who are incarcerated in juvenile corrections institutions are being provided educational services. Many incarcerated youth who exhibit anti-social behaviors have experienced academic and social failures. They need systematic instruction to teach and reinforce the appropriate social and academic behaviors that will allow them to compete with their same aged peers.

These services could be augmented by the implementation of PBS. There is a need to be able to recognize and anticipate patterns of failure. These patterns can be redirected towards successful social patterns. The institution should provide consistent support during incarceration and in transition back to the community (Houchins, et al, 2005).

Stakeholders in the juvenile justice system include not only educators but a variety of other staff as well, including mental health care givers, security personal and other facility workers. The institution works with youth 24 hours and this can produce communications challenges that make instituting PBS in the juvenile detention setting more difficult to achieve. It is logistically more difficult to have communication between day, evening and over-night staff. Efficient communication is essential to an effective PBS program. A great deal of staff training is required to change punitive attitudes to an attitude of positive support (Houchins et al, 2005).
Correctional institutions traditionally have a clear hierarchy where policies and procedures are rigidly followed. It is a militaristic rather than a consensus building system. It takes time for staff members to become comfortable in a system that requires more individual decision making. Progress has been made in spite of these barriers to instituting effective PBS practices in the juvenile justice system (Houchins et al, 2005).

*PBS with Special Populations.*

The previous review of literature focused on the use of PBS in mainstream schools at a variety of socio-economic levels. These were public schools that served the typical type of population. PBS has been shown very effective in working with extraordinary populations in educational and group home settings. A study in New York’s special education district demonstrated that PBS is effective as part of the mental health crisis intervention strategy, and it is extremely useful in curbing extreme anti-social behavior in young people with a long history of failures (Duggan, & Dawson, 2004). The concept of PBS has also been applied in the treatment of individuals with developmental disabilities. A 2003 study by Hetzroni indicated that abilities and verbal communications of intellectually disabled children and young adults improved when a PBS program was instituted.

In another study, PBS is cited as evidence based practice that is effective in working with children with autism. The study showed reductions in problematic behavior and increases in positive social behavior and communication (Odom et al, 2003). A project at the West Virginia Autism Training Center (WVATC) integrated statewide services for children with autism and their families. The WVATC model was designed to provide treatment for individuals with autism and support for family members. The study demonstrated some success with the PBS model. The study did indicate that there were difficulties in implementing PBS on a statewide
interagency scale. The sharing of data and coordination of services were cited as problematic (Becker-Cottrill, McFarland, & Anderson, 2003).

The lessons learned from PBS are also being reviewed for inclusion in public health education promoting mental health. The implementation of PBS in the schools has shown the added benefit of improving overall mental health of the students in the programs. In addition to impacting positive behaviors in students, PBS may also promote protective factors and reduce the risk of internalized problems such as depression, low self esteem and stress. Although this may be in part because the FBA and treatment plan have indicated group or individual counseling for the student, it may be postulated that PBS interventions would reduce future occurrences of mental disorders in young people (Reinke, Herman, & Tucker, 2006).

The possibilities for PBS may expand beyond prevention of mental disorders and into the treatment of mental disorders. Team support services for individuals suffering from severe and persistent mental illnesses already exist. One evidence based program, Assertive Community Treatment (ACT), is showing positive results (Drake et al, 1998). The ACT model has similarities to PBS. The client is functionally assessed and a treatment plan is initiated using the team approach. Teams are multidisciplinary and include psychiatrists, nurses, and social workers. The team also has vocational and chemical dependency specialists, and also includes peer counselors. The team works together to plan and deliver a consistent treatment for the client in the community.

*Expanding and Assimilating Other Systems*

One of the reasons that PBS works well in the schools is the relatively controlled environment. Services are delivered in a controlled time and space including family and community interventions. Meeting the needs of at risk youth in the community will require
integration of multiple agencies and participation of communities. In order to build community programs that are effective in redirecting at risk youth, it is necessary to combine and customize services to fit the needs of the individual and the community in which they live.

Researchers at the University of Kansas studied a state-wide effort to implement PBS into human service organizations that provide services for developmentally disabled individuals. The training took place over a twelve month period in which participating providers received eight to ten hours of training per week, including online and classroom training. These professionals were trained as coaches and were from residential facilities and schools. These coaches helped to train the agencies and schools where they worked. Workshops were conducted for parents who were interested in providing healthy environments for their children. Sharing information among agencies proved to be one of the greatest challenges. Systematic efforts are required to embed PBS in the community and professional groups. There will be limited success for community efforts that do not encompass all stakeholders (Freeman, et al, 2005).

Community Education.

It will require a great deal of community education to get communities on board with a system that wants to promote education, modeling and treatment as an option. A negative public perception is one of the barriers to instituting PBS for at risk youth in the community. PBS is in opposition to the current system of dealing with juvenile offenders and criminals in general. There are more prisons than ever in this country and they are overflowing. Many states are funding more prisons in an effort to contain offenders. There is an attitude of impending fear that drives public policies. A great deal of negative media attention has been devoted to promoting a system that cries out for incarceration of juvenile offenders.
In order to systematically implement PBS in communities, it is essential to find proactive strategies for dealing with at risk youth. According to Scott, et al, (2002), exclusionary and punitive practices are shown to be ineffective in helping troubled young people become contributing members of society. There have also been prevention and instructional methods that have shown success in decreasing problem behavior. Successful implementation of PBS for juvenile justice systems will require improved edification of communities and policy makers (Scott, et al, 2002).

Clinical Implications.

Expanding PBS to the community and the juvenile justice system will require expansion of the methods and a shift to community providers of therapeutic services. Bringing PBS to the community expands the stakeholders involved. The stakeholders would include schools, families, community mentors, juvenile authorities, and mental health care providers (Houchins, et al 2005). The fidelity of the PBS model requires a high level of communication and integration of services (Scott, et al, 2002). It is important that all of these stakeholders communicate and provide services that are integrated for each young person.

Integrating Therapeutic Systems

The style of therapy offered should be relevant to the individual and the situation. It would be optimal the therapeutic system and underlying philosophy blended well with the PBS model. There are a variety of good therapeutic methods to choose from and many therapists have an eclectic model in which two or more theories and methods are blended. The personal style of the professional delivering counseling services is equally important. Someone who uses a confrontational method may well have more difficulty engaging young people at risk than a therapist who can meet the person at her/his level.
The model being proposed in this thesis blends PBS with the Individual Psychology of Alfred Adler and William Glasser’s Reality Therapy. While each of these has unique attributes, they complement each other and work well with the PBS model. These theorists both emphasize the importance of personal choice and responsibility. In both models the client is directed toward more efficient behaviors for getting social needs met. There is a strong educational basis to both theories, with each of them exerting a strong influence on the educational system in this country.

