Strengths Based Interventions for Students with
Emotional and Behavioral Disorders: Implications for School Counselors

A Masters Paper

Presented to

The Faculty of the Adler Graduate School

In Partial Fulfillment of the Requirements for
The Degree of Masters of Arts in
School Counseling

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May 2010
Abstract

As school counselors seek to increase their role in schools, they will have the opportunity to interact with a growing number of students diagnosed with emotional and behavioral disorders (EBD). Often, these students are struggling in one of a school counselor’s three domains of expertise: academic, career, and personal/social counseling. Strengths-based interventions are needed to support this population. Adlerian school counselors are well trained to provide strengths-based support to students, families, and schools. This paper will give an overview of the current state of EBD interventions. Interventions that build on strengths and have delivered positive results, such as positive behavior support, resiliency building, and social/emotional curriculum will be discussed. Implications for the role school counselors can play with this population will also be addressed.
Strengths Based Interventions for Students with Emotional and Behavioral Disorders:

Implications for School Counselors

It is a common practice for adults to lament about young people’s behavior. Each generation feels they are plagued with difficult youth to manage. This dates as far back as Socrates, n.d. who some historians quote as saying,

The children now love luxury. They have bad manners, contempt for authority, they show disrespect to their elders.... They no longer rise when elders enter the room. They contradict their parents, chatter before company, gobble up dainties at the table, cross their legs, and are tyrants over their teachers (Patty & Johnson, 1953, p. 1312).

It was the first half of the twentieth century when children began to be labeled with disorders. In 1950, classifications emerged for the contemporary autism spectrum disorder, schizophrenia, and conduct disorder. The definition of EBD varies, but the National Association of School Psychologists (2009) endorses the following definition:

Emotional or Behavioral Disorder (EBD) refers to a condition in which behavioral or emotional responses of an individual in school are so different from his/her generally accepted, age appropriate, ethnic or cultural norms that they adversely affect performance in such areas as self care, social relationships, personal adjustment, academic progress, classroom behavior, or work adjustment. (Retrieved from http://www.nasponline.org/about_nasp/postpaper-sebd.aspx)

Clarification of the Problem

Eber & Nelson (1997) suggest children with significant emotional and behavior needs can be separated into three groups. The first group is students at risk for entrance in residential and hospital placement; they are a small percentage in mainstream schools, but prevalent in
alternative and high level placements. The second group includes children identified by schools as having EBD, a process described in this paper overview section. The third group of children is not identified by schools to receive special education services, yet continuously reflect emotional and behavioral skill deficits. The interventions overviewed in this paper focus on the second group of students, who have been identified EBD and are receiving services accordingly. However, a school counselor working in a comprehensive nature could produce interventions for all three groups, as well as positively impact the rest of the student body (Galassi, & Akos, 2007; Neel, Cessna, Borock, & Bechard, 2003).

Much has been discovered about the strengths and needs of the student with EBD. Research of EBD has increased understanding of the diagnosis, but has not produced significant results in regards to effective intervention or prevention. In fact, authors suggest the opposite of prevention is occurring when data shows only half of student’s labeled EBD are in elementary school (Kauffman et al., 2004) and many more are left unidentified and under-supported (Eber, & Nelson, 1997, Osher, Morrison, & Bailey, 2003). A review of research trends found a recent decline in studies specific to the population. The research also has significant gaps on specific groups of students, such as females, minority populations, and those of varying socioeconomic status (Mooney, Epstein, Reid, & Nelson, 2003).

The number of students struggling with severe emotional and behavioral issues has increased dramatically in the past 20 years. From 1990 to 2000 alone, school services for these students increased by over 20% (Sawka, McCurdy, & Mannella, 2002). Researchers and educators suggest these numbers do not accurately represent the number of students in need of emotional and behavioral support, stating 6% to 10% of students are in need of EBD services.
while only 1% to 2% are currently being served (Eber & Nelson, 1997; Lane, 2007; Sawka et al., 2002; U.S. Department of Education, 2000).

Compared to peers with other disabilities, students with EBD are more likely to be educated in a separate environment, accumulate more absences, and eventually drop out with 55% leaving school before graduating (Sawka et al., 2002, Gunter, Coutinho, & Cade, 2002). Statistics say 20% of these students are arrested before leaving school and about 58% will be arrested within five years of leaving school (Sawka et al., 2002). Race and socioeconomic status continue to affect these statistics. For example, twice as many African American students identified with EBD drop out, compared to their peers also identified as EBD (Osher, Morrison, & Bailey, 2003).

An internet search of EBD interventions finds several programs that claim amazing results. Unfortunately, longitudinal studies show our students are still struggling, even when well-intentioned programs are executed (Cheney, & Bullis, 2004; Sawka et al., 2002; Meadows & Stevens, 2004; Kavale, Mathur, & Mostert, 2004). While data driven research is essential to support these children, any program will feel artificial without providing students, families, and educators a place where they belong and contribute.

**Diagnosis**

When assessing students for EBD, several things must be considered. An effective assessment must provide information such as: problem specificity, environmental factors, cultural factors, intensity, pervasiveness, and developmental functioning, along with cognitive and academic functioning. Parents, teachers, aides, and other family members should be included when assessing a student for EBD. A comprehensive assessment could mean a world of difference to a child. The Council for Children with Behavioral Disorders cautions, “poor
identification can lead to poor assessment, poor assessment can lead to poor labels, poor labels can lead to poor placement, poor placement can lead to poor intervention and poor intervention can lead to more problem behaviors” (Obiakor, et al., 2004, p.4). One study of former EBD students suggested that the experience of being labeled was the “most common and significant negative element” of participating in self-contained EBD programs. The second most negative element was low-level instruction (Jahnukainen, 2000).

Today, schools generally do not use diagnostic classification when deciding if a student will receive special education services for an emotional or behavioral disorder. A diagnosis may play a part in the assessment process, which includes criteria provided by the State Department of Education. When a student’s needs significantly interfere with their ability to learn and be successful in school, they may qualify for special education. The following points from the Minnesota Department of Education (MN Administrative Rule. 3525.1329, 2007) provide an overview of eligibility requirements for an emotional and behavioral disorder:

- Student demonstrates severe and repeated behavior responses which are significantly different from peers and not a result of cultural factors. Examples include: withdrawn and anxious behavior, isolation from peers, extreme fears and insecurities, distorted thought processes, and aggressive and/or impulsive behavior which are not developmentally appropriate
- The pattern of emotional and behavioral responses are negatively affecting academic performance which results in:
  - An inability to demonstrate appropriate social skills that are different from peers and cultural group or,
o “a pattern of unsatisfactory educational progress that is not primarily a result of intellectual, sensory, physical health, cultural, or linguistic factors; illegal chemical use; autism spectrum disorders or inconsistent educational programming” (MN Administrative Rule. 3525.1329, Retrieved from www.revisor.mn.gov/rules/?id=3525.1329).

