Behavior: What you teach and reinforce...
ON THE COVER:
What you teach and reinforce is what they learn!
“It’s not what you say or do that ultimately matters...It is what you get the students to do as a result of what you said and did that counts.” – Anita Archer

Call For Articles & Artwork

Celebrating What Works: Deadline - March 23, 2010

The Utah Special Educator accepts manuscripts, artwork and photographs on topics related to improving educational outcomes for school-age individuals with disabilities and learning challenges.

Submission guidelines and checklists for contributors are available online at http://www.updc.org/specialeducator/index.html. The editorial staff is dedicated to assisting contributors in the successful completion of manuscripts. Please contact either Michael Herbert, Editor, michaelh@updc.org, or Lowell Oswald, Co-Editor lowello@updc.org for consultation and assistance. Phone 801-272-3431, or 800-662-6624 (in Utah)

The Utah Special Educator is a symbol of the leadership of Dr. R. Elwood Pace whose vision made the Consortium, the UPDC and this journal possible.
4  From the Editor-Marzano and others have shown that the strongest weapon in improving behavior is what the teacher does and how they do it, consistently, over time, with fidelity.
   Michael Herbert

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“It’s not your fault, but it is your responsibility.”
(Terry Scott)

Why is it easier to accept that some students come to school lacking academic proficiency than to accept that the same students may lack proficiency in social and behavioral performance. Lack of academic skills may be attributed to simple lack of exposure or opportunity, while lack of appropriate behavior is most often attributed to poor parenting or within-the-child weaknesses. This is a subtle, but important difference as it affects district and school-wide attitudes and approaches to this challenge. Academic skills are thought to be taught, behavior skills are thought to be caught.

A school is what the faculty believes and does.

Pose this question with your faculty. Are most behavior problems evidenced at our school due to a “can’t do or won’t do” challenge? This author has asked this question of many faculty groups over the years with interesting discussions and results. In general, elementary faculty lean in the can’t do it direction, while secondary faculty lean towards won’t do it. If we as a faculty believe that students can’t do it, we respond with a school-wide integrated approach to explicitly teaching, reinforcing, and systematically correcting expectations. If we believe students choose not to display appropriate behavior, we respond by assigning responsibility to administration to carry out discipline. The problem with the discipline-only approach is that it does little to change behavior over time, and occurs only after significant behavior problems develop and mature. Discipline is a wait-to-fail model. If a school is what the faculty believe and do, then the entire faculty are responsible for maintaining the status quo, OR in engaging in professional discussion for improvement and movement towards positive, proactive teaching of appropriate behaviors in school.

Taught or caught?

Not so many years ago there were debates over the most effective methodology for teaching reading in elementary schools. The leading candidates were phonics-based and balanced literacy, including whole language. The federal government commissioned studies and formed the National Reading Panel to investigate and make recommendations. The evidence demonstrated that phonics was the winner by a landslide. This translated into action through Reading First legislation. Curriculum and instruction founded on scientifically-based research was mandated in schools. Today in Utah, one would be challenged to locate a public elementary school that does NOT teach reading primarily through phonetic decoding.
Improvements in social and behavioral supports in public schools are following in the footsteps of reading research, and approach adoption. With the adoption of IDEA '97, positive behavior supports (PBS) is THE recommended intervention approach for challenging behavior in children with disabilities. Although the positive school-wide outcomes of PBS are well known, schools are slow in adopting and implementing these interventions and supports. Is this due to a lack of skill, lack of will, or lack of priorities? With the current emphasis on academic progress and adequate yearly progress (AYP), many schools have not identified behavior supports as a priority. Without a clear state or district-wide mandate and deadline for full implementation, who is responsible for moving PBS forward?

**Wanted: Instructional Leaders**

A colleague recently shared with me an article entitled: *Many Hats and a Delicate Balance* (Thompson & O’Brien, 2007). It presented the challenges and the essential role of instructional leaders in today’s climate of non-negotiable student outcomes. Although addressing the challenges of special education directors, among the many points, it identifies that today’s administrators are:

- “...Expected to provide leadership on matters that influence student achievement.”

- “...Exhorted to become instructional leaders and focus the staff, students and parents on student learning by emphasizing effective teaching...use of data for decision making...”

- “...Expected to balance managerial responsibilities such as budgets, and developing staffing plans.”

- Expected to “cultivate an organizational culture where professional staff are committed to teaching students with special needs using the best available instructional practices and achieving the best possible educational outcomes.”

These are essential expectations for leadership, and include responsibility for facilitating high levels of student performance in academics and behavior. This was reflected in a statewide survey, conducted in Illinois, of district special education directors’ professional development needs. Among 19 topics, the two most highly rated in terms of need were: 1) Monitoring student progress and measuring student outcomes and 2) Best practices in special education related to assessment and instruction (i.e., curriculum-based measures, teaching interventions, and behavioral interventions). The article concluded with the statement: “The emphasis on leadership skills is not about to fade away; in fact, it is likely to become more intense.”

“We can, whenever we choose, successfully teach all children whose schooling is of interest to us. We already know more than we need to do that. Whether or not we do it must finally depend on how we feel about the fact that we haven’t so far” (Ron Edmonds, 1982 in DuFour et al., 2004).

This issue of the Utah Special Educator is dedicated to solutions for students with academic and/or behavior challenges. It has been said of some mental health professionals and special educators that they are in love with the disease, as they spend so much time talking about student deficiencies and what has not worked. If true, this must be changed. Our time spent in identifying effective solutions should always far outweigh time spent in admiring the problem.
Introduction

Preventing academic problems before they occur and remedying them through early intervention is a core purpose of universal screening and progress monitoring, two critical components of the Response to Intervention (RTI) framework. Averting reading difficulties and/or problem behavior has been the focus of RTI models in many schools. A prevention model that effectively addresses student difficulties in both reading and behavior will take into account how they relate to each other. Determining the pathways through which learning problems and behavior problems develop and how they affect each other is of particular importance as schools work to intervene as early as possible with struggling students. McIntosh, Horner, Chard, Boland, & Good (2006) set out to investigate these pathways by conducting a retrospective longitudinal analysis of the interaction between reading skills and problem behavior among elementary school students. The authors sought both to explore the relationship between reading and problem behavior and to determine the usefulness of screening assessments in reading in predicting responses to school-wide positive behavior support.

This synopsis outlines their hypotheses concerning how behavior problems and reading difficulties interact, describes the results of their analysis of data from reading and behavior measures, and discusses implications of these results for prevention of and intervention in both reading and behavior problems.
Method & Results

To investigate the ways in which academic and behavior problems develop, McIntosh et al. conducted a retrospective analysis of existing reading and behavior data from students from kindergarten through Grade 5 in a school district that was implementing universal support systems for both reading and behavior. All students in kindergarten, Grade 2, and Grade 4 were given reading screening measures (multiple DIBELS measures in kindergarten and Oral Reading Fluency (ORF) in grades 2 and 4). As a measure of problem behavior, the number of office discipline referrals they received during that grade was recorded. Data from each group were then analyzed to determine how many office discipline referrals they received. Both the number of referrals received in kindergarten, Grade 2, or Grade 4, and students’ fall, winter, and spring reading scores were used to predict whether students had received two or more office discipline referrals in Grade 5. While the predictive power of reading scores was of particular interest to the authors, they expected that the number of office discipline referrals received in early grades would also predict behavior problems in Grade 5.