Alfred Adler hypothesized that we all have *Gemeinschaftsgefühl* which translates as a community feeling, or social interest. We have a strong desire to be connected to others. This desire to be connected drives our outlook and motivation toward life. It is common for an individual to have feelings of inferiority regarding this connection. These perceived feelings of inferiority are the primary drive that causes us to strive for significance. We all form our own individual interpretation of what life means starting at an early age and create our outlook on life before age five or six. This view of the world guides our style of life and is sometimes referred to as private logic. Individual Psychology is a psychology of use meaning that our thoughts, feelings, and actions are used to achieve social gains. Even symptoms have a meaning and purpose and help protect the individual from perceived failure.

William Glasser postulated that we all have five genetically based needs which are survival, belonging, power, freedom, and fun. The last four of these are the psychological needs. Although we may not be aware of it, after basic survival, our behavior is driven by our attempt to have these psychological needs fulfilled. We use control over people and situations to get our needs met. It is excessive control that causes problems for the individual. Behavior is composed of thinking, acting, feeling and physiology. We can choose our thoughts and actions directly but it is more difficult to choose our feelings and physiology. Our emotions are an indicator of how
well our needs are being met and emotional distress is treated by changing thoughts and actions. Unlike the psychoanalytic approach, Reality Therapy deals only with present behavior and seeks solutions based on changing the individual’s thoughts and actions.

There has been active dialog between major proponents of both theories. In 2001 William Glasser was invited to the North American Society of Adlerian Psychology (NASAP) conference. At this conference Glasser demonstrated how he does reality therapy based on his choice theory. This was followed by commentary from Dr Jon Carlson who discussed similarities and differences of strategies from the Adlerian perspective. Glasser and Carlson agreed that the approaches were more alike than different. The consensus was that the aim was to help clients make better choices. Adler and Glasser both stated the importance of creating hope, encouragement and using the client’s resources (Carlson & Glasser, 2004). At the end of the conference Glasser was presented with a membership in NASAP. In 2004 Carlson was the keynote speaker at the William Glasser Institute International Conference. This indicates a spirit of cooperation and respect between proponents of both Glasser and Adler.

*Integrating Individual Psychology with Choice Theory*

There are differences between Adler and Glasser that can prove to be complimentary. All clients and situations are not the same. The client’s style and response will help lead the therapist to the most appropriate intervention. Some clients might benefit more from the quick intervention style of reality therapy. Those who are seeking a deeper understanding of the root of their behavior, Adlerian therapy may provide a more desirable outcome. It may also offer a second choice when an intervention has come to a halt.

The treatment of time is one of the major differences between the theories. Glasser is only interested in the here and now and is only interested in the problem behavior. He is not
interested in what he referred to as “psychiatric garbage.” Adlerians look to discover the mistaken beliefs that led the client to adopt the behavior (Rozslnafszky, 1974). While this may seem like a major difference between the two models, there is a time and place for both theories depending on the behavior and the client. Some clients or behaviors may be amenable to Glasser’s here and now approach while other clients may need to have a better understanding of motive.

There are also many parallels between individual psychology and choice theory that complement each other as an integrated treatment model. The ideas of Alfred Adler seem to have influenced William Glasser. At the very core of the two theories there are more similarities than differences (Rozslnafszky, 1974).

The most striking similarity between Adler and Glasser is the philosophy of internal motivation that is driven by the need to be recognized and loved by others. In both Individual Psychology and Reality Therapy the goals are to move the client from helpless to empowered, urges the client to accept responsibility, and reconnect unsatisfactory relationships. While there are some differences, Adlerians and Glasserians are encouraged to share ideas (Petersen, 2005).

Both Adler and Glasser put the responsibility for behavior with the client and believe that the individual is capable of learning and choosing new actions to get their needs met. Neither of these theories embraces the idea of diagnosis. The client has created or chosen his/her behaviors as a way of getting her/his social needs met. The therapeutic goal of both theories is to get the client to see how behaviors are getting in the way of what they want and encourage them to learn new behaviors. In this respect both Adler and Glasser see the therapist as a teacher.

Both men postulate that fulfilling our needs takes place in the social context. According to Adler, healthy individuals successfully accomplish the life tasks of work, love and friendship.
Glasser’s five needs are also met in the social arena and reflect the Adlerian idea of social interest. At the root of both theories is the belief that you cannot understand a person outside of the social context in which he/she exists. In both approaches the therapist joins with the client and forms a partnership that focuses on client goals and the best way to achieve them.

**Recent Integrations**

Some therapists are currently integrating the methods of Adler and Glasser in their practices. Michael Nystul (2001) describes a 4 step problem solving approach that integrates the methods of Adler and Glasser. This model is designed to use with children or adults and can be brief or in depth, depending upon the situation to which it is applied. The goal is to minimize client resistance and motivate client change. The client learns problem solving tools she/he can apply to other situations as well.

The goal of the first step is to identify the current troublesome behavior that has brought the client to counseling. This is based on some core reality therapy questions. Glasser would use questions such as “What are you doing? And how is that working for you?” The focus is on the here and now. The second step looks at the psychology of use. This is an Adlerian principle. The aim is to identify the goal and possible mistaken belief that is leading the client to the behavior.

Step three uses concepts of both theories to enhance the client’s motivation to change. The therapist helps the client to recognize apperceptions developed in childhood that no longer serve the individual well as an adult. The client is encouraged to identify and change his/her private logic. This Adlerian technique of identifying the origin of behavior is integrated with a cost gain analysis that focuses on how the conduct is currently a benefit or detriment for the client. This present analysis is the Glasser contribution to step 3. The client has the opportunity to see how she/he formed the behavior in the past and how well it works for him/her now.
The final step also builds on the work of both Adler and Glasser. Recognizing the goal of the behavior and recognizing the childhood need that is no longer being fulfilled is at the core. The client is encouraged to overcome her/his resistance to change. These Adlerian concepts are coupled with Glasser’s concepts of giving the client a sense of control and enhancing his/her self-image.

Gamble and Watkins (1983) illustrate this integration in the case of 12 year old William S., who was exhibiting serious behavior problems both in school and at home. The interventions to correct William’s problems were a combination of the child discipline techniques of Adler and Glasser. The authors indicated that aspects of the two theories, when combined, would produce a highly effective counseling procedure to deal with Williams’s issues. Both Adler’s and Glasser’s disciplinary approaches are fluid and flexible enough to work well together in spite of some basic theoretical differences.