• These responses must be seen over multiple settings beyond school and have longevity of at least six months.

A team of professionals works together with the student and family to assess whether or not the child fits the definition of EBD. The hope is that receiving this label will provide the student with the services and assistance needed to be successful in school. If a student is identified with EBD, they will be served by special education teachers, often in a self-contained classroom. Unfortunately, statistics say that when a student is labeled EBD, they gain a higher risk of failing academically, have a higher likelihood of dropping out of school, are placed in more restricted settings, and gain a high predictability of future criminal behavior (Eber & Nelson, 1997; Smith & Sugai, 2000; Sawka et al., 2002).

Strengths Based Assessment

Current behavior assessments may aid in identifying specific problems in children, but they do little to develop an effective Individual Education Plan (IEP) for a child (Epstein, M. 2000). Some research has suggested that strengths based assessments offer a more holistic view of a child’s needs. A strength based assessment such as the Behavior and Emotional Rating Scale (BERS) was developed to address this concern (Epstein & Sharma, 1998). The BERS has been found psychometrically sound (Epstein, 2000; Epstein, Nordness, Nelson, & Hertzog, 2002), and provides a way for children with special behavioral needs to have interventions created out of
their strengths, not deficits. In addition to student IEP planning, data from BERS can be used for outcome documentation and accountability to assess the effectiveness of interventions with students (Epstein, 2000; Lane, 2007). School counselors can advocate for the use of strengths based assessments, such as the BERS, to create positive emphasis in a student’s IEP planning, and other behavioral interventions (Epstein & Sharma, 1998).

The disproportionate number of students of color represented in EBD classrooms presents the need to discuss whether some assessments are discriminatory. Obiakor et al. (2004) suggest educators should use nontraditional assessments to guard against discrimination in the assessment process. They suggest using both formal and informal measures of assessment such as portfolio (assessing the student’s work over time), ethnographic (asking family members about culture and beliefs), and functional assessments.

Strengths based assessment is founded on the belief that a child’s failure to demonstrate an emotional or behavioral strength does not mean they cannot acquire it. Rather, it means the child has not yet been trained in the skill (Nelson & Pearson, 1991). The emotional nature of working with a child struggling with EBD leads individuals to seek someone to blame (ex. schools blaming parents, parents blaming schools). This strengths based approach to assessment has proven to illicit more parental participation and break down walls that blame can build (Epstein & Sharma, 1998).

**Strengths Based Interventions**

It is not only the student that needs proper assessment when developing interventions. Schools themselves can benefit from assessing their needs and strengths before attempting change. When assessing interventions it is important to remember that each organization is unique, along with its needs. Brendtro (2004) suggests in order for any intervention to bring
When developing behavioral interventions, many educators have adopted the “train and hope” approach (Smith & Sugai, 2000). Some of these current efforts, although well intentioned, do not seem to treat the root cause or offer lasting change. Much like deficit based assessment; some interventions focus only on stopping undesired behavior rather than building on strengths (Fogt et al., 2008; Scheuermann & Webber, 1996).

Below is an overview of data driven interventions used with EBD students. These interventions range in their strengths based philosophy, ease of implementation, and long-term effectiveness. The list is by no means exhaustive but simply a brief look at current practices and suggestions for strengths based alternatives.

**Teacher Mediated**

One of the most popular methods of teacher-mediated interventions is the level system. A student either earns points or has points removed based on a teacher’s assessment of behavior. Students earn rewards and move up in the level system based on points. Depending on the level, a student can also earn specific privileges. Studies show students participating in level systems improve academically and socially inside the classroom but do not transfer those skills to the
regular classroom or the outside world (Farrell, 1997). This data suggests at best, “artificial reactivity” result from this teacher-mediated intervention.

A survey of teachers in EBD settings showed the main reason teachers implemented a level system was to control student behavior (Farrell, D., 1997). This reasoning is not consistent with a strengths-based approach that desires to ignite positive characteristics and develop contributing citizens. This same study showed that 77% of teachers placed students at the lowest level of the program regardless of individual needs or IEP suggestions. Fewer than 7% offered flexibility in the system to meet the student’s goals, suggesting that services are delivered simply as part of a program, not because they will likely assist a specific student (Eber & Nelson, 1997). This is problematic when level systems require a student to “learn” tools and behavior modification they may already have mastered.

While admitting there is empirical data supporting level systems, Scheuermann & Webber (1996) are concerned with the possible legal problems those interventions unintentionally produce. Access to regular education classrooms is often tied into level placement. Federal statutes have declared that access to the least restrictive environment is a right, not something to be earned. This decision is to be based on the IEP committee, not the student’s level system, as is often the case (e.g., Daniel R.R. V. State Board of Education, 1989). Scheuermann & Webber have developed a level system evaluation checklist to assist programs in addressing these concerns. (See appendix A).

When studying EBD classrooms in Colorado, Neel, Cessna, Borrock, & Bechard (2003) found individualization and personalization imperative to quality programs. Specifically, individualization was used in crisis intervention or during teachable moments. Instead of using a
generic level system to curb behavior, teachers guided students to take ownership of the process and generate acceptable solutions.

If poor teacher and student interactions may provide fuel to continue useless behavior, then positive teacher and student interactions could stoke the fires of success and belonging. If proper training and support are given to classroom teachers, identified EBD students may fair better in a mainstream classroom (Osher, Morrison, & Bailey, 2003). School counselors have the tools and expertise to support teachers in this important task. Jahnukainen (2000) interviewed former students of EBD classes and found the positive experiences they had, “were in connection with the smaller group size and the personality and behavior of the teacher” (p.21).

School counselors can encourage fellow educators to be the type of adults that former EBD students described from Habel, Bloom, Ray, & Bacon (1999):

When students spoke of adults who encouraged them, they referred to adults who are “caring and respectful, to teachers who give individual attention and provide learning tasks that are active and relevant, to opportunities for having a voice and making decision, and to occasion for interacting with peers” (p.103).

**Functional Behavior Assessment**

The behavioral theory behind functional behavior assessments (FBA) is not new. It suggests all behavior has a function, much like Alfred Adler’s suggestion that all behavior is goal directed (Dreikurs, 1964, Sugai, Lewis-Palmer, & Hahan-Burke, 2000). This approach to behavior modification has seen resurgence with the 1997 amendments to the *Individuals with Disabilities Education Act (IDEA)*, which implemented the use of functional behavior assessments in schools. These amendments were based on the significant body of research
showing the “effectiveness and utility of a functional analytic approach” (Sugai et al., 1999-2000, p.149).