The authors conducted a logistic regression analysis to test their hypotheses. They conducted three analyses to attempt to determine when the link between reading and behavior difficulties was most predictive of behavior problems in Grade 5.

Because the authors were interested in finding links between early reading and behavior difficulties and later behavior difficulties, it was not possible for them to conduct a true experiment. Students cannot be randomly assigned to have early reading or behavior problems for the sake of finding out the effect of these variables on later behavior problems. However, the authors purposefully selected the schools involved in the study to minimize the influence of variables other than early reading and behavior on later behavior problems. All schools contributing data to the analysis used the same reading and positive behavior support curricula. Both curricula had been in use for 10 years prior to the data analysis. Fidelity of implementation was monitored by University of Oregon researchers who conducted evaluations of both reading and behavior for the district; all schools received high scores for fidelity. Additionally, of the seven schools that contributed data, six were Title I schools, making socioeconomic status similar across students. Because of these characteristics of the schools, significant sources of potential variance that could have affected the results of the analysis were held in check, making it more likely that any predictive relationship between early reading and behavior difficulties and later behavior difficulties was not due to external factors.

The results indicated that reading measures in all three grades were statistically significant predictors of receiving two or more office discipline referrals in Grade 5. For Grade 4, both winter ORF scores and office discipline referrals were statistically significant predictors, as were Grade 2 spring ORF scores and office discipline referrals. Of the measures given in kindergarten, only the spring Phoneme Segmentation Fluency (PSF) score was a significant predictor (too few students received office discipline referrals in kindergarten to result in sufficient predictive ability). The strength of the predictive relationship was similar in all three grades. In each analysis, the combination of reading and behavior measures predicted close to half of the variance in receiving two or more office discipline referrals in Grade 5—a very powerful result.

The authors also described the predictive power of the reading and behavior measures by determining the incremental effect of scores on the probability of receiving two or more office discipline referrals in Grade 5. As chart 1 (p. 8) illustrates, a 10-point increase in winter ORF raw scores in Grade 4 lowered the probability of receiving two or more office discipline referrals in Grade 5 by 10%. For Grade 2, a 10-point increase in spring ORF raw scores lowered the probability by 20%.

Continued on page 8
and in kindergarten, a 10-point increase in spring PSF raw scores lowered the probability by 29%.

Each office discipline referral received in Grade 4 increased the probability of receiving two or more office discipline referrals in Grade 5 by 13%, as Chart 2 shows. In Grade 2, each office discipline referral increased the probability by 6%. Referrals in kindergarten were not significant predictors.

Further investigation into the kindergarten results indicated that students whose spring PSF scores were above the benchmark (raw score of 35 or greater) had an 18% chance of receiving two or more office discipline referrals in Grade 5 (see Chart 3). For those in the targeted support range (scores of 10–34), the probability was 25%. For those most at risk (scores below 10), the probability was 33%.

Students who received one or more office discipline referrals in kindergarten had a 33% probability of receiving two or more office discipline referrals in Grade 5, while those who received no referrals had a 20% probability. In comparing students who scored above and below the PSF benchmark, McIntosh et al. found that the difference in the number of office discipline referrals received increased gradually between Grades 2 and 4 and then markedly increased in Grade 5. No students both received an office discipline referral in kindergarten and scored below the PSF benchmark, indicating that the screening measures did not identify students with both reading and behavior problems.

The Relationship Between Academic and Social Deficits

McIntosh et al. posited that academic deficits are one pathway through which students develop behavior problems. These deficits put students at risk for developing behavior problems if they do not receive timely and effective academic interventions. When students don't receive such interventions, their academic difficulties lead to a pattern of acting out that is reinforced when their behavior leads to their removal from the classroom and escape from the academic tasks they are struggling to complete. The pattern reinforces itself as removal from class results in lost learning time that puts these students even further behind academically, making it more difficult for them to complete classroom work and more likely that they will act out to escape it.

Deficits in social skills are another pathway through which students may develop academic problems. Although students with social skill deficits may not have pre-existing academic deficits when they enter school, they require early intervention to prevent their problem behavior from resulting in academic difficulties.

Implications for Practice

The results of McIntosh et al.’s analysis lend credibility to the hypothesis that students who struggle academically in early elementary school are at increased risk for developing problem behaviors in later years. Given that the schools in which this research was conducted had implemented both universal behavior and reading support, it is likely that the predictive relationship between early academic skill deficits and later behavior problems may be even stronger in schools that have not yet put these types of prevention and early intervention systems in place. The authors highlight several important implications of the evidence that deficits in early reading skills predict behavior problems in later years.

First, it appears that behavior problems intensify for students with reading deficits as academic demands increase. Among kindergarten students who scored below the PST spring
benchmark, the increase in office discipline referrals grew over time and spiked in Grade 5. At this point in a student’s academic life, reading to learn (as opposed to learning to read) has become a key focus of instruction. The increased demands for reading fluency and reading comprehension are associated with increased acting-out behavior for students who have struggled with reading skills since kindergarten. The authors hypothesize that educators may remove students from the classroom instructional situation when these behaviors occur and thus inadvertently reinforce the problem behavior by rewarding students with removal from an aversive or undesirable activity. As a result, they may create a cycle of missed learning opportunities, leading to further academic deficits, leading to more acting out to escape. The authors argue strongly for an early break in this cycle. Possible ways to break the cycle include: (a) screening and providing early reading intervention to remedy skill deficits, (b) screening for behavior problems and providing effective early intervention and (c) evaluating and changing the ways in which educators provide “escapes from instructional demands” as a possible reinforcement for students with behavior problems.

Additionally, McIntosh et al. point to the importance of recognizing the links between academic and behavior problems and coordinating systems for prevention and intervention in both areas. The close connections between reading and behavior mean that addressing a deficit in one area may prevent a problem from occurring in the other. When problems do occur in a student’s academic performance and social behavior, coordinating intervention efforts becomes critical. Many schools are organized with separate teams to address a student’s needs in the two areas. The evidence for the close relationship between academic and behavioral deficits calls for integrating intervention efforts through a single system that can monitor progress in both areas and respond accordingly with intervention as needed.

Helping educators recognize the link between academic skills and behavior is an important step in creating an environment where all of a student’s needs can be addressed with appropriate supports. Teachers may be more enthusiastic about implementing behavior prevention and intervention programs when they are equipped with knowledge concerning the close relationship between competence in academic skills and positive behavior. The findings of this study should provide added incentive for school counselors and others who typically address behavior issues to collaborate closely with those who provide academic prevention and early intervention programs, working as a team to help all students succeed.
The Differential Impact of Remedial Reading Instruction on the Basic Reading Skills of Students with Emotional Disturbance and Learning Disabilities
Reading is the pivotal skill that allows children to achieve at high levels and become reflective, lifelong learners (National Institute of Child Health and Human Development [NICHD], 2000; Snow, Burns, & Griffin, 1998). Becoming a fluent reader is a prerequisite for success in any academic area and for success in our society. Failure to learn to read is the major reason for retention, long-term remediation, and qualification for special education services (Meese, 2001). If intervention is delayed until 9 years of age (the age that most children with reading difficulties receive services), approximately 75% of children experiencing reading problems will continue to have such problems in high school and throughout their lives (Francis, Shaywitz, Stuebing, Shaywitz, & Fletcher, 1996; NICHD).