The therapeutic relation was established using Adlerian techniques of empathetic understanding, genuineness, respect and warmth. As the psychologist and William established a trusting relationship, Glasserian techniques of self evaluation were introduced. He was asked to focus on his behavior with questions about what he was doing and how that behavior was helping him. The Adlerian principle of social interest was critical to the treatment plan and William was encouraged to participate more with his classmates and contribute to the group. His classmates were encouraged to help William to become more involved. The group experience was very effective in helping to change the problem behaviors at school.

An Adlerian family intervention involved an examination of the goals of William’s behavior and the ways in which his single mother responded. Once both understood the goal and response, the contracting methods of Glasser were used to help mom and son establish new
behaviors. The Adlerian concept of logical consequences was introduced as a part of the contracting. William was encouraged to become more involved in doing things around the house and mom adjusted her schedule to be able to give him the attention he was seeking.

Gamble and Watkins (1983) indicated that the relationship was firmly based on Adler’s social interest and Glasser’s focus on involvement. The intervention with William was effective and the authors stated that the two methods complemented each other very well.

*Individual Psychology with Positive Behavior Support.*

The goal of PBS is to teach, model and encourage effective behaviors that allow the young person greater opportunity to be a successful contributing member to her/his social environment. This is not so dissimilar from the therapeutic goal in Adlerian therapy. The differences exist in the methods of teaching and encouraging new behaviors. Individual psychology promotes an understanding of the goal of behavior and provides an internal locus of control, while PBS is more external.

PBS begins when an external intervention is initiated in response to identified problematic behavior. Once a behavior is identified, a team decides on appropriate alternatives and sets forth expectations for the client to follow. These expectations include new behaviors in which the individual is expected to engage, as well as consequences and rewards (Sugai, et al, 1999). The behavior is taught and modeled. The motivation for the inappropriate behavior is not examined in depth. In many cases just understanding these expectations may prove sufficient once the young person sees the payoff of engaging in more appropriate behavior. This payoff may include greater academic and social success or improved self esteem.

In some cases it may prove more difficult to promote positive changes in behavior using PBS and the individual continues to act out. In this situation, it could be helpful for the client to
understand the purpose of his/her behavior at a deeper level. Individuals have a private logic that
guides their thoughts, feelings and behaviors of which they may not be aware of. Understanding
this private logic can help the person understand their reason or reasons for continuing to engage
in behavior that is less than productive. The goal of Adlerian therapy is to help the individual
understand how this logic may cause problems and help to find more effective thoughts,
behaviors, and actions that will help in achieving the life tasks (Oberst, & Stewart, 2003). In this
case, an Adlerian therapist could enhance PBS intervention by guiding the client to a greater
understanding that would allow internalization of the new desired behavior.

Research reveals little in the way of comparisons between Individual Psychology and
PBS. This can be easily explained as PBS comes from a behavioral background and individual
psychology has its roots in the psychoanalytic tradition. Although these treatments of behavior
are borne of two very different philosophies, some of the basic Adlerian methods and ideals have
great potential for augmenting PBS. This hypothesis can be explored by comparing PBS with
some Adlerian concepts like social interest, mistaken goals, and assessment tools such as
lifestyle, early recollections and family of origin.

Social Interest.

Social interest is one of the core concepts of Adler’s construct. Adler referred to social
interest as the ability to see the world as others see it and to feel what others feel. It is the
feelings of caring and compassion (Ansbacher & Ansbacher, 1956/1964). Social interest is
fostered by actions that serve the greater community. Community is enhanced in individuals by
intrinsic rewards of belonging and accomplishment. In this respect it is a sign of emotional health
of the individual (Oberst & Stewart, 2003).
According to Adler, a person with low social interest strives to gain superiority by associating with those who are weaker or less experienced (Adler, 1931/1998). All individuals have some degree of social interest. For some a feeling of inferiority is an internal voice that tells them success by cooperation is not for them. Social interest is not an inherited instinct. It is an individual potential that must be developed. It is essential to take issue with an attitude of self interest because it is the greatest obstacle to individual and collective progress (Adler, 1935).

An individual may experience many negative influences such as poverty, abuse and divorce that increase the risk of failure in the life tasks. If social interest is fostered, that same individual can overcome these obstacles and learn to be successful. Young people who are at risk of failure can be redirected by parents and teachers towards greater social involvement. Teaching young people the basics of cooperation will prepare them to face the most difficult problems without weakness (Adler, 1931/1998).

Social interest has also been examined in relation to attainment of goals. LaFountain (1996) used the Sulliman Social Interest Scale (SIS) to measure the social interest of 177 elementary through high school students. The students were all involved in solution focused counseling groups. Results of this study found that students with a higher measure of social interest achieved their goals to a greater degree than those individuals that were more self serving.

Social interest is fostered first in the family. One study of 107 college psychology students indicated that students with high measures of social interest on the SIS came from families that emphasized intellectual, social and ethical activities. There was a positive correlation between social interest and affirmative perception of the person’s family (Leak, & Williams, 1991).
Although the empirical research has not been extensive there have been studies that support the construct of social interest as it relates to behavior. In one study researchers tested 91 adult male offenders in a Midwest penal institution. The SIS was used to compare social interest of individual prisoners, and measured against recidivism rates over a two year period. The results indicated that prisoners with lower scores on the SIS had a higher rate of repeat offending during the investigation period. The researchers indicated that the SIS could be used as an indicator of an offender’s propensity to be rehabilitated. These results were consistent with Adler’s view that a deficit of social interest leads to mistaken goals and fewer and poorer behavior choices.

Fostering the development of social interest may improve the individual’s chance of reforming (Daugherty, Murphy, & Paugh, 2001).

The concept of social interest is fundamental to the essential concept of PBS. The premise of changing negative behaviors to actions that benefit the greater community has the added benefit of helping young people adopt an increasingly global view. The concept of social interest could be mindfully integrated into the positive behaviors being taught and modeled in PBS programs. The goal of PBS is to replace negative and destructive behaviors with positive actions. The expected behaviors are taught, and modeled, and the individual is rewarded for choosing the new more salient actions. Moral development is the result of exposure to social interest exhibited through projects and community involvement (Ostrovsky, Parr, & Gradel, 1992). The result would be rewards for the individual participants that are both extrinsic and intrinsic. Fostering social interest in “at risk” youth would certainly augment the implementation of PBS and help young people build greater repertoires of useful behaviors.
Mistaken Goals and Youth at Risk.

Research has shown that behavior is changed when applying PBS (Kincaid, et al, 2002; Lassen, et al, 2006; Luiselli, et al, 2005; Sprague, et al, 2001). Behavior change in PBS is accomplished by educating the individual in the expected behaviors, modeling expected behaviors, and by rewarding the individual for applying the expected behavior. However, other behavioral research indicates that new behavior is usually extinguished once the reward is no longer received. Therefore, in order to create long lasting behavior change, intrinsic rewards are more effective than extrinsic.