A functional behavioral assessment is a process for understanding why a student is misbehaving, identifying the events that “predict and maintain problem behavior” (March & Horner, 2002, p.2), and using that information to develop behavior intervention plans (BIP). Specific and detailed tools have been developed to collect information and observations regarding the purpose of behavior. The finished product is designed to offer specific IEP interventions and compose relevant strategies for Behavior Intervention Plans (BIP).

The FBA is made of four key parts: “(a) identifying the problem behavior (e.g., verbal aggression, profanity, noncompliance), (b) triggering antecedents or events that predict when the behavior is likely to occur (e.g., request to complete difficult tasks, peer teasing), (c) maintaining consequences or events that increase the likelihood of the behavior happening in the future (e.g., avoid difficult tasks, gain peer attention), and (d) setting events or factors that make the problem behavior worse (e.g., lack of peer contact in previous 30 min, missed breakfast)” (Sugai et al.,1999-2000, p.150).

Because the use of FBA’s was highlighted in IDEA, it is used almost universally among EBD students. Given FBA’s high profile and research backing, one would assume it to have transformed EBD student’s behavior. It is assumed they produce effective interventions, which is the purpose of assessment. Unfortunately, this is not the case. Schools are lacking time and training to adequately and effectively implement FBAs (Sugai et al., 1999-2000; March & Horner, 2002). Large caseloads and the time consuming practice of collecting behavioral information are roadblocks to using this tool effectively. One recent study found the majority of BIPs evaluated were inadequate. Researchers found “a large majority (89%)” of BIPs were
developed by teams that did not have behavior theory training. Even trained teams had a disappointing 35% of plans rated inadequate (Kern, Hilt-Panahon, & Sokol, 2008).

This is not cause for defeat, however. Research suggests FBAs conducted in schools practicing *school wide positive behavior support* (discussed in the next section) fair better in creating individual behavior plans (Kern et al., 2008). Sugai et al. (1999-2000) suggest teachers, family members, school counselors, and the student themselves should be involved in the process of conducting an FBA. They also suggest the process should be done whenever a problem behavior is difficult to understand or a BIP is needed to encourage student success. The authors outline a FBA checklist (see Appendix B) to assist schools in effective implementation.

**School Wide Positive Behavior Support**

Studies have found the majority of discipline referrals are accounted for by 10% of the population (Liaupstin, Jolivette, & Scott, 2004). Trying to respond to these students often feels like an uphill battle, especially when the behavior is an underlining contributor to the school’s climate. The American Psychological Association concluded that focusing efforts on the highest need students is ineffective in creating lasting change in a school environment (Liaupstine et al., 2004, p. 487). School wide positive behavior support (SWPBS) is a systematic approach to changing whole school communities, not just specific groups of students.

The focus of SWPBS is on prevention, which many believe is the key to effective intervention for all students (Liaupstine et al., 2004; Curits, Van Horne, Robertson, & Karvonen, 2010). Prevention is also a defining characteristic of comprehensive school counseling (American School Counselor Association [ASCA], 2005; Keys, Bemark, & Lockhart, 1998). By combining shared vision, leadership, collaborative effort, and data based evaluation with “evidence-based academic and social interventions”, schools stand to create healthy learning
environments for all students (Liaupstine et al., 2004, p. 489). With the shared vision for prevention, school counselors can play an important role of advocating for and leading SWPBS in schools.

There is some variance in the effectiveness of SWPBS programs among schools, but most research promises dramatic results in reduction of behavioral problems (between 20% and 60%) (Curtis, Van Horne, Robertson, & Karvonen, 2010). Longitudinal support has been established regarding success with middle school students but only recently did researchers conduct a multiyear study for an elementary school (Curtis et al., 2010). Their results showed a dramatic downward shift with behavioral referrals decreasing 47.8% and out of school suspensions decreasing 67% in four years (Curtis et al., 2010, p. 161).

Students experiencing EBD can find commonality with non-disabled peers when SWPBS is implemented. SWPBS makes behavior expectation language school wide, rather than restricted to special education students. One school counselor “attributed the decreased behavior problems among the students with EBD to the school-wide consistency provided by SWPBS” (Curtis et al, 2010, p. 162).

Galassi and Akos (2007) provide data from several studies showing the positive results of the school wide approach. They suggest that the “primary intervention strategy [of SWPBS] is to rearrange the environment to improve quality of life rather than to operate directly on reducing problem behaviors” (p. 241). Many SWPBS programs implement a three-tiered approach to engage students. The data suggests that while PBS will be enough of an intervention for a large group of students (about 80%), some (approximately 15%) will need additional interventions. These students would access tier two interventions such as think time or group work. High-risk students (approximately 5%) would be the recipients of tier three interventions, including one on
one support (Galassi & Akos, 2007, p.243). Many EBD students would fall into tier three interventions.

Educators and researchers from the University of Missouri assessed that both school and family factors contribute to student’s behavior problems. Because of this, they are taking SWPBS to another level by piloting a program that combines Response to Intervention (RTI), the three-tiered system of positive behavior support, with a three-tiered family check-up program. The model matches school based support for families, according to their needs. Figure 1 outlines the program’s services provided for students and their families (Robeson, Splett, & Reinke, 2008.)

Figure 1. Combining school and family-centered interventions to prevent child behavior problems (Robeson et al., 2008).
Another program gaining national attention is *Check and Connect*. This Minneapolis based program believes that a student’s positive connection to school will decrease high risk factors such as dropping out of school. A personal advocate inside the school provides assistance with a wide range of interventions including guiding the student. The student and adult “check in” weekly on topics such as: problem solving, social and emotional skills, and post-secondary options (Osher, Morrison, & Bailey, 2003). The pilot study found that 91% of seventh grade students with LD and EBD who participated in the program completed ninth grade as compared to the control group with only 68% completion. Follow-up studies by the University of Minnesota found students identified with EBD who were in the study, had higher rates of school graduation than the control group (Sinclair, M., 2001).

In their book, “*Reclaiming Youth at Risk*”, the authors explain the youth development philosophy titled, the *Circle of Courage* (see Appendix C). The model integrates Native American beliefs about educating children with modern resiliency research. Respect and growth are at the core of this philosophy. Four needs of children are identified: belonging, mastery, independence and generosity (Brendtro, Brokenleg, & Van Bockern, 1990). Brendtro et al. (1990) suggest that a student’s misbehavior is attributed to a broken circle; meaning one of the four areas has not been met. This is similar to Adler’s beliefs about life tasks; when one task is suffering, the whole person suffers (Ansbacher & Ansbacher, 1956).