Research on students with high-incidence disabilities indicates that most of these students make little or no reading progress, especially those students beyond grade 2 (Lyon et al., 2001). For example, researchers have reported that 50% of students with high-incidence disabilities do not respond to effective reading intervention (Fuchs et al., 2001). Students not responding to core reading instruction require intensive, specially designed instruction, and such students are not limited to students with learning disabilities (LD). Researchers have found that many students with emotional disturbance (ED) experience reading difficulties that are resistant to quality reading intervention. A recent research synthesis (i.e., Trout, Nordness, Pierce, & Epstein, 2003) reported that the prevalence of underachievement in reading for students with ED ranged from 31% to 81%. Moreover, the magnitude of reading deficits ranged from 0.53 grade levels to more than 2 grade levels behind same-aged peers without disabilities. The prevalence of reading skill deficits among students with ED has been assessed longitudinally, and these studies indicate that students with ED are likely to experience moderate reading difficulties that remain stable or worsen over time (e.g., Nelson, Benner, Lane, & Smith, 2004). Further, the nature of the reading difficulties experienced among students with ED is problematic given that reading difficulties increase the frequency, severity, and persistence of antisocial behaviors (McEvoy & Welker, 2000).

Despite the reading deficits experienced by students with ED, surprisingly little research has been conducted on the effects of reading interventions with this population. A historical review of the reading intervention research conducted with these students showed that only 55 studies have been conducted over the past 30 years (Mooney, Epstein, Reid, & Nelson, 2003). Despite the small number of studies and associated participants, researchers have found that the core reading and prereading skills of students with ED can be impacted through scientifically-based reading instruction (e.g., Nelson, Benner, & Gonzalez, 2005).

In summary, little research has been conducted using systematic remedial reading instruction on the basic reading skills of elementary and middle school students with high-incidence disabilities, particularly those with ED. Thus, an important question arises—do students with ED and LD respond differently to remedial reading instruction? Two purposes of this study explored this question. The first purpose was to examine the effects of remedial reading intervention on the reading skills of elementary and middle school students with high-incidence disabilities. The second purpose was to examine the relative impact of this instruction on the reading skills of students with ED or LD.

Study Description

Participants. Sixty-eight public school students (43 males and 25 females) enrolled in seven elementary schools and two middle schools in an urban, northwestern city participated in this study.

Participating condition. Forty-five students (30 males, 15 females) in the participating condition received special education services for a high-incidence disability. These students were selected for participation in this study by their special education teachers due to their lack of responsiveness to core and supplementary reading interventions. The numbers and percentages of participating condition students in the third, fourth, fifth, and eighth grades were 7 (16%), 23 (51%), 8 (17%), and 7 (16%), respectively.

Ten participating students (22%) received services under the category of ED and 35 participating students (78%) received services under the category of LD. The numbers and percentages of students with ED in the third, fourth, fifth, and eighth grades were 1 (10%), 3 (30%), 3 (30%), and 3 (30%), respectively. The numbers and percentages of students with LD in the third, fourth, fifth, and eighth grades were 6 (17%), 20 (57%), 5 (14%), and 4 (12%), respectively.

Comparison condition. Twenty-three students (13 males, 10 females) in the comparison condition were matched to participating students by school attended, gender, and grade. The numbers and percentages of comparison condition students in the third, fourth, fifth, and sixth grades were 5 (22%), 10 (44%), 4 (17%), and 4 (17%), respectively.

Setting

Students in the participating condition were placed in resource rooms for reading and received special education services for a high-incidence disability. These students received instruction from eight certified special education teachers and the student teachers assigned to their respective classrooms. Comparison students were educated in general education classroom environments and received a variety of reading approaches from seven general education teachers across five elementary schools.

Materials

The remedial reading intervention used was Corrective Reading Decoding Level B: Decoding Strategies (Engelmann, Hanmer, & Johnson, 2002). The Corrective Reading Decoding program is designed for struggling readers in grades 3 through 12. There are two levels of Corrective Reading Decoding Level B: B1 and B2. Each decoding level is comprised of 65 lessons that take 40 to 45 min to complete. The program targets basic reading skills, reading fluency, and the skill to read informational text (Stein & Kinder, 2004).
The word identification strategies in the program are phonics based. Students are systematically introduced to letter-sound correspondences, letter combinations, and carefully constructed word lists and text selections. Reading fluency is promoted through multiple readings of the text selection both within the teacher-directed lesson and through partner reading activities.

Reading Measures Used

Two dependent measures were used to measure basic reading skills and reading fluency: the Woodcock-Johnson: Tests of Achievement, Third Edition (WJ-III) (Woodcock, McGrew, & Mather, 2001) and the Dynamic Indicators of Basic Early Literacy Skills (DIBELS) (Kaminski & Good, 1996) Oral Reading Fluency (ORF) probe. The WJ-III Basic Reading skills cluster and three third or fourth grade level DIBELS ORF probes were administered as a pretest (i.e., end of January) and as a posttest following intervention at the end of the school year (i.e., beginning of June).

Procedures

Training for teachers. The certified and student teachers participating in the study were trained during a 1-day workshop. Teachers were taught the placement system, instructional methods, corrective feedback procedures, and monitoring systems. They were also provided with opportunities to practice using the Corrective Reading Decoding program. Project staff conducted two half-day follow-up sessions during the school year to discuss progress, implementation questions, and any other problems encountered.

Treatment implementation. Students in the participating condition received instruction in the following manner. A Corrective Reading placement test was administered to determine whether students began with Corrective Reading Decoding Level B1 or B2. Thirty-two students placed into Decoding Level B1 and 15 placed into Decoding Level B2. Students in the participating condition were provided an average of three 40-45-min lessons per week over the course of nearly 4 months (February to the end of May). The range of lessons completed was 25 to 40. Instruction was delivered to groups of 3 to 10 students.

There were four parts to each lesson: Word Attack skills (10 min), Group Reading (15-20 min), Individual Reading Checkouts (10 min), and Workbook Exercises (10 min). A typical lesson began with the Word Attack portion. In Word Attack, students practiced pronouncing words, identifying the sounds and sound combinations, and reading isolated words composed of sounds and sound combinations. Group Reading followed Word Attack activities. In this part, students took turns reading aloud from their student book. Individual Reading Checkouts followed the Group Reading activity, which involved pairs of students reading two passages aloud. Workbook exercises were done in the last part of the lesson.