Adler believed that all behavior is goal directed. The individual is usually not aware of the goals that guide her/his behavior. The goals are created from early perceptions of the way the world is and are the guiding fictions upon which thoughts and actions are based (Oberst, & Stewart, 2003). Our best hope of changing behavior is to understand the goals behind it. No amount of punishment will lead to lasting change or submission. If punishment continues, the result is a condition of continued retaliation. Cooperation must be won and can’t be demanded just because one yields more power. Reward is equally as ineffective in creating long lasting changes to a person’s actions (Dreikurs, & Soltz, 1964/1990).

It is the goals that are formed early in life that cause the individual problems in adolescent and adult life. Dreikurs and Adler both believed that the strongest motivation is the desire to belong and that security depends on a feeling of belonging to the group. Dreikurs (1964/1990) listed four mistaken goals of youth that are related to the desire to be part of the group. The first is the desire for undue attention. This is illustrated by the young person who will do anything to get attention, whether it is positive or negative. This person could be the class
clown or the child who will do dangerous things to impress others. This might be the young person who will dare to take more drugs than anyone else in the group just to be noticed.

The second mistaken goal is the struggle for power. This might be the young person who may receive a diagnosis of oppositional defiant disorder. An example of this is when the young person feels important by bucking the system and being the rebel. The third erroneous goal is retaliation or revenge. Revenge might be demonstrated by the vandal who destroys property, or the angry young person who seems to derive pleasure out of hurting others. Finally there is the mistaken goal of complete inadequacy. This young person has given up and seems to have little interest in anything. This might be the young person who is often labeled as a failure and sometimes diagnosed as suffering from a variety of mood disorders.

These mistaken goals are most often demonstrated by the youth who fall into the tertiary group in the PBS model. These are the youth who are most at risk and are the ones who require the most intensive services. Examining their behavior through the lens of the mistaken goals provides direction in creating individual treatment plans to help turn these young people around. Understanding the goal of the behavior will help to direct the goal of the intervention. Helping youth at risk to understand the impetus for their actions can help them to internalize solutions that will be more successful.

The first step in the process of determining mistaken goals is to gain confidence and cooperation of the young individual. Some classic Adlerian methods can be applied to gain this insight. Tools such as lifestyle analysis, early recollections, and understanding the family of origin help to provide the young person with greater knowledge of who she/he are and what is the source of her/his actions.
Lifestyle Analysis.

The goal of lifestyle analysis is to help the client gain some insight into mistaken beliefs that are causing problems. There are a variety of lifestyle forms and interventions that have been devised since the time of Adler. Adler thought that obtaining a person’s lifestyle was an informal process and that the pertinent information was gathered by interviewing the client. Alfred Adler had an almost uncanny ability to analyze people within a few minutes of meeting them (Ellenberger, 1970). Dreikurs and others that followed developed formalized tools and questionnaires to obtain a glimpse into an individual’s private logic (Eckstein, & Kern, 2002).

From 1980 to the present, research into lifestyle analysis has been developed. Although this is just the beginning of being able to quantify and apply Adler’s concept of lifestyle, the evidence does support the concept of lifestyle analysis as a tool for understanding personality. More research is needed but a variety of useful lifestyle assessments and methods of application have been produced (Watkins, & Guarnaccia, 1999). Formalized measurements such as the Basis-A have been developed from this research. These investigations have also been useful in helping service providers develop applications to work with young people in trouble.

In one southeastern United States County, a study was conducted with youth who had been adjudicated for crimes against persons (Smith, Kern, Curlette, & Mullis, 2001). Researchers employed the Basis-A to determine the lifestyle profiles of the young participants. These profiles are based on scores in five areas of the Basis-A which include; belonging and social interest, going along, taking charge, wanting recognition, and being cautious. There are also five subcategories including harshness, entitlement, liked by all, striving for perfection, and softness.

The results yielded three basic profiles in which each of the participants was categorized.
The profiles are; Extreme W (EW), Tilted W (TW), and Essentially Flat (EF). The EW group scored high in taking charge, at the mean in belonging/social interest and being cautious and low in going along and wanting recognition. Young offenders in the TW group were low in belonging/social interest, getting along and wanting recognition. They scored in the moderate range in taking charge and high on the being cautious scale. The EF group scored slightly low in wanting recognition and moderately in all other categories.

The authors of this research suggested different interventions for each individual based on his/her Basis-A score. There are a variety of Adlerian interventions, such as lifestyle analysis and early recollections that would be effective for the EW group. This group would respond well to methods that empower them and provide positive interpretations. Training in social skills and logical consequences can also be useful tools. This type of young person needs help in learning to effectively solve the problems of life.

When working with a person from the EF group the therapist should look at the client’s peer group. This individual perceives her/his friends as more troubled. This individual has a hard time with boundaries and he/she can benefit from assertiveness training and role playing to help define their personal limits.

Interventions for the TW group include encouragement, promotion of social interest, and assertiveness training. This is the type of individual who needs to learn “the courage to be imperfect,” an Adlerian term that describes an understanding that failure is a normal and provides an opportunity to learn from one’s mistake (Smith, et al, 2001).

_Family Constellation._

Understanding the individual’s birth order and relationship to other family members is part of the lifestyle analysis. Adler was one of the first to propose the importance of
understanding the individual by their relationship and position in her/his family of origin (Ellenberger, 1970). Many family systems models have adopted this approach. Understanding family position is not a part of PBS. Discussing the person’s family, however, may provide both therapist and client insight as to the goal of the behavior. Additional understanding into the client’s motivation and personality can be gained from asking him/her which family members with which she/he most identify.

There has been a great deal of research over the years on the subject of birth order. It is probably the most widely examined Adlerian concept. Studies have been conducted by Adlerians and non Adlerians alike. The earlier research was criticized in 1992 by Watkins who indicated that birth order researchers need to control all the variables of birth order before meaningful results can be obtained. Since that criticism, there has been some improvement made to research methods. To date, all the research has shown support for the concept of birth order (Watkins, & Guarnaccia, 1999).

Research on birth order and youth at risk is relatively meager. There are some older, yet interesting studies that examine the topic. In one of these studies 3,145 Arizona high school students were given a survey to try to determine a link between birth order and sibling gender. The students were asked the gender, birth order, and number of siblings in their families. The surveys were grouped by family size and whether they were all boys, girls, or mixed genders. Sorting the groups in this way allowed for clearer comparisons of the data. The students were also asked to report how many times they had engaged in 20 identified delinquent acts in the past year.

The results suggest that there is a relationship between birth order and delinquency. The differences vary depending on the gender of the siblings. As might be expected, families with all
boys had the highest delinquency rates. In families with three children, the middle child had the highest rate of delinquency and the oldest committed the fewest delinquent acts. This was true in larger families as well but the researchers indicated that in larger families this could be equally due to socio-economic factors (Wilkinson, Stitt, & Erickson, 1982).