Adler’s Individual Psychology and the Circle of Courage find another commonality regarding the importance of social interest (Adler) and generosity (Circle of Courage). Adler believed social interest was the cornerstone to healthy living. When social interest is lacking, life is a struggle (Ansbacher & Ansbacher, 1956). The Circle philosophy teaches the spirit of generosity is the central goal in childrearing (Brendtro et al., 1990). This belief is backed by
studies that show by giving to the community; students increase self-worth, self-esteem, and are more able to cope with their own problems (Brendtro et al., 1990, p. 45).

These four areas could easily be developed into school wide based curriculum for all children while specifically addressing EBD students. The Orchard Elementary School (Circle of Courage, 2003) in Vermont has incorporated the Circle of Courage into guidance curriculum and problem solving approaches by teaching students about the Circle and practicing its values. Iowa State University, along with 4-H Youth Development (2001), have created classroom curriculum that is based in the Circle of Courage philosophy. This program, called Boomerang, is intended for use with grades four through eight, and encourages the use of student mentors from the high school level.

As stated earlier, the Circle of Courage is enhanced by modern resiliency research. The concept of resiliency has far reaching implications for comprehensive school counseling. Galassi and Akos (2007) quote, “resiliency is ‘the capacity to spring back, rebound, successfully adapt in the face of adversity and develop social, academic, and vocational competence, despite exposure to sever stress or simply to the stress inherent in today’s world” (p.3). Following this definition, resiliency training has obvious relevancy for EBD students. Research on resiliency theory suggests it is just as applicable for all students. Longitudinal research has shown that despite popular belief, “50% or more of children who have unfortunately been reared under conditions of profound adversity” (Galassi & Akos, 2007, p. 34) develop into adults with healthy relationships, steady employment, and hope for the future. These findings encouraged researchers to “identify key protective processes and factors” (p. 34), in order to better equip the other 50% with resilience.
Out of this research, Henderson and Milstein (1996) developed the resiliency wheel that presents a “six-step strategy for fostering resiliency” (as cited in Galassi & Akos, 2007, p. 34). The steps are broken down into the protective factors of: increasing pro-social bonding, providing clear and consistent boundaries, and teaching life skills. The remaining three focus on increasing positive community attributes by: providing caring and support, setting high expectations, and proving opportunities for meaningful participation (p.34-35). The resiliency wheel model was created to assist schools in developing protective factors for student’s academic, social and vocational success. These three domains are unique to a school counselor training, making them a likely candidate to implement this strengths-based and preventative theory.

**Family and Community Collaboration- Wraparound**

Another example of systematic change is found in family and community collaboration, or wraparound care. Researchers have found some families of student’s labeled EBD are distrustful of schools. They suggest a “pervasive and unhealthy tension” (Osher et al., 2004, p.61) sits between schools and families. A history of over identification among students of color increases this divide. Researchers suggest, to create lasting change for EBD students, schools must seek the collaboration of families and community members (Osher et al., 2004).

The Council for Children with Behavioral Disorders supports the idea that “family serves as the bridge that connects the student with the school” (Obiakor, F., et al., 2004, p.45). Researchers found parents, specifically parents of color, value qualities like, honesty, a no-blaming attitude, supportiveness, and inclusion in decision making. “Proceeding on the assumption that all parents, regardless of income, education level, or cultural background, want their children to do well” (Osher et al., 2004, p.61).
The importance of family involvement is clear. Educational systems have placed a high priority on emphasizing this idea, but often miss the importance of community wraparound care. No one institution can provide the level of care needed by at-risk students. Wraparound service offers a “comprehensive approach (that) integrates multiple life domains, and ties interventions to the strengths of the student, family, teacher, and other service providers” (Eber & Nelson, 1997, p. 387).

Wraparound planning is traditionally viewed as a social service initiative; schools have often been left out of outside services plans. (Eber & Nelson, 1997). Schools often refer students to community agencies but do not continue with follow-through, perhaps due to the high volume of need in schools. School counselors have the training to refer appropriate to outside care and to engage in wraparound services that ensure the child experiences holistic support (Keys, Bemak, & Lockhart, 1998).

One school district serving the suburbs of Chicago, initiated wraparound planning for EBD students. They used strategies such as clear data collection, strength focused planning, and engaging families and community agencies more proactively in IEP planning. The results from these initiatives showed improved academic and behavioral functioning (Eber & Nelson, 1997). Emphasis was placed on strengths of systems, families, and children. They changed attitudes about families, created and sustained partnerships with outside agencies and, “gained acceptance for changes in school-based programs and services to meet the needs of students, rather than moving students from program to program in the hope of finding a ‘fit’” (Eber & Nelson, 1997, p. 394).

A piece of wraparound planning that should be considered is mentorship. Mentorship is a strengths based intervention that has stood the test of time. Long before curriculum and behavior
intervention planning, adults have realized the importance of building into the lives of children beside their own. Cultures from all over the globe value mentorship as a means of preserving traditions and training young people into adults. Brendtro et al.(1990) explain that throughout history Native tribes have always nourished the next generation, even if parents had died or were not responsible.

Brigham Young University (Young, Caldarella, Christensen, Valentine, Gurney, Wall, 2009) has conducted studies of school based mentoring for students with or at risk for EBD. They suggest school based mentoring can take many forms such as:

- Older student to younger student
- Informal or formal mentoring by faculty or staff not acting as the child’s teacher
- Partnerships with businesses, community groups, churches, colleges, or individuals (p.19).

Researchers from Brigham Young have developed a mentorship model that includes pre and post-tests to measure effectiveness, mentor training, goal sheets, and meeting logs. The quantitative data they collected from one elementary school showed a decrease in anti-social behavior and increases in social competence, academics, and homework accountability. For example, in a five month period with approximately 14 meetings between mentors and students, mentee’s academic standards increased by one grade level (Young et al. 2009, p. 43).

Even without this encouraging data, there seems to be a universal understanding of the altruistic benefits for both mentor and mentee. School counselors could serve as advocates for school based mentorship and provide training and ongoing support for the maintenance of such programs.
Self-Mediated

A growing collection of research is surfacing touting the positive results of self-control training. (Polsgrove & Smith, 2004). Even so, training of self-control skills has not been completely accepted in schools across the United States, with many still operating under adults demanding “obedience over responsibility” (Polsgrove & Smith, 2004, p. 401). EBD students can be inspired to develop self control. With the aid of adults who believe this statement, the lifelong skill of self-monitoring can be learned, and would add a layer of protection for students with EBD.