Results

Basic Reading Skill Change Scores of Participating Versus Comparison Students

The change in basic reading skills of students was examined to determine whether there were statistically significant differences between participating and comparison students. Relative to students in the comparison condition, students in the participating condition showed statistically significant improvements in their basic reading, word attack, and oral reading fluency skills. Effect size estimates on the WJ-III Basic Reading Skills cluster (ES = 1.06) and WJ-III Word Attack subtest (ES = .92) scores were large in magnitude. The effect size estimates on the WJ-III Letter-Word Identification subtest (ES = .54) and DIBELS ORF probe (ES = .78) were moderate in magnitude. Thus, effect sizes across all reading measures were deemed educationally significant.

Relative Impact on Students with ED and LD

The mean pretest WJ-III Basic Reading Skills cluster, Letter-Word Identification, and Word Attack subtest scores of students with ED fell in the low average range, whereas those of students with LD fell in the average range. The mean WJ-III Word Attack standard scores of students with ED improved from the low average range at pretest to the average range at posttest. With the exception of DIBELS ORF, students with ED were more responsive than their LD counterparts. Students with ED demonstrated statistically significant gains in their basic reading and word attack skills relative to students with LD. Effect size estimates based on the mean change scores of ED and LD students on the WJ-III Basic Reading Skills cluster (ES = .93) and WJ-III Word Attack subtest (ES = .93) scores were large in magnitude. The effect size estimates based on the mean change scores of ED and LD students on the
Discussion

Two findings emerged from our examination of the effects of remedial reading instruction on the basic reading skills of elementary and middle school students with high-incidence disabilities, particularly those with ED. The first finding was that educationally significant improvements were found between students who received remedial reading instruction and those in the comparison condition on measures of basic reading skills. Participating students demonstrated statistically significant changes on the WJ-III Basic Reading Skills cluster and the DIBELS ORF probe compared to those in the comparison condition. This finding was heartening given that the reading difficulties of three out of four students with high-incidence disabilities will persist throughout their lives (NICHD, 2000).

The second finding was that students with ED were more responsive than their LD counterparts on measures of basic reading skills. The word attack skills of students with ED improved from the low average range at pretest to the average range. This finding was surprising given that many students with ED tend not to be as responsive to remedial reading instruction as their peers including those with LD (e.g., Anderson, Kutash, & Duchnowski, 2001). However, although participating students with ED and LD made statistically significant gains in oral reading fluency compared to those in the comparison condition, the lone area where participating students with ED did not significantly outperform their LD counterparts was oral reading fluency. This finding coincides with the work of previous researchers who found that students with ED made substantial gains in basic reading skills that did not correspond to similar growth in oral reading fluency (Barton-Arwood et al., 2005; Weihey et al., 2003).

There are several implications of this study. First, remedial reading instruction for students with comorbid reading difficulties and ED should be scientifically based. Elements of scientifically based reading interventions include (a) a scope and sequence that ensures skill acquisition, (b) instructional prompts to guide the teacher, (c) instructional activities to guide the learner, (c) effective error correction procedures, and (d) progress monitoring strategies (NICHD, 2000). Further, scientifically-based reading instruction should be of sufficient dosage (40 min a day for four or five days a week) and continue until the student meets grade level reading benchmarks.

Second, Corrective Reading continues to show great promise in building the reading skills of students who have not been responsive to core or supplemental reading interventions. The empirical evidence demonstrating the efficacy of this program with struggling readers continues to mount (Grossen, 1998; Marchand-Martella, Martella, & Przychodzin-Havis, 2005). Indeed, the collective results of 21 peer-reviewed investigations demonstrate that students who received Corrective Reading significantly outperformed the comparison groups on standardized and curriculum-based reading measures, measures of social adjustment, and attendance (e.g., Benner, Kinder, Beaudoin, Stein, & Hirschmann, 2005; Lloyd, Cullinan, Heins, & Epstein, 1980; Marchand-Martella, Martella, Orlob, & Ebey, 2000).

Third, educators should use fluency-based screening and progress monitoring measures to identify and track the progress of students with reading difficulties. We strongly encourage the use of in-program mastery measures of student progress. Although these measures should not replace progress monitoring using curriculum-based measurement, such measures motivate students with ED through daily goal setting and monitoring. Moreover, such measures provide important data for instructional decisions, such as re-teaching a lesson or task if students do not master it. Mastery is indicated by correct response at least 90% of the time. In our program evaluation work, teachers often report that either they do not have the time to conduct in-program mastery measures or that they lack time to interpret the in-program data they collect. We urge that administrators and teachers work together to use in-program measures to determine what has and has not been mastered. We also strongly encourage empirically validated Curriculum-Based Measurements (CBM), like the DIBELS ORF used in the present investigation, which are widely available and in some cases free online (see: http://dibels.uoregon.edu) to screen and monitor the progress of students (e.g., Deno et al., 2001).

Finally, the most important item for educators to remember is delivering the standard protocol intervention program, such as Corrective Reading, with fidelity or as it is intended to be delivered. It is critical that teachers use error correction procedures, re-teach when students have not mastered content, pace lessons appropriately, provide specific and immediate feedback, complete all parts of the lesson, and follow the lesson script. We recommend that teachers not only self-evaluate fidelity when using a standard protocol intervention but seek several opportunities to receive fidelity observations by experts with the program, such as well-trained literacy coaches. Sometimes teachers and administrators may render a program like Corrective Reading ineffective or counterproductive when it has simply not been used enough (dosage or amount of instruction) and with sufficient fidelity. Implementing Corrective Reading Decoding, or any scientifically-based reading approach, with low fidelity will likely not yield enough student growth to close the reading achievement gap. Responsiveness comes from applying these programs with fidelity, sufficient dosage, and using in-program measures of mastery and fluency. Teachers who deliver standard protocol reading interventions with at least 90 percent fidelity are much more likely to see significant narrowing of the reading achievement gap within one year of intensive instruction.

Portions of this article have been edited, due to space limitations of this print journal. The full unedited article, with references is available at: http://www.updc.org/1209-p10-reading
Introduction by Glenn Dyke, UPDC

Utah’s Least Restrictive Behavior Intervention (LRBI) document provides educators with invaluable guidelines for the use of seclusion and restraint within public school settings in the state of Utah. Every few years, the topic of seclusion and restraint within school settings receives increased national and state attention. As a result, many national and local organizations have published documents on the use of seclusion time out and physical restraint.

The goal of the next two articles is to provide the reader with local and national perspectives regarding the use of seclusion time out and physical restraint. We have included two specific documents.

The first document is a republication of an article originally published in the Utah Special Educator in 1994 regarding the use of time-out rooms and one district’s effort to ensure education, training and protections for those parties involved in the use of seclusion time out.

The second document is a September 2009 publication of the Council For Exceptional Children (CEC) official policy on physical restraint and seclusion procedures in school settings.

As you read the two documents, please don’t forget about Utah’s monumental LRBI document. It provides additional guidelines for Utah educators regarding the appropriate use of time out and physical restraint within public school settings. You can find the LRBI document at the following web address:
http://www.updc.org/behavior

For questions or comments regarding the use of seclusion time out and physical restraint, please feel free to contact Carol Anderson, Educational Specialist - Emotional Disturbance/Mental Health Issues, Utah State Office of Education, carol.anderson@schools.utah.gov or Glenn Dyke, Program Specialist, Utah Personnel Development Center at glennd@updc.org.