Another study conducted in rural Tennessee surveyed 486 high school students and 449 college freshmen. Researchers were trying to identify personal and social factors that led to delinquency. The results indicated that birth order and the other social variables did influence delinquency. In contrast, this study indicated higher influence of individual personal controls (Hogan, & Mookherjee, 1981).

Other issues in the family of origin have an effect on the potential for delinquency. Andrew (1981) identified a number of variables that contributed to juvenile delinquency. High on the list were socio-economic status and birth order. The author indicated that there are higher rates of delinquency in fatherless homes when siblings are male. Large families were a contributing factor as well and large intact families often produced the most violent offenders.

Certainly there is not strong enough evidence to suggest that we would be able to identify youth at risk by their ordinal position alone. Understanding the family of origin can provide valuable clues to understanding the young person’s behavior. It is also important to examine other influencing factors such as socio-economics and catastrophic life events. It is equally important to gain an understanding of the individual’s interpretation of family, life and events that have occurred. Using early recollections can help to guide the client and therapist to an understanding of the individual’s private logic.
Early Recollections.

Early recollections are not factual accounts of early events. However, early memories are significant in that they reflect the individual’s goals. These memories are an artistic expression of what life means to the person who owns them. Anything the person remembers is of emotional interest and another clue to understanding that individual’s life style. It is not as important that the memory be the earliest, as it is for the memory to be easily recalled (Ansbacher, & Ansbacher, 1956/1964). Early recollections are not an expression of what used to be; rather they are a reflection of ongoing apprehension and challenges (Oberst, & Stewart, 2003). Adler (1931/1998) stated that it was impossible for a person’s early memories to be incongruent with that individual’s life style. He stressed the importance of using these recollections to guide the client to greater success in achieving the tasks of life.

There are a variety of approaches used in applying early recollections to the therapeutic process. Adler used a very informal approach to gather early memories from the individuals he worked with. More formal methods of collecting and interpreting these memories were developed by Ansbacher and Dreikurs and expanded upon by Mosak, Schulman, and other followers of Adler (Oberst, & Stewart, 2003). These memories are interpreted and in some methods are altered or revisited in order to help the client work through the challenges that are being reflected by their recollections.

The early recollections of an individual will change as that person resolves and overcomes the anxiety and challenges he/she are facing in his/her life. As a person adjusts her/his perceptions and mistaken goals she/he will create or alter the memories to support the amended lifestyle.
This is reflected in a study of nine children, ages five to twelve, who were involved in counseling. Early recollections were recorded during the initial counseling session and again at the completion of intervention. Researchers used the Manaster-Perryman (1974) Manifest Content of Early Recollection Scoring Manual (MPERSM) to quantify the results of the recollections. The results indicated that as the lifestyle and private logic of the children changed, their early memories changed to reflect the modified outlook (Statton, & Wilborn, 1991).

Criminals have a different outlook toward life and this is reflected in their private logic (Ansbacher, & Ansbacher, 1956/1964). To verify this construct, researchers looked at 50 male federally incarcerated offenders and compared them to a control group that represented the same age and diversity of ethnicity. The study revealed some differences between the groups’ early memories. The criminal group had a larger number of themes of death, punishment and misdeeds. The prisoners also indicated less mutuality, although they did have significant mention of family members in their early recollections. The criminal group had memories that reflected more motor than verbal behavior. The offender memories portrayed family situations that were negative and the descriptions tended to be more vivid. The control groups’ early recollections tended to be more benign in content (Elliot, Fakouri, & Hafner, 1993).

Numerous reports of negative early recollections were also found in a New York study of mentally ill and homeless men (Grunberg, 1989). These men reported memories that included conflict, loneliness and victimization. The majority of these men, approximately three out of four, have been convicted of a crime at some time in their life. The author indicated that it is not surprising that these men would have negative memories because of the dire nature of their lives. Each day is filled with eminent danger and the struggle for basic survival (Grunberg, 1989).
Maniacci et al (1998) compared five different methods of using early recollections in the therapeutic process. To help illustrate the process, a single client allowed herself to be subjected to all of these methods and provided her reactions. The traditional approach grew out of the work of Dreikurs. In this procedure the therapist gathers early recollections in the first couple sessions and these are recorded verbatim. In subsequent sessions the therapist will share his hunches regarding these memories to see if the client agrees or disputes the accuracy of the interpretations. This allows the client and therapist to work as a team to determine the meaning of the memories and develop goals of therapy.

The Psycho-Clarity method uses early recollections slightly differently. This process focuses on five aspects of the early memories which are: context, content, gender, movement and evaluation. The early recollections are the client’s and the therapist is careful not make assumptions about the memories. Client and therapist work together to clarify and understand the meaning of the memories. The early memories are pulled together to form a single statement of basic convictions. For instance, the client might come to the conclusion that he/she is hard working because only she/he can do the job right. This method emphasizes collaboration of therapist and client (Eckstein, & Kern, 2002).

The Willhite technique is a process of reframing early recollections. In this 5 step process the therapist first gathers the early recollections. The therapist prepares the memories by numbering each sentence and leaves space for the client to reframe the memory according to that person’s self ideal. The client is then instructed to list an emotional sequence to the early recollection. Next the client is asked to compare the memory with the current challenges that brought them to therapy. The client is asked to apply the self ideal she/he has created to the problem.
After comparing these methods, Maniacci (1998) concluded that no process was better or worse than any of the other systems. A great deal depends on the individual client and his/her personal style. The style of the therapist is also an important factor in selecting the method with which the client comfortable. Every person and every situation can be different. It becomes a matter of being able to determine which process will best fit the needs of both the client and therapist. In the final analysis all of these methods of working with early recollections were effective as assessment and therapeutic tools.

ER’s can be applied to a variety of scenarios with youth at risk. One case study sites psychodrama as a highly effective way to promote behavior change in chemically dependent adolescents (Dushman, & Bressler, 1991). In one case early recollections were used to help a failing student who had been misdiagnosed for years with Attention Deficit Disorder (Bettner, 2005). Early recollections are also showing promise as part of a brief therapy of personality disorders (Maniacci, 1996). Early recollections can even be used as an effective tool to promote inter-generational communication working with at risk youth and their families (Nims, & Dinkmeyer, 1995). These are the issues that are facing at risk youth and a valid reason to include early recollections in any strategy designed to promote growth.