Researchers modified Kanfer and Karoly’s (1972) self-regulation model by categorizing it into four stages. Figure 2 depicts a flow chart of the model, which could be used to identify a student’s level of self-regulation. The authors suggest a variety of approaches to teach student’s self-control, including, self-monitoring, goal setting, role-playing, and self-evaluation (p.404).

Figure 2. Behavioral self-regulation model (Polsgrove & Smith, 2004, p.402).

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<th>Stage Two</th>
<th>Stage Three</th>
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<td>Self-Monitoring</td>
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Self-monitoring is limited in research but shows promising results in students with EBD. There have been a few studies involving students self-monitoring their behavior throughout the day or using videotape feedback to assess their choices. These studies suggest that self-regulation training, along with external reinforcement may be very useful for teaching students self-control and improving academic achievement (Polsgrove & Smith, 2004).

Smith and Sugai (2000) developed a study using FBAs to create self-management behavior plans for EBD students in middle school. They used the FBA information to develop
interventions such as self-monitoring and self-evaluation. Their results showed progress in the student’s ability to stay on task and regulate behavior. Mooney et al., (2005) reviewed 22 studies of self-management interventions for students with EBD. They found that students “applying self-management strategies to academics achieve more and are more satisfied with their work… the mean effect size across all self-management interventions types and academic domains was 1.80”(p. 215). Showing that, on average, students in these studies improved nearly two standard deviations, concluding that self-mediated interventions increase academic success. This intervention focuses on the positive choices EBD students are making and gives them ownership of the learning process.

Adlerian Suggestions

Adlerian school counseling provides a framework for viewing students democratically and individually, with a belief that each student can learn and grow. Adlerian school counselors seek to increase a students capacity for belonging and contributing in their communities. Adlerian school counselors are uniquely trained to support strengths-based interventions for EBD students and offer consultation support for those who work with them (see Appendix D). Below are two examples of Adlerian suggestions for the EBD student.

Goals of Misbehavior

Many are unaware of Adler’s influence on our nation’s education system. His beliefs on goal directed behavior permeate our schools. Verbiage has changed, but the ideas are influential, in fact even demanded by our government in the form of functional behavioral assessments (March &Horner, 2002). Meadows and Stevens (2004) explain, “Determining the function of a behavior requires identification of the relationships that exist between the students’ behaviors and their desired outcomes” (p.394).
Many years before FBAs, Adlerian psychology suggested that all behavior is goal directed and children who misbehave are attempting to meet perceived needs. Adler outlined four basic goals that misbehaving children are seeking: attention, power, revenge, and inadequacy (Dreikurs, 1964). Understanding the mistaken goal allows the school counselor to implement effective responses to the behavior. For example, if the student’s goal is power, adults should refrain from engaging in power struggles. Instead, give the student appropriate opportunities to exert power. The best way to discern which goal the student is seeking is to ask how the child’s actions are affecting the adults around him or her. Dinkmeyer, McKay, & Dinkmeyer (n.d) have developed a chart to assist in assessing and correcting a child’s mistaken goal (see Appendix E). The goals of misbehavior allow adults to realize the child’s behavior is not personal, but purposeful. This can be a relief especially when working with particularly discouraging behavior.

The Discouraged Child

Adler suggested “an educator’s most important task…is to see to it that no child is discouraged at school, and that a child who enters school already discouraged regains his self-confidence through his (her) school and his (her) teacher” (parenthesis mine) (Ansbacher & Ansbacher, 1956). Dreikurs (1964) believed the salve for a discouraged child is encouragement. He stated lack of encouragement “can be considered the basic cause for misbehavior… a misbehaving child is a discouraged child” (p. 36). Dreikurs may suggest student’s labeled EBD are discouraged children.

Misdiagnosis, learning disabilities, low socioeconomic status, racial injustice, and restrictive classroom environments may all play a role in this discouragement. For example, there is not a clear link between reading disorders and EBD, but some researchers suggest they
co-exist without dispute. “One speculation is that many students labeled EBD are principally acting out frustrations that are due to the inability to read” (Osher, et al., 2004, p.59).

Unfortunately, only preliminary research has been done to determine if effective reading instruction can lower incidents of unwanted behavior in students with or at risk for EBD (Lane et al., 2007). Osher, Morrison, and Bailey (2003) report that African American student’s labeled EBD are twice as likely to drop out of school; those with low socioeconomic status are 59% more likely to drop out (p.80).

Another source of discouragement is a method of control used in some EBD settings. For example, students with EBD have a higher rate of experiencing physical restraint in schools. Professionals often assert restraints are used for the safety of the student or others, and many agree the action is intense and serious (Fogt, George, Kern, White, & George, 2008). There is currently no federal guideline that governs the use of restraints in schools. The Council for Exceptional Children (2010) has advocated for the Preventing Harmful Restraint and Seclusion in Schools Act (H.R. 4247), which recently passed the committee stage and will head to the House floor. This bill would establish minimum standards, provide resources for staff training, and improve data collection.

Considering the variability of its use, the lack of research on physical restraint in schools is a concern. A recent study by Fogt et al. (2008) explored the attitudes of school administrators towards the use of restraints. They found the use of restraints ranged from “none at all to more than three per day” (p.10). Administrators were split when asked if they believed restraints were of “therapeutic value” to students. Researchers and child advocacy agencies argue that “physical restraint lacks empirical support as an effective behavioral or therapeutic intervention” (Fogt et al., 2008 p. 11) and in fact they are evidence of “therapeutic failure” (Brendtro, 2004, p.24).
Adler may suggest that despite the intentions and beliefs of the adults involved in these crisis situations, the psychological reality of the child must be considered. If the child’s perception of the encounter is fear, power, or abuse, a “pattern of private logic” may develop that “provides justification and reinforcement for counter-aggression” (Brendtro, 2004, p.8). This “private logic” is defined as the “hidden or unconscious reasons for feeling, thinking, and behaving as we do” (Oberst & Stewart, 2003, p. 25). In an attempt to identify their perceptions of physical restraint, Mohr et al. (1998) interviewed 19 children and teens that have experienced restraints in a hospital setting. Overwhelmingly, they viewed the use of restraints not “as therapy but as punishment…feeling invaded, alienated, traumatized…” (Fogt et al., 2008, p.11). Other preliminary research suggests the use of restraints in hospital settings does not reduce the incidents of violent acts over time (Fogt et al., 2008).