Reprinted from The Utah Special Educator, February 1994.

Ginger Rhode, Melisa Genaux, Davis School District

Few interventions evoke more emotion than the mere mention of time out rooms. Every couple of years, an issue related to time out rooms crops up in a Utah school district, much to the dismay of those involved in the issue. No one, it seems, is immune from the various forms of media or the ACLU when it comes to the use of time out rooms or the accusation of “locking kids in closets,” as one media source so graphically put it.

With the potential for the massive headaches that can come with such unwanted notoriety, why would school districts approve the use of time out rooms? Should they continue or even begin to use them? Is it really a barbaric form of torture or an effective and warranted intervention?

A look at why school districts choose to approve the use of time out rooms for select student behavior surprises no one who is involved in public education today. Some of the students who come to us are tough—tougher than ever before. Public schools in Utah are the “end of the line,” in the sense that they ultimately receive...
One of the Most Misapplied, Misused, Yet Potentially Effective Interventions for Extreme Behavior

and serve the most difficult students to educate. Students who are placed in private and/or residential facilities by families or other agencies invariably return to the public schools to continue their education. In a number of situations the students are returned to the public schools when they are deemed “unworkable” by private/residential programs. Thus, to think that public school IEP teams will design appropriate, effective programs without ever recommending intrusive interventions, such as the use of time out rooms, is not realistic.

Support for the appropriate use of time out rooms comes from several sources. First of all, Utah now has a policy within which seclusionary time out (time out room) has a place for some student behavior. As an intervention included in the LRBI Policy, the use of time out rooms has a solid research base supporting its effectiveness, when it is utilized correctly. The Selection of Least Restrictive Behavior Interventions for Use with Students with Disabilities (or the LRBI Policy) was adopted by the Utah State Board of Education for the school year beginning in the fall of 1992. Positive behavior intervention strategies must be tried and results documented before more intrusive strategies are implemented. However, in cases where a small percent of severe behavior problems continue to be exhibited (e.g., physical aggression toward others, toward objects, or extreme noncompliance), time out in a time out room is available through a due process procedure by the IEP teams as outlined in the LRBI document, after less restrictive procedures have failed.

A second source of support for the use of time out rooms in recent years has come with the acknowledgment by school staff and officials that a student with disabilities may be kept out of school only a minimal amount of time without the risk of changing his/her placement. Previously, it was not an uncommon practice for schools to send students home when they exhibited out of control behavior. In addition to legal restrictions on the amount of time students with disabilities can be kept out of school, many special educators noted that students often enjoyed their time out of school—sleeping late, watching television, and running around their neighborhoods unsupervised. Removal from the education setting not only was frequently ineffective, but it often resulted in an increase in the out of control behaviors. Time out rooms provide one means of limiting extreme student behavior while re-entering students into their educational programs as quickly as possible.

An additional source of support comes from the Supreme Court. In the landmark case, Honig v. Doe (1988), the Court found that there is no exception even for dangerousness, when it comes to schools being required to provide an appropriate education for students with disabilities. Along with its decision, the Court suggested that schools look to other alternatives, specifically suggesting time out as an option, for keeping even dangerous students in school.

With extreme student behavior on the rise, it is no surprise, then, that some school districts look to time out rooms as one reductive intervention available for IEP teams to select. If time out rooms are to be used, are there ways to minimize the possibility of ending up on the nightly news or in the morning newspaper? Are there ways to ensure that when they are used, time out rooms are used correctly and that proper consents have been obtained?

With these kinds of issues to confront, Davis School District recently supported the development and adoption of a specific policy and procedures document for the use of time out rooms in the district. A draft document was first submitted for review by representatives from the University of Utah, Utah State University, the Utah State Office of Education, parents of students with disabilities, special education staff, administrators, and the district’s Human Rights Committee. Feedback was incorporated into a final document which was then submitted to and approved by the Davis School Board. The document incorporates Utah’s LRBI requirements, is based on current best practice research, and specifies in detail how time out in a time out room will be implemented. Parents will be given a copy of the document and will now know exactly what to expect when they ask for or agree to the use of a time out room. Staff members will know exactly how to effectively carry out the time out room intervention.

The Davis School District Time Out Room Policy and Procedures serves as a training vehicle for all staff currently using, or who may need to use, a time out room. These staff members must attend a time out room training session, based on the document, in order to utilize the time out room option. Included in the document is a written test which must be passed with 100 percent accuracy at the end of the training session, in order for the staff member to receive approval to use a time out room. The tests are kept on file and will be reviewed periodically with the staff member.

While there is no 100 percent guarantee that there will be no controversy surrounding the use of time out rooms in Davis School District, the adopted policy and procedures document will help to educate and to provide additional protections for those involved in the use of it. Anyone wishing to obtain a copy of Davis School District’s time out room policy/procedures document may make a request to Bruce Schroeder at the Utah Learning Resource Center.

Ginger Rhode is Director of Special Education in Davis School District. Melisa Genaux is Coordinator for Technical Assistance to schools in Davis School District.
The Council for Exceptional Children (CEC) recognizes access to the most effective educational strategies as the basic educational right of each child or youth with a disability. CEC believes that the least restrictive positive educational strategies should be always used to respect the child’s or youth’s dignity and that this especially pertains to the use of physical restraint and seclusion.

A physical restraint is defined as any method of one or more persons restricting another person’s freedom of movement, physical activity, or normal access to his or her body. It is a means for controlling that person’s movement, reconstituting behavioral control, and establishing and maintaining safety for the out of control individual, other individuals, and school staff. Physical restraints have been in widespread use across most human service, medical, juvenile justice, and education programs for a long period of time. While some have proposed physical restraint as a therapeutic procedure for some children and youth, this view has no scientific basis and is generally discredited. Today most schools or programs that employ physical restraint view it as an emergency procedure to prevent injury to the child or youth or others when a child or youth is in crisis.

Seclusion is the involuntary confinement of a child or youth alone in a room or area from which the child or youth is physically prevented from leaving. This includes situations where a door is locked as well as where the door is blocked by other objects or held closed by staff. Any time a child or youth is involuntarily alone in a room and prevented from leaving should be considered seclusion, regardless of the intended purpose or the names applied to this procedure and the place where the child or youth is secluded. Seclusion is often associated with physical restraint in that physical restraint is regularly used to transport a child or youth to a seclusion environment. However, seclusion may occur without employing physical restraint.

In addition, schools may employ a variety of environments that may not meet the definition of seclusion (confinement alone without immediate ability to leave), but which have at least some of the elements of seclusion. These might include detention rooms and in-school suspension rooms where children and youth may not be alone or where they are not technically prevented from leaving, although they may perceive that they are prevented from leaving.