*Reality Therapy and Positive Behavior Support.*

Reality therapy and PBS are both less concerned with etiology or underlying goals of behavior. The focus is on present behavior. As stated previously the goal of PBS is to teach, model and encourage effective behaviors. Reality therapy examines the problem behavior and challenges the client to understand how he/she has chosen a behavior that is not producing the results they desire. The author himself provides an excellent synopsis of his theory.
Glasser believes that people choose the behavior that brings them to counseling. The behavior is always the client’s way of coping with unsatisfactory relationships, or the lack of a connection. The counselor’s job is to help people choose behaviors that are more satisfying and help them to achieve their five basic needs. According to Glasser (1998), these needs are love and belonging, power, freedom, fun, and survival. Meeting basic needs requires good relationships with others which indicates that love and belonging is the most essential need to successfully accomplish. The therapist will focus on the current behavior that is causing distress for the client. Exploring individual history is futile, even if the client has been victimized or traumatized, because the client is only a victims of his/her past if he/she chooses to be a victim. The counselor should not focus on the symptom the client has chosen. Instead the therapist should work on the relationship problem that is causing the client to choose the symptom. The therapist’s goal is to establish a choice theory relationship with the client. By modeling this type of relationship, the therapist is helping the client to learn skills she/he can apply to other relationships in the present and future (Glasser, 2000).

In this respect reality therapy varies greatly from PBS. Behavior support is offering new behaviors in which the young person can engage. The behavior is taught, modeled and rewarded when it occurs. In some cases this may be sufficient. If the young person attains the insight that better conduct improves the relationships he/she has with others, this may be enough to promote him/her to maintain the new behavior. When young people are engaged in more serious behaviors but lack a reflective support system, they may not experience such an epiphany regarding their connection with others. Reality therapy is a valuable tool in modeling positive relations for at risk youth that can train young people to have more effective understanding of relationships in the future.
Understanding Relationships.

Many of the young people who are described as “at risk” have never learned what it means to be in a positive relationship. Many of them come from broken homes where physical, sexual and emotional abuses have occurred. Often members of their family have problems with drug and alcohol dependence and abuse. They come from homes that have been described as dysfunctional. The environment is detrimental to learning to form healthy adult relationships with clear boundaries and expectations. Many of these young people see this as normal life and endure misery in order to belong somewhere.

Most of us are willing to suffer to have a relationship because the relationship is more important than the suffering. It is in the hope of a better relationship that most of us are willing to delay pleasure or even endure pain (Glasser, 1998). There are many young people who are at risk because of these unhealthy relationships. They choose to act out as a way of dealing with the feelings of pain and emptiness. What young people are asking for is to be part of a healthy relationship where their needs can be met.

In healthy relationships, people work together to mutually achieve their goals. They do not try to coerce or manipulate each other to satisfy their own agendas. People in healthy relationships understand that the only behavior they can control is their own. These individuals have a mental picture of their “quality world.” A quality world, according to Glasser (1998), is an ideal vision of their life that includes the happiness of those with whom they have relationships.

This is not unlike Adler’s concept of social interest. People in healthy love relationships have interests that they pursue outside the bond they have with their significant other. Equality is desired and they do not attempt to control or possess the people with whom they interact.
Ultimately people in this choice theory type of relationship get their needs met and are successful in life. It is the responsibility of the therapist to teach clients to understand the dynamics of relationships (Glasser, 2000).

*Meeting the Five Basic Needs.*

At the core of choice theory is the concept that we all have five basic needs that must be met. Survival is the most basic need and without it the other needs are of little consequence. This resembles Maslow’s hierarchy of needs in that without basic survival, higher order needs will not be achieved. All the other needs are closely tied to this most basic need. Another critical need is that of love and belonging. It is through relationships with others that an individual is best able to meet his/her basic needs, especially survival. The need for power is a human need that other animals do not display. Attaining power over environment and others is one of the ways humans have survived. Freedom from others is another need that helps us to survive. It is the need that balances power. Finally humans have a need for fun.

Over emphasis on trying to meet one or two of the basic needs can make it difficult for an individual to achieve a balance of all his/her basic needs. The overuse of power can cause resistance in others that compromises the need for belonging. Trying to control your mate can cause intimate relationship problems complicating the need for love and sexual love. Exercising too much freedom or becoming isolated weakens relationships with others who help us to survive and attain other basic needs. Even having too much fun can be detrimental to achieving additional needs.

A fundamental component of teaching clients to have healthy relationships is explaining the importance of the importance of balance. It is important to balance these needs internally and in relation to others. This is not a skill that is naturally developed. This is especially true for
youth at risk who have been raised in families where poor boundaries and power struggles are a part of daily life.

Perceptions of the basic needs may certainly be different for adolescents than it is for adults. The adolescent view of love and belonging is observably different from the adult perception. One study that looked at differences in perception administered surveys to 119 high school students and 137 adult graduate and undergraduate college students. The mean age of the high school student was 16 and the adult mean age was 26 years of age. The survey was based on the work of Peck (1978) regarding his theoretical differences between “real love” and “falling in love.” The results indicated that adults had a more complete understanding of love and relationships and how affiliations develop over time. The authors suggest using reality therapy groups in schools to help adolescents learn about healthy choice based relationships (Petersen, & Thompson, 2005). Providing young people with a forum to discuss these needs in peer groups and providing education on choices in relationships can help teens to develop a better understanding of how to meet those needs through healthy relationships.

Choosing to be at Risk.

A basic premise of choice theory is that all behavior is chosen and is a reaction to unsatisfactory relationships, or because a desired relationship does not exist. For example, a person who is depressed is choosing to depress. It is not necessarily a conscious decision one makes, rather it is a behavior one unconsciously chooses because it helps him/her to cope with an unsatisfactory situation (Glasser, 2000).

Young people who are at risk because they come from dysfunctional families are acting out in ways that allow them to cope with unsatisfactory home lives. According to Choice Theory they are choosing to be at risk because it is a way of satisfying their basic needs. A young man
who is physically abused by his father or other family member feels powerless. In order to fulfill his need for power the son may turn to violence or crime as a way to feel powerful. A young woman who is neglected or ignored by her family may start to fail in school or abuse drugs. She might choose cutting or suicide because she has given up on ever being loved or cared about. The behaviors youth at risk are choosing help them to cope with lives that are sometimes unbearable.

The dynamics can be further complicated because young people who are victims of abuse, or come from dysfunctional homes, feel shame and responsibility for what has happened. In an article on domestic violence survivors, Turnage et al, (2003) discuss the need for self forgiveness. They suggest using reality therapy to help abuse victims find this forgiveness. The clients are first urged to identify their needs. Then the victims can examine how their needs have been compromised and ways in which they can move forward through establishing choice based relationships. This includes learning to verbalize their wants to others. As they explore healthy relationships, the opportunities for self forgiveness are also provided. This helps clients to begin to rid themselves of the shame they feel (Turnage, Jacinto, & Kirvin, 2003).

Making Better Choices.