The gains made in CT scan imaging have given researchers insight to the brain’s anger center. They can identify that youth involved in conflict are not “being governed by their problem-solving brain” rather “the amygdala in the emotional brain…which detects possible threat(s) and then activate(s) emotions that motivate fight or flight” (Brendtro, 2004 ,p.8). Other researchers suggest the emotional and behavioral problems of youth should be called “pain-based behavior” (Brendtro, 2004, p.5). Suggesting that these students are in need of adults who are trained to recognize and address this pain. In school settings this data driven information should be seriously taken into consideration.

A strengths based approach is not naive to the need for crisis management. The message is clear, “the only legitimate rationale for restraint may be to provide protection or safety in emergency situations” (Brendtro, 2007, p.23). There are alternatives to crisis management. Examples include, the Positive Peer Culture model which aims to create a positive “alliance
between youth and staff.” Crisis Prevention Institute (CPI) and the Therapeutic Crisis Intervention (TCI) models (Brendtro, 2007, p. 25), provide crisis training that de-emphasizes the use of restraints. I have had personal experience with the CPI training program. When employed as a live in counselor at a male, adolescent, recovery home. The training gave me information on the fight or flight response, prevention strategies, relationship building tools, self-defense, and as a last resort, simple holds and restraints.

The Life Space Crisis Intervention Institute has developed a program that uses crisis situations as learning opportunities (Brendtro, et. al., 1990, p.83). They train staff on the conflict cycle, which explains the cyclical nature of crisis. First, an activating incident occurs that triggers the student’s mistaken belief (“I’m no good”, “Adults are unfair”). Then, negative beliefs and thoughts intensify the student’s feelings. These feelings, not logic, drive the misbehavior. The misbehavior causes adults to intervene and may mirror the student’s behavior or feelings (yell back). Negative reactions from adults often increase the student’s stress and may result in a full-blown crisis. Even if the student “loses” the battle (restrained or secluded), they win! His or her mistaken belief is reinforced (“I’m no good”, “Adults are unfair”) and they have no reason to alter this belief.

Life Space Crisis Intervention seeks to train staff to see crisis as an opportunity to break this cycle, discern the mistaken beliefs students hold and educate students about the uselessness of mistaken beliefs. If aggressive acts continue, Brendtro (2004) suggests using a “Developmental Audit” which he created to “assess the private logic behind self-defeating behavior” while focusing on strengths and solutions (p. 25). The Reclaiming Youth website states that the Developmental Audit is:
grounded in resilience science, neuroscience, and ecological research on positive youth development. It triangulates real-world information from multiple data sources to provide the best understanding of a particular child in a particular setting at a particular stage of development. The completed Audit provides evidence-based hypotheses about the meaning of behavior and a roadmap to restorative goals and positive growth (Retrieved from http://www.reclaiming.com/content/node/22).

**Implications For School Counselors**

The discouragement described above can seem overwhelming and impossible to change. Fortunately, school counselors are trained and equipped to be change makers in schools. By building a comprehensive program, they have the ability to affect every student in the school and give special support to those who need it. Academics, career guidance, and emotional/social support are the three domains that encompass the expertise of school counselors and where they can affect the most change.

**Academic Domain**

Historically, researchers and educators have attempted to deal with the EBD population by addressing inappropriate social behaviors. The logic is that if social behaviors improve, so will academics. Programs are structured to curb negative behavior while increasing desired behavior. This method can lead to instructional days filled with worksheets and point systems, at times leaving academic rigor underemphasized (Farrell, 1997, Scheuermann, & Webber, 1996).

Some researchers suggest focus should be on increasing academic achievement, which would lead to improved behavior (Mooney, Epstein, Reid, & Nelson, 2003). Others conclude the student’s behavior and academic achievement are inter-related and one cannot be solved without addressing the other (Galassi, & Akos, 2007). The debate continues in education and research
circles (Lane, 2007; Osher et al., 2004), with some researchers stating, “The link between academic performance and EBD is powerful, and the absence of effective academic instruction within classrooms for students with EBD is particularly disconcerting” (Osher et al., 2004, p.58).

In elementary schools, students labeled with EBD are generally one to two grade levels behind their peers. This number increases with high school students performing three and a half grade levels behind their peers (Ryan, J., Reid, R., & Epstein, M, 2004). Osher et al.,(2004) challenged researchers on the lack of studies addressing academic modifications for EBD students, as compared to studies that “analyze the effects of consequences, such as reinforcers or punishments” (p.58).

Professional school counselors who are aware of research on academics and EBD could assist schools in providing a more holistic education. Also, because of the disproportionate number of students of color diagnosed with a disability (MN Dept of Ed, 2009), school counselors must advocate for culturally sensitive opportunities for the EBD student “to develop positive feelings about the unique qualities he or she brings to the educational community” (Obiakor et al., 2004, p.29).

Researchers who argue that all learning is emotionally based support the importance of belonging. Obiakor et al.(2004) present information that suggests when being taught, EBD children “listen for the feeling first, before the concepts…emotions are the initial filter before cognition”(p.33). The authors go on to say, when children are “in an environment they perceive as threatening, they become preoccupied with issues of belonging rather than learning” (Obiakor et al., p. 33). To increase the cultural belonging of all students, diverse learning materials should be incorporated. Some suggestions include:

-Women in American History: http://search.eb.com/women
Career Development Domain

The National Longitudinal Transition Study (NLTS) was federally mandated to collect data on the nation’s special education students. This study uncovered the need for students with EBD to receive comprehensive career planning (Wood & Cronin, 1999). This and subsequent studies have found the EBD student is more likely to drop out of school than other special education students (Sawka et al., 2002; Wood & Cronin, 1999; Mooney et al., 2003). School dropout is a known contributor to lack of employment and criminal behavior (Sawka et al., 2002; Mooney et al., 2003). The NLTS followed students four years post high school and found even when students persevered and graduated, their rates of employment were lower than other disabled peers. Approximately 48% held jobs, but EBD students were the only group to never exceed the 50% mark (Wood & Cronin, 1999).

Neel et al. (2003) wrote about the state of Colorado’s use of research-based indicators to assess EBD programs. Their goal was to implement strategic, individualized change. One such indicator was quality career and life skills training. Careful attention is placed on the connection between learning in the classroom and application to real life. This is supported with research suggesting that EBD students who have employment experience during secondary school have more success in their adult employment (Wood & Cronin, 1999). Because the school counselor is uniquely trained to provide career education at all levels, their involvement in this element is
only natural. Neel et al. (2004) suggests focusing on career awareness at the elementary level by exploring why people work and different types of careers. Middle school students can expand on more personal career exploration, and high school students can focus on preparation for a career with job management skills, individual transition planning, and financial management training (p.9).