CEC supports the following principles related to the use of physical restraint and seclusion procedures in school settings:
• Behavioral interventions for children and youth must promote the right of all children and youth to be treated with dignity.
It is the policy of the Council for Exceptional Children that:

• Physical restraint or seclusion procedures should be used in school settings only when the physical safety of the child or youth or others is in immediate danger. Prone restraints (with the student face down on his/her stomach) or supine restraints (with the student face up on the back) or any maneuver that places pressure or weight on the chest, lungs, sternum, diaphragm, back, neck, or throat should never be used. No restraint should be administered in such a manner that prevents a student from breathing or speaking.

• Mechanical or chemical restraint should never be used in school settings when their purpose is simply to manage or address a child’s or youth’s behavior. Prescribed assistive devices such as standing tables and chairs with restraints are not considered mechanical restraints for purposes of this document. Their use should be supervised by qualified and trained individuals in accord with professional standards. Vehicle restraints and those restraints used by law enforcement officers are not considered mechanical restraints for purposes of this document.

• Neither restraint nor seclusion should be used as a punishment to force compliance or as a substitute for appropriate educational support.

• All seclusion environments should be safe and humane and should be inspected at least annually, not only by fire or safety inspectors, but for programmatic implementation of guidelines and data related to its use

• Any child or youth in seclusion must be continuously observed by an adult both visually and aurally for the entire period of the seclusion. Occasional checks are not acceptable.

• Guidelines or technical assistance documents are generally not adequate to regulate the use of these procedures, since abuses continue to occur in states or provinces where guidelines are in place and these guidelines have few mechanisms for providing oversight or correction of abuses. Policy is needed in the form of legislation or regulation.

• Federal, state, and provincial legislation or regulations should:
  • Recognize that restraint and seclusion procedures are emergency, not treatment, procedures.
  • Require that preventive measures such as conflict de-escalation procedures be in place in schools where restraint or seclusion will be employed.
  • Require that individualized emergency or safety plans are created for children or youth whose behavior could reasonably be predicted to pose a danger. If an emergency or safety plan is deemed necessary for a child or youth with a disability, that document should be created by the IEP team and may be appended to the child’s or youth’s IEP.
  • Require that comprehensive debriefings occur after each use of restraint or seclusion and that reports of the incident are created including parental notification.
  • Require that data on restraint and seclusion are reported to an outside agency such as the state or provincial department of education.

• Any school that employs physical restraint or seclusion procedures should have a written positive behavior support plan specific to that program, pre established emergency procedures, specific procedures and training related to the use of restraint and seclusion, and data to support the implementation of positive behavior supports and specific uses of restraint and seclusion in that environment.

• Additional research should be conducted regarding the use of physical restraint and seclusion with children or youth across all settings.

This policy is adopted from a position summary published by the Council for Children with Behavior Disorders, a division of the Council for Exceptional Children: Physical Restraint and Seclusion Procedures in School Settings, VA, Author.

More detailed information is available in the following white papers:


• To access CEC’s Policy on Physical Restraint and Seclusion Procedures in School Settings online, go to www.cec.sped.org > Policy & Advocacy > CEC Professional Policies

• For further information, contact Deborah A. Ziegler, Associate Executive Director, Policy and Advocacy Services, Council for Exceptional Children. 703-264-9405 (P), 703-243-0410 (F), 800-224-6830 (Toll free), 866 915 5000 (TTY), debz@cec.sped.org.

Approximately 84,000 juveniles are incarcerated in detention centers and corrections facilities in the U.S., a figure that reflects a 14% increase from 1984 to 1989 (Nelson & Rutherford, 1989). It has been estimated that 28% of these youths have been identified as having disabilities (Rutherford, Nelson, & Wolford, 1989). There is some evidence that this estimate is low—studies have found that even higher numbers were identified as disabled by their school districts prior to their incarceration (Perryman, DiGangi, & Rutherford, 1989; Nelson & Rutherford, 1989).

The most common disabling conditions among incarcerated youth are mild to moderate mental retardation, learning disabilities, and behavior disorders. There is no cause-and-effect relationship between these conditions and illegal behavior, but some of the social disadvantages and characteristics associated with them may lead to increased likelihood of contact with the criminal justice system.

Why are adolescents with disabilities disproportionately incarcerated?

Poorly developed social skills and lack of ability to comprehend questions and warnings increase the likelihood that disabled offenders will be committed to correctional facilities, and may make these youths vulnerable to inequitable treatment by the juvenile justice system. For example, youths with mental retardation may:

- Not understand the rights read to them.
- Confess and say what they think another person wants to hear.
- Have difficulty communicating with lawyers and court personnel.
- Not be recognized as mentally retarded.

In addition, they are more likely to plead guilty, less likely to plea bargain for reduced sentences, more often convicted, and less likely to have their sentences appealed or placed on probation or parole. They serve longer sentences than nonretarded persons incarcerated for the same crimes (Santamour, 1987). It has been recommended that, in addition to providing social skills instruction, secondary school curricula for youth with disabilities include law-related education that focuses on teaching adolescents their legal rights and helping them develop a sense of community (Bannon & Leone, 1987).

Are youths with disabilities in correctional facilities entitled to the substantive and due process rights of P.L. 94-142?

Yes. When P.L. 94-142, the Education for All Handicapped Children Act of 1975, was passed, very few education programs operated by the juvenile justice system assessed students who might have disabilities. Under P.L. 94-142, a youth with a disability who is incarcerated has the same right to a free, appropriate education as any other youth with a disability. State education agencies are charged with supervising all other agencies involved in the education of juvenile offenders who have disabilities (Forbes, 1991). Many correctional education programs have had to develop systems for screening, identifying, assessing, and instructing incarcerated youth with special educational needs. Many of the provisions of the law have been difficult to implement in the environment of the juvenile justice system.

What are the types of correctional programs in which educational services are provided?

Detention centers confine juveniles waiting for hearings or spending brief periods in custody. Other correctional institutions, such as training or reform schools, hold youths for longer periods of time and provide educational programs modeled after secondary school programs, often including remedial and vocational courses. Frequently, these programs are designed to assist students in passing the GED (General Education Development) examinations. Camps, ranches, and specialized treatment facilities are generally smaller and remotely located. They also confine youths for longer periods of time and typically involve them in work related to the operation of the facility. They often provide education through distributive education programs in which students spend half of their time in school and the other half working. Individualized
educational curricula are often not provided (Leone, Rutherford, & Nelson, 1991). The mobility of students in correctional institutions interferes with the continuity of their educational programs. In special education, this mobility can make providing due process protection and assessments very difficult. Previous school records can be difficult to obtain because of inadequate links with public school systems. At the longer-term camps and ranches, the facility’s small size and remote locations can hinder the provision of special education services. Despite these problems, special education services are provided at most juvenile detention centers and correctional institutions. However, many of these programs do not adequately meet student needs (General Accounting Office, 1985).

**Juvenile Corrections and the Exceptional Student**

Juvenile corrections facilities have traditionally been operated by the criminal justice system, but in recent years, there has been a trend toward increased use of private agencies to provide these services, particularly for less serious offenders (U.S. Department of Justice, 1988).