There are some advantages to reality therapy. It can be a very brief therapy so it won’t necessarily cost the client a lot of time or money. The concepts are simple and easy to understand and are taught to the client as part of the therapeutic process. It focuses on the underlying relationship problems that caused the challenge that brought the individual to therapy in the first place. The goal is to teach the client about relationships and how applying choice theory to interpersonal relations can help him/her more completely satisfy basic needs. Perhaps the biggest advantage is that the client has learned a lifelong skill that can be applied to future relationships.
and challenges (Glasser, 2000). Reality therapy is used for a variety of issues and the goal is always the same whether it is used by itself or in conjunction with some other therapeutic method. Teach the client relationship skills and they will have a set of tools to use for life. The research of Turnage et al, (2003) looks at blending reality therapy with self forgiveness. Reality therapy and forgiveness helps domestic abuse victims develop a better self image and also gave them a base upon which to explore and test out new behaviors.

Choice theory is widely applied in our educational system. Educators see the value of teaching young people relationship skills that will help them succeed in life. Choice theory offers a non punitive approach to modifying behavior. In a small study of intercity boys with learning disabilities, reality therapy interventions showed promising results. The boys who acted out showed a marked reduction of inappropriate behavior (Marandola, & Imber, 1979). The concept of belonging is being applied in schools to help promote safe environments for students. Schools must promote student involvement and cooperation. Human relationships are at the core of quality education (Malley, Beck, & Adorno, 2001). Results of a study at a southern high school indicated that exposing students to choice theory and reality therapy principles produced improved student perception of satisfaction. Repeated measures showed these principles had a lasting effect on student perception of need satisfaction (Loyd, 2005).

Comprehensive Strategy

The history of PBS in the schools makes it a promising model that could be used in the juvenile justice system. It is important to note, however, that schools are enclosed environments that serve their population within the confines of a set schedule. Many of the support staff required to implement a program such as PBS are potentially already in place and schools have a system that allows communication between departments. Administrators, teachers, counselors
and other support staff are able to communicate with one another and refer freely as needed within the system. This provides a safety net that, optimistically speaking, will prevent youth at risk from slipping through the cracks.

Implementing PBS in a community juvenile justice system, on the other hand, would require a grand effort to unify multiple agencies to provide wrap around support services. It will take a concerted effort to build the kind of inter-agency and inter-community system that could provide seamless support. Sharing confidential information between different providers, agencies and community supports presents a problem. Another major difficulty would be getting different organizations with their own philosophies to agree upon a unified course of action. Changing the mindset of a juvenile detention center that has maintained a punitive view of at risk youth would require a great deal of staff education to attain cooperation.

One of the greatest difficulties may be convincing communities to take a different approach to the problem of juvenile delinquency. Currently communities exist in a climate of fear where schools have security guards and metal detectors. People lock their doors and are afraid to talk to strangers. News reports reinforce this atmosphere of fearfulness with almost daily reports of gangs, violence and trouble in schools. Such reports should be put into a perspective that represents a more realistic view of young people.

A comprehensive strategy is needed in order to extrapolate a system of PBS that works as well in the community as it does in the schools. A system is needed that identifies and assesses young people that will require intervention. A plan for uniting communities, schools, juvenile justice and mental health agencies is required. A system of this magnitude will take much time and effort to plan and implement.
Identifying Youth at Risk

The PBS model in the schools has demonstrated that the majority of young people, roughly 85%, follows the rules and need minimal intervention. The second group of young people contains those who are starting to be defined as at risk. This group requires more intervention and services and at this point families, school counselors and administrators are becoming involved. The third group, which represents three to five percent of the population, is the group which requires more specific and intensive interventions (Sugai et al, 2000). It is reasonable to assume that student bodies provide a representative sample for the general community population.

Many young people who are at risk are easy to identify because their behaviors are causing trouble for them in school or the community. Other at risk youth are not as easy to identify. These individuals might be using drugs and alcohol but have not been caught or yet experienced negative consequences. It might be the young man or woman who isolates, and in the privacy of his/her room or other secret spot, engage in self injurious behavior. It might be a young person with learning difficulties who has learned to over-compensate and mask her/his inability from others. Just because a young person is a loner does not necessarily mean he/she is at risk but it should be a red flag that warrants attention.

Schools are on the front line in identifying youth at risk in the community setting. Many of the young people who are participating in more egregious behaviors in schools are easy to spot. Schools have a closer perspective of students and could identify potentially troubled young people through observation and testing. The educational system is a potential safety net for community agencies to catch at risk youth who might otherwise slip through the cracks.
Usually by the time the legal system becomes involved, intervention is long overdue. The juvenile justice system is overflowing with young offenders who may have avoided trouble if there had been someone who was able to make a connection with them earlier in life. For this reason, communities should provide prevention strategies that offer opportunities for youth involvement. Religious and community organizations offer an additional level of observation and intervention. Nuclear and extended family can also help to identify young people who are at risk if there is an organized system families can turn to for help.

Regardless of the behavior in which the young person at risk is involved, it is important to remember that it is often a sign of deeper issues. It may be a signal the young person is using to call for help or to get his/her basic needs met. It is a sign that there may be problems at home. It might be sexual, emotional or physical abuse. Parents or siblings may be involved in drugs or may just not be present to interact. A young person at risk is often an indicator or a barometer for a family at risk.

Families at Risk

Families are suffering for a variety of reasons. One issue facing many families is poverty. This problem is exacerbated in single parent homes. There are many parents in this country who are working two or three jobs and are still not able to cover all the expenses. Quality time to spend with children is a luxury these parents can’t afford. There is no contest for the parent who has to decide between feeding his/her son or daughter, and being home to monitor behavior. Survival and providing for children’s continued existence are the most basic needs that cannot be ignored.

Other problems that plague many families include drug addiction, alcoholism, domestic violence, and sexual abuse. These are very serious problems that rob families of their ability to
function as a healthy unit. The shame and secrecy that go along with such problems could explain why family members act out in these situations. It may be easier for a young man to come to school and get into a fight than it is to walk into the counselor’s office and announce that his father is beating him. It is too difficult for a young woman to tell her teacher that her father has molested her so she turns to drugs, food or cutting for relief.

It is not possible to look at an at risk young person without examining the family to see if there are problems there. This is not a new concept but is important to reiterate here when looking at the problems young people face. It is not effective to provide intervention and treatment for an at risk youth and then send him/her back to the source of his/her pain. Whenever possible, intervention and treatment should involve the whole family system. If family intervention is not possible, then other living circumstances should be considered that will provide a reasonable level of protection and safety for the young individual.