Social/Emotional Domain

A high predictability factor of EBD is a lack of social competence (Hill & Coufal, 2005; Polsgrove, & Smith, 2004). Kern et al. (2008) suggest this need takes precedence due to the relationship between social skills and later life success, such as job retention. The spotlight has been shining on this issue due to the rise in school violence. Lawmakers have pushed schools to find data driven approaches for developing violence prevention programs (Safe and Drug Free Schools and Communities Act, 1994). These programs are often presented in a classroom and offer all students the opportunity to learn skills to better manage behavior and, therefore, “increase their freedom of choice, self-determination, and self-esteem” (Polsgrove & Smith, 2004, p.400). A strengths based school counseling program supports the connection between academic success and healthy social/emotional development. Galassi and Akos (2007) suggest the interventions below demonstrate that “a systemic school-based approach to developing the skills of emotional competence will enhance a school’s ability to help students reach educational goals” (p.200).

Over 30 years of research has gone into the I Can Problem Solve (ICPS) program. It was originally used with “low-income, inner-city, African American” (Galassi & Akos, 2007, p.200) children, its use has extended to elementary students. The program is designed to reduce and prevent “high-risk behaviors such as aggression, inability to wait and cope with frustration,
social withdrawal, and poor peer relations” (p.200) The program teaches children “how to think, not what to think” (p.201) and shares the Adlerian view that “problems are interpersonal in nature with different people having different motives and perceiving the same situation differently” (p.201). The research has shown students receiving the ICPS program decreased impulsive behaviors and increased pro-social behaviors, and standardized achievement test scores (p.202).

The Anger Coping Program combines school and community resources to provide small group social/emotional training to middle school students (Galassi & Akos, 2007, p.203). This wraparound approach involves a school counselor collaborating with a community mental health provider to conduct 18 group sessions targeted at students “identified as aggressive and disruptive” (p.205). Research suggests that proper implementation of this program is “equally effective for African American and European American children” and may not only develop problem solving skills for the identified children but also improve the overall climate of the school (p.205).

Researchers have studied “personal and social assets that promote the healthy development and well-being” of youth (Galassi & Akos, 2007, p.194). Extensive studies have developed lists of character strengths that cross cultures and build resilience. Peterson and Seligman’s The Classification of Character Strengths (Galassi & Akos, 2007, p.195) is one list that school counselors could use to determine which character traits to present in classroom lessons. This strengths based approach seeks to saturate children with positive, resiliency building, character qualities that guard against discouragement. Some examples include:

-Bravery
-Kindness
- Citizenship
- Forgiveness
- Gratitude (Galassi & Akos, 2007, p. 197).

Providing social skills training in the form of classroom guidance has been criticized because of ineffective long-term change for students with EBD (Keys, Bemak, & Lockhart, 1998). Kavale et al., (2004) also presented disappointing empirical support for social skills programs, due to low construct validity (p. 459). The suggestion is not that these programs should be done away with, but rather be incorporated into a “comprehensive treatment for students with EBD” (p.459).

To produce more effective classroom based social and emotional programming, Keys et al. (1998) suggests school counselors should:

- provide more ongoing, in-depth skill development
- provide relevant information to the issues students and teachers are facing
- create real-life problem situations in the curriculum and practice with role-plays
- be connected to other schools and community agencies (p.385-386).

It is clear that students with EBD have a need for mental health care. They, along with a growing population of students, are experiencing mental health related issues that impede academic functioning (Koller & Bertel, 2002). ASCA (2005) has developed a comprehensive program for school counselors to address this growing need. Koller and Bertelv (2002) show support by stating, “school systems continue to define the role of the school counselor through traditional guidance program models, despite the escalating mental health needs of student and their families” (p. 205). Some researchers suggest for a school counselor to effect real change, time would be best spent in advocating for change in youth’s environments (school, home, and
community). Suggestions include parent education programs, consultation with teachers and parents, influencing school policy, and collaborating with community agencies (Keys et al., 1998).

Due to the high volume of students on a school counselor’s case load, it is suggested that individual counseling not take up a significant amount of time. Rather, school counselors should use small group sessions to engage students in social and emotional guidance (Keys et al., 1998). School counselors can utilize their group counseling training to preventively and positively support EBD students. They can provide comprehensive treatment that supports social and emotional training while focusing on the process of developing skills. Group counseling provides a space to develop and practice friendship skills and gives identified EBD students the belonging they desire.

**Conclusion**

Discouragement is common among EBD students, as well as those who teach them. Deficit based interventions have failed to provide systematic, effective change for this population. Implementing strengths-based interventions for EBD students provides school counselors with preventative tools to reduce this discouragement and to replace it with belonging, mastery, independence and generosity (Brendtro et al., 1990). These characteristics are essential to developing resiliency in EBD students and maintaining the sanity of the dedicated professionals who wish to see them succeed. Due to the high emotional and mental health needs of EBD students, school counselors are distinctively poised to assist them with social/emotional, academic, and career guidance. This paper suggests doing so in a way that is strengths-based, utilizes community, and engages families. A systematic approach is believed to be the most effective route to strengths based change. The interventions overviewed in this paper
simply give a taste of those that focus on strengths, rather than deficits, with hope that the reader is inspired to seek out similar interventions for their own school communities.
Appendix A

Level system evaluation checklist

Answer each of the following questions regarding your level system:

1. Access to Least Restrictive setting
   a. Are mainstreaming decisions made by each students IEP committee regardless of the student’s status within the level system? YES NO
      If no, check below:
      ___1. Students are required to attain a predetermined level before they can attend a mainstream class.
      ___2. Mainstream classes are predetermined (eg. PE for students on Level 2, PE and music for students on Level 3, etc.)

2. Placement in the level system
   a. Are students initially placed in the level system and the level that is commensurate with their needs and strengths? YES NO
      b. Is initial placement in the level system based on current, valid assessment? YES NO

3. Curriculum
   a. Does each student have individual target behaviors designated in addition to those designated for the whole group? YES NO
   b. Are group expectations considered by each student’s IEP committee to determine if those expectations are appropriate for each individual student? YES NO
   c. Are criteria for mastery of target behaviors determined individually? YES NO
   d. Is the sequence of target behaviors developed individually for each student, based on that student’s needs and areas of strength? YES NO
   e. Are target behaviors differentiated as skill deficits or performance deficits? YES NO
   f. Are reinforces individualized? YES NO
   g. Do you avoid using access to less restrictive environments, activities, and nondisabled peers as reinforces? YES NO

4. Procedures
   a. Are advancement criteria individualized for each student? YES NO
   b. Are advancement criteria based on recent, relevant assessment data as well as expectations for age peers in general education environments? YES NO
   c. Does each students IEP committee determine whether advancement criteria are developmentally appropriate for a particular student? YES NO
   d. Are behavior reductive strategies used separately from the level system (i.e., downward movement is not used as a consequence for inappropriate behavior or for failure to meet minimum criteria for a given level)? YES NO
      If no, check below:
      ___1. Downward movement is used as a consequence for inappropriate behavior
      ___2. Downward movement is used as a consequence for failure to earn minimum points for a certain number of days.