**Who provides special education services to incarcerated youth?**

Teachers who work with incarcerated youth are employed by a variety of different agencies such as the public schools, social service agencies, juvenile justice or corrections agencies, or private agencies that operate juvenile correction facilities under contract. The administrative support and resources available to them vary with the source of their funding and state perceptions of the criminal justice system. Many students in correctional programs experience positive relationships with teachers and the educational process for the first time because of small classes and the empathy shown by teachers (Egan, 1987). Several studies have shown that students who developed strong relationships with program specialists were more successful both academically and vocationally than those who did not develop such relationships (Forbes, 1991).

**What practices are recommended for special education of incarcerated youth?**

Practices that support meaningful special education programs in juvenile correction facilities include functional assessment, curricula, and instruction; transition services; and collaborative linkages. Although standardized assessments are usually conducted when juvenile offenders enter a correctional facility, they are rarely used for assigning students to specific programs and have little value in identifying disabilities. Functional assessments are more useful for these purposes. Functional assessments involve continuous measurement that identifies discrepancies between the student’s educational achievement, social and vocational adjustment, and ability to function independently in an educational program. The results are used to make adjustments to the student’s educational program.

A functional educational curriculum is one that meets a student’s individual needs. In addition to academic instruction, youthful offenders with disabilities often need instruction in the social, daily living and vocational skills that will enable them to interact appropriately with others, find and hold a job, and live independently in their communities.

Positive, direct instructional strategies are important to functional instruction. Although there must be realistic and sometimes negative consequences for inappropriate, maladaptive, or deviant behavior, the primary focus of instruction should be on reinforcing appropriate academic and social behaviors. Applied behavior analysis is especially useful in intervention and evaluation: It is a systematic, performance-based method of changing behavior, in which measurable daily living, vocational and academic skills are specified and the effects of instruction evaluated.

A successful transition to the community requires the coordinated efforts of institutional staff, families, probation and aftercare professionals, and educators. Many youths do not adapt well to changes in their environments or to societal expectations for law-abiding behavior. Furthermore, many youths with disabilities do not return to school after leaving correctional institutions. One model to promote the transition of juvenile offenders into the community, the Juvenile Corrections Interagency Transition Model (Webb, Maddox, & Edgar, 1985), has been tested extensively in the State of Washington and in other areas. The model includes strategies in four areas: awareness activities, transfer of records, preplacement planning, and maintenance of placement and communication. Studies indicate that the model has a positive impact on the reintegration of adolescents.

One of the most important issues facing juvenile corrections today is the need for collaborative linkages among courts, schools, correctional facilities, and aftercare programs. Comprehensive and coordinated linkages often do not exist and must be established so that:

- Juvenile court judges make sentencing and placement decisions that take the offender’s special education needs into account.
- Educational records are transferred with the youthful offender into and out of correctional education.
- Parole and other after care programs are linked to both the correctional education program and the public schools to provide continuous and meaningful special education services.
Adolescence is a key developmental period to build and enhance problem-solving, decision-making and coping skills for daily life. Secondary students who are lacking in these skill areas are at risk for making bad decisions and poor choices that can lead to many negative outcomes such as school failure, substance abuse and other behavior problems. There are many primary level school-based prevention programs that target the entire school population; however, few secondary level preventive interventions exist for students who require more support than primary interventions can offer. The Building and Enhancing Skills for Teens (BEST) program is a secondary level intervention that was developed to fill this need for secondary students. BEST is a cognitive-behavioral intervention that teaches students how to improve their problem-solving, decision-making and coping skills.

The BEST program was developed to be delivered in a small group format (i.e., 8-10 students) and facilitated by a school professional for one hour per week over 12 weeks. The program consists of 12 sessions or modules designed to build and enhance the important skills that teens need to make good decisions in their lives. An overview of the program is presented here:

<table>
<thead>
<tr>
<th>SESSION</th>
<th>CONTENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Introduction to the BEST Program—Overview:</strong> Introduction to the program; students are provided with a rationale for learning problem-solving, decision-making and coping skills; discussion of group structure, rules and expectations; homework assigned.</td>
</tr>
<tr>
<td>2</td>
<td><strong>Improving Problem Solving Skills—Overview:</strong> Students are provided with a rationale and discussion of ways problem-solving skills can be used in situations they face on a daily basis; in-session problem-solving skills practice; homework assigned.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Understanding Decision Making Chains—Overview:</strong> Students are provided with a rationale and discussion of ways to recognize how small decisions can lead to big problems (e.g., skipping school, drug use); in-session decision-making skills practice; homework assigned.</td>
</tr>
<tr>
<td>4</td>
<td><strong>Problem-Solving Maps (for a Problem Behavior)—Overview:</strong> Students are provided with a rationale for understanding relationships between triggers, behaviors, and consequences; each student completes his/her own problem-solving map for a problem behavior; homework assigned.</td>
</tr>
<tr>
<td>5</td>
<td><strong>Problem-Solving Maps (for a Pro-Social Behavior)—Overview:</strong> Continuation from prior meeting; Students are provided with a rationale for understanding relationships between triggers, behaviors, and consequences; each student completes his/her own problem-solving map for a problem behavior; homework assigned.</td>
</tr>
<tr>
<td>6</td>
<td><strong>Communication Skills—Overview:</strong> Students are provided with a rationale and discussion of ways to improve communication with others (e.g., parents, teachers, peers); in-session communication skills practice; homework assigned.</td>
</tr>
<tr>
<td>7</td>
<td><strong>Drug Education—Overview:</strong> Students are provided with a rationale and discussion of the negative effects that drugs can have on the brain and body; homework assigned.</td>
</tr>
<tr>
<td>8</td>
<td><strong>Drug Refusal Skills—Overview:</strong> Students are provided with a rationale and discussion of ways they can use specific drug refusal skills; in-session refusal skills practice; homework assigned.</td>
</tr>
<tr>
<td>9</td>
<td><strong>Improving Skills for Managing Anger—Overview:</strong> Students are provided with a rationale and discussion of ways to recognize anger and how to manage these situations; in-session anger management skills practice; homework assigned.</td>
</tr>
<tr>
<td>10</td>
<td><strong>Improving Skills for Managing Negative Moods—Overview:</strong> Students are provided with a rationale and discussion of ways to manage negative affective moods commonly experienced by adolescents; in-session coping skills practice; homework assigned.</td>
</tr>
<tr>
<td>11</td>
<td><strong>Improving Social Skills and Support—Overview:</strong> Students are provided with a rationale and discussion of ways to positively develop their social networks; in-session skill practice; homework assigned.</td>
</tr>
<tr>
<td>12</td>
<td><strong>Ending the Group—Overview:</strong> Students are provided with an overview of all prior meetings with a specific focus on skills learned and ways they can obtain support in the future.</td>
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</tbody>
</table>
Building and Enhancing Skills for Teens: The BEST Program

Jason Burrow Sanchez, University of Utah

The program begins with the initial introduction session that is designed to engage students in the intervention by discussing the goals of the program as well as the goals students have for participating in the program, in other words, students will answer the question, “What will I get out of this program?” It is important that students have a good idea of how the program will be beneficial to them over the course of the 12 weeks. The next three modules focus on building problem-solving and decision-making skills. It is important to point out that the first 3-4 modules are considered “foundational” skills for the overall program because everything that is taught after builds on these essential skills.

Each module contains six core sections that provide the facilitator with sufficient information and structure to teach students the relevant skills; three of these core sections include: 1) a reason or rationale for why learning the skill is important for students, 2) relevant discussion of information regarding the skill and 3) an opportunity to practice the skill in the session. For example, the general rationale for learning effective problem-solving skills (Session 2) is that everyone has problems and better problem-solving leads to better outcomes. Students are then presented with information on a five-step approach they can use to help them solve problems effectively. After the information is presented, students then have the opportunity to practice the problem-solving approach with other students in the group. In addition, students are given practice sheets (i.e., homework) that are to be completed before the next group in order to reinforce the skills covered in the session.

Other modules in the program cover specific issues that frequently cause problems for teens. For example, two modules include drug education and drug refusal skills. Teens frequently receive misinformation regarding the negative effects that drugs can have on their brains and bodies and have a difficult time refusing drugs due to peer pressure. Both of these modules are designed to address these issues by teaching students the information and skills needed to refuse and not use drugs. Two additional modules cover anger management and dealing with negative moods. The anger management module provides information and skills that help students recognize that anger is a normal emotion that everyone experiences and the ways in which they can effectively manage their anger. Similarly, the negative mood module helps students identify times when they are feeling down or depressed and provides skills they can use to improve their mood. Other modules in the program cover topics such as improving communication skills and increasing social support. Each of the modules can stand alone but are designed to fit together as part of the overall program.

The BEST program was developed and evaluated over a two year period with approximately 80 high school students; information regarding the development of this program and evaluation results can be obtained from the author. The BEST program manual is available to educators in the state of Utah by contacting Carol Anderson: carol.anderson@schools.utah.gov at the Utah State Office of Education. It is strongly recommended that school professionals receive training on the BEST program prior to implementing it in their schools.
Can animated superhero characters teach social skills? Our research indicates the answer is yes.

To paraphrase Dr. Bill Jenson, it all started with Chinese food and pizza. That was the catalyst that brought together University of Utah school psychology graduate students and professors over dinner hours for the past year and a half with the aim of developing a multimedia social skills program for children on the autism spectrum. The result was the collaborative creation of the Superhero Social Skills Program. The purpose of this article is to illustrate some of the research supporting the program, provide an overview of how it works, describe preliminary results from three efficacy studies, and share comments from the children, teachers, and parents who participated in the program.

Why social skills training (SST)?

Autism Spectrum Disorder (ASD) varies in symptom manifestation and severity, however, impaired social communication and interaction are core deficits that interfere with the person’s ability to share interests and both develop and maintain reciprocal relationships. Even those with higher cognitive ability and functional communication skills are impacted in this manner, and often have difficulties with academics, behavior, and emotional regulation (Bellini, Peters, Benner, & Hopf, 2007). Not surprising, children with ASD, including those who are very interested in having friends, are often subjected to teasing and bullying, social exclusion, and feelings of loneliness, anxiety and depression (Bauminger, Shulman, & Agam, 2003; Bellini, 2004). Although SST does not guarantee that children with ASD will develop satisfying peer relationships, if implemented correctly, it can help.

Why not “talking heads?”

Social skills instruction typically occurs in a didactic format, meaning an adult facilitator provides the lessons. Meta-analytic research in schools, however, has demonstrated marginal effects for this type of SST (Bellini, Peters, et al., 2007). This includes generalization effects. Clearly, the “talking heads” approach is not the most effective for students with ASD.

What SST components are necessary?

A review of recent research demonstrated several key components, namely: video modeling of social skills, the inclusion of typically developing peers in the instructional process, and the use of self-management techniques.

Video modeling is the process of watching a video of someone demonstrating a discrete behavior or skill without error. This method has been found to increase the social engagement of preschool children with ASD (Bellini, Akullian, & Hopf, 2007) and the generalization of social play skills in school-age children as well as their spontaneous requesting (Nikopoulos, 2007; Wert and Neisworth, 2003). Importantly, video modeling produced positive effects in functional skills, social communication, and behaviors that were maintained over time and generalized across settings (Bellini & Akullian, 2007).

Another component that has been shown to work is peer-mediated SST. In a meta-analysis conducted at the University of Utah, Miller (2006) examined 30 SST studies for children with ASD. Results demonstrated that as children age, peer-mediated interventions become the most effective method for promoting social interaction, indicating a strong need to include typically developing peers in the instructional process.
Researchers have also found that self-management, or the act of monitoring and recording one’s own behavior, is an effective tool to increase the use of social skills in children with ASD. A recent meta-analysis of single subject research on self-management techniques revealed promising results; in fact, demonstrated self-management interventions increase the frequency of social behaviors (Lee, Simpson, & Shogren, 2007). Drawing from this research, the Superhero Social Skills program was created to provide individuals with an accessible, evidence-based approach to social skills training for children with ASD.

So, how does the Superheroes program work?

The program was designed to be highly engaging for children who may have difficulty paying attention to standard curriculum. Through “Fast Hands” animation and futuristic comic book characters, the Initiator and Interactor Girl teach social skills to a third character, Scooter the Robot, who has social difficulties himself. The program targets 18 different social skills by starting with the basics and progressing through more advanced skills.

Adult facilitators begin sessions by checking in with each child on arrival to ask how skill practice has gone since the last session. After posting each child’s skill practice progress (“power charges” earned for doing homework and demonstrating skills), skill steps and rationales are introduced or reviewed by the Superheroes on DVD. Then, the children watch video peer models showing them how to use the new skills in various social situations. When the Superheroes tell the children it’s their turn to try out the skills, the facilitator uses provided scenario cards (or scenarios related to experiences of group members) to lead role-plays of situations in which the skill is called for. Children can earn “power charges” on collectible cards that go with each lesson as they participate in role-plays and display targeted skills. They have opportunities both in and out of the SST group to earn “power charges.” Next, the children watch digital comic books, which are comparable to social stories, again via the DVD, and practice skills through social games. They are assigned homework that consists of watching their DVDs, reading comic books, and practicing skills.

Instructional control is maintained by reinforcing appropriate behavior (following the rules) with Scooter cards. Group rules are introduced in the first four lessons: (1) Get Ready; (2) Follow Directions; (3) Participate; and (4) Be Cool. When a child is “caught” following rules, the facilitator writes the child’s name on a laminated card and adds it to the collection of cards to be used in a drawing later in the session. Black Hole cards can be put into the collection when rules have been violated—decreasing chances for a group reward. After a few minutes of playing a social game related to the targeted skill (such as “Scooter Says”), or during free play, the “Superhero of the Day” is chosen at random from the Scooter and Black Hole cards that have been earned during the session. The lucky “Superhero” child gets to spin a spinner to determine what reinforcers the group will receive. If a Black Hole card is pulled out, this gives an opportunity to discuss how well the children have been able to turn their behavior around, and the facilitator can allow another draw to try to get a Scooter card with a name on it for “Superhero of the Day.”

Skills are taught across two sessions to provide needed repetition and greater opportunity to practice skills. If necessary, the two lessons can be condensed into one; however, optimally the program should be taught twice a week. Lesson