Intervention Options

There are a variety of therapeutic interventions that could be offered for youth at risk. Individuals respond differently to the multiplicity of counseling theories and methods. It is important that the methods employed are effective for use with young people. The problems facing youth at risk are urgent and require swift and immediate interventions. Pharmacological treatments are vastly overused and do not address the underlying problem or provide a permanent solution.

The model being proposed here is an eclectic trilogy including PBS, reality therapy and therapy based on Adler’s Individual Psychology. PBS is based on a medical triage model that stresses putting urgency and greatest care into the cases that are most dire. Most of the young population will require education as to what is expected of them. They may occasionally break
the rules and may require the occasional correction. This group responds well to public health education. They have experienced some successes and their self image and esteem are intact. For the most part they experience reasonably healthy relationships.

The medium risk group of young people who have started to experience more problems and are acting out to try and get their needs met. Reality therapy would be strongly indicated for this group. These are young people who may benefit from learning how to have choice based relationships. They are choosing behaviors to meet their needs that are causing challenges in their lives. The here and now brief intervention of reality therapy may be perfectly suited for their needs.

Young people in the most at risk group have the deepest issues. They are in the most pain and in need of a more thorough intervention. Young people in this group have been in trouble often and may have been incarcerated, are on probation, or have been prescribed powerful psychotropic medications. These young people are the least likely to be in touch with the reasons for their behavior. These are the youth with the greatest need for insight. Lifestyle analysis is indicated for this group, as they are most likely to have biased apperceptions and follow their mistaken beliefs blindly. Everyone has biases but the beliefs of these young people are causing them trouble.

This is merely a rough guideline and the treatments indicated are not mutually exclusive to any of the three groups. A great deal depends on the individual personality and interest they may have in exploring different avenues of gaining insight. The first and most important step is to establish a non-judgmental and egalitarian relationship. It can be difficult to gain the trust of a young person who has previously suffered at the hands of other adults and authority figures but it is an essential component. Without forming an alliance, positive change will not be possible.
Involving the young person in helping to choose the direction of treatment will produce the most effective results.

**Individual and Group Therapy.**

Individual therapy is most often provided for individuals from the secondary and tertiary groups. Reality therapy will be used to educate young clients on relationships and getting their needs met. Teaching choice theory and openly discussing the theory with the young client can effectively do this. The therapist will establish a choice theory relationship with the client and model relationship skills. There may also be room here to integrate some Adlerian concepts like social interest and living on the horizontal rather than the vertical plane. The vertical plane is comparing self to others to find worth in being better than the other person and also experiencing inferiority. On the horizontal plane the individual strives for growth from intrinsic motivators and does not rely on others to measure self worth.

Life style analysis including early recollections and family constellation can be used to provide insight for young clients with deeper seated issues. After forming a relationship with the young client, the process of looking at family of origin can begin. Many young people enjoy working on the genogram and it is a great way to connect and begin working on family of origin issues. The use of early recollections and the style of working with early memories will be chosen to suit the client. The goal of the therapist is to help the at risk youth gain and work with insights. If the young client is still very engaged it could be beneficial to add some reality therapy after providing insight into mistaken goals of behavior. The styles can work together as a well rounded treatment.

The concepts of both choice theory and individual psychology can be used for group therapy as well. The group can be an effective place to practice some of the skills learned in
individual therapy. Group work is also important as the young clients are taking their newly acquired skills out into the world and using them. Participating in the group gives them an opportunity to come back and talk about what is and is not working for them. Having peer and counselor support can be critical to the success the client can experience. This can be especially true for adolescents and even more important if the family is still in turmoil.

*Family Counseling.*

The young person at risk is the identified client who is often blamed for the family’s problems. The young client is usually acting out as a reaction to a less than satisfactory situation in the family. Adler was an early proponent of including parents, siblings and other people involved in the identified client’s social sphere in the process of therapy. Adler proposed a democratic approach to parenting and Dreikurs and other followers further developed an Adlerian approach to family therapy. Each family is unique and it is important to avoid standardized approaches for working with families. When families come to counseling in turmoil, the therapist often has to act as a mediator and must be careful to remain neutral. This can make the process of joining difficult (Sherman, 1999).

The therapist must come to understand the family system in order to decide what type of intervention to use. As in individual therapy, the counselor works together with the family to define goals and decide on the process to reach those goals. The therapist will be the guide for the process, explaining different theories and options for reaching the mutually defined goals. The focus of this model is integrating individual psychology and choice theory as constructs to help families understand the nature of the relationships within the system. The best results will be achieved if the counselor and family can work together to set goals, decide on steps to reach those goals, and share the responsibility of working towards them. The therapist may serve as
educator and leader but is ultimately just another contributing individual working toward the process of change.

*Parent Education.*

Educating parents and teachers, as well as clients, has always been an integral part of Adler’s individual psychology. He formed centers for educating parents and teachers in effective ways of parenting and teaching young people. His theories have been incorporated into many educational systems and disciplinary procedures. Rudolf Dreikurs brought Adler’s work to this country and he and other followers of Adler have formed parent education programs (Corey, 2005).

The focus of choice theory is educational in nature. Glasser’s theories have been well received, researched and implemented by the educational system in this country. His ideas have influenced education and discipline. The educational nature of these styles is one of the factors that allow effective integration as a combined therapeutic system.

Educating parents is a critical component in this integrative model. The need for parental education in at risk families is obviously indicated. Teaching identified clients and their family members more effective skills and behaviors constitutes a large portion of the treatment goal. It is essential to also expand prevention efforts as well. Providing parent education opportunities to help families achieve better communication and relationship skills goes a long way in reducing the number of youth and families at risk.

*Community Awareness.*

Communities need to be educated as well. Each at risk youth is part of a family system and that family is part of a larger community. Just as the youth is a barometer that indicates the family is probably at risk, the family at risk is an indicator of community at risk. In order to treat
the identified client, the family is examined to see what factors are contributing to the individual’s challenges. When looking at families at risk, the contributing social factors must be weighed. Communities need to be made aware of the contributions that can be made globally to reduce factors that are putting families and individuals at risk.

Community education and cooperation is essential if problems like poverty, crime, drug use and violence are going to be solved. Individuals who are at risk should be held accountable for their actions, but should not be the scapegoat for society’s problems. There is an old adage that says “It takes a village to raise a child.” The problem of at risk youth will be greatly reduced when communities embrace the responsibilities of taking care of at risk youth and their families.

Implications

The model suggested here is intended as an intervention to help youth at risk. It incorporates PBS, Individual Psychology and Choice Theory into a model to help communities deal with the problems young people are facing. What is proposed here is not the end product but the beginning of a long endeavor. It is intended as a basic guideline for a comprehensive plan to address the problems of at risk youth and redirect them toward success. The construction of an effective program modeled on these premises will require the cooperation of professionals from many disciplines, as well as community members.
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