5. Efficacy
   a. Is each student’s progress through the level system monitored? YES NO
   b. Is there a problem-solving procedure if data indicate a lack of progress through the level system? YES NO
   c. Do students consistently “graduate” from the level system? YES NO
   d. Do behaviors that are addressed in the level system maintain over time and generalize across environments? YES NO
   e. Do students who complete the level system maintain successfully in less restrictive environments? YES NO
   f. Are self-management skills incorporated into the level system? YES NO

Each “NO” response indicates a potential problem with your level system. For information on how to remediate the problem, refer to the corresponding section in the text (Scheuermann, J. & Webber, J., 1996, p. 13)
# Appendix B
## FBA Implementation Checklist

When completing an FBA, ensure that all steps have been completed. For items marked “Y” (yes), go to the next step or activity. For items marked “N” (no), review activity or go back to previous step or activity.

<table>
<thead>
<tr>
<th>Step</th>
<th>Activity</th>
<th>Status</th>
<th>Action Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Collect information</td>
<td>1. Include key individuals in the initial assessment</td>
<td>Y N</td>
<td>If agreement is high, go to step 3. If low, go back to Step 1</td>
</tr>
<tr>
<td>2. Develop summary statement</td>
<td>1. Define problem behavior in observable terms</td>
<td>Y N</td>
<td></td>
</tr>
<tr>
<td>3. Confirm summary statement</td>
<td>1. Collect formal direct observation information on behavior, antecedents, and consequences</td>
<td>Y N</td>
<td></td>
</tr>
<tr>
<td>4. Develop competing behavior pathway summary</td>
<td>1. Identify desired replacement behavior (long-term)</td>
<td>Y N</td>
<td></td>
</tr>
<tr>
<td>5. Identify strategies for BIP</td>
<td>1. Select strategies, environmental manipulations, or both that neutralize impact of setting events</td>
<td>Y N</td>
<td></td>
</tr>
<tr>
<td>6. Develop implementation scripts for BIP</td>
<td>1. Develop scripts and routines for implementation of BIP</td>
<td>Y N</td>
<td></td>
</tr>
<tr>
<td>7. Develop evaluation and monitoring procedures</td>
<td>1. Identify measures to assess impact (a) target behaviors, (b) social validation, (c) lifestyle, and so on.</td>
<td>Y N</td>
<td></td>
</tr>
</tbody>
</table>

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Note: FBA = functional behavioral assessment. BIP = behavior intervention plan

Appendix C

Examples of Circle of Courage visual application


Appendix C continued


*The Circle of Courage* is a trademark of Circle of Courage, Inc. For more information see www.reclaiming.com
Appendix D

Seven Step Consultation Process

1) Establish tone
   - Mutual respect
   - Confidentiality
   - Working together
   - “How is this a problem for you?”

2) Specific problem description
   - “Give a specific example of when this was a problem for you”
   - “What did the student say/do”
   - “How did you feel when you responded?”
   - “What did they do then?”

3) Get a second example

4) Clarify the goal of the misbehavior and client’s troubling belief

5) Review ways to change responses to MISS-behavior (misses the goal of belonging and contributing)
   - Attention: catch them being good, create attention-getting moments
   - Power: give choices, negotiate consequences, give acceptable power opportunities, don’t fight or give in
   - Revenge: refuse to be hurt, do not personalize, and validate discouragement
   - Display of Inadequacy: don’t quit on them, use assets, create success/failure free situations, and build on past successes of the client to encourage them.

6) Select tentative solutions
   - One problem at a time
   - One week achievable step
   - Anticipate that things may get worse before improving
   - “Have you thought about…?”
   - “What would happen if…?”
   - “Would you be willing to consider…”

7) Closure
   - Commit to solution and set up next meeting

(Dinkmeyer and Carlson, 2006, p. 61-62)
### Appendix E

#### Goals of Misbehavior


<table>
<thead>
<tr>
<th>Goals of misbehavior</th>
<th>What child is thinking</th>
<th>How adult feels and reacts</th>
<th>Child's response to adult's action</th>
<th>Some corrective guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attention</strong></td>
<td>- I count only when I am being noticed or served.</td>
<td>- Annoyed; wants to remind, coax.</td>
<td>- Temporarily stops disturbing action when given attention but soon continues; -may begin new behavior to gain attention.</td>
<td>- Ignore when possible; give attention in unexpected ways; - give attention for positive behavior; - never give attention on demand.</td>
</tr>
<tr>
<td><strong>Power</strong></td>
<td>- I count only when I am dominating, when you do what I want you to do, when I can do whatever I want.</td>
<td>- Provoked, angry; generally wants power - challenged; &quot;I'll make him/her do it&quot;; &quot;You can't get away with it.&quot;</td>
<td>- Intensifies action when reprimanded; - child wants to win, be boss: defiance.</td>
<td>- Withdraw from conflict; act, rather than talk; - be friendly. - Establish equality; - redirect child's efforts into constructive channels.</td>
</tr>
<tr>
<td><strong>Revenge</strong></td>
<td>- I can't be liked; - I don't have power but I'll count if I can hurt others as I feel hurt by life.</td>
<td>Hurt; &quot;How can he/she do this to me?&quot; - retaliates, tries to get even.</td>
<td>Wants to get even; - makes self disliked. - Seeks further revenge.</td>
<td>- Maintain order with minimum restraint; - avoid retaliation or punishment. - Take time and effort to help child. - Build trusting relationship.</td>
</tr>
<tr>
<td><strong>Display of inadequacy</strong></td>
<td>- I can't do anything right so I won't try to do anything at all; - I am no good</td>
<td>Despair, hopeless, discouraged; &quot;I give up.&quot;</td>
<td>No reprimand therefore no reaction; - feels there is no use to try; - passive; no improvement</td>
<td>- Encourage any positive effort; - faith in a child's ability; - don't give up, pity or criticize. - Be patient</td>
</tr>
</tbody>
</table>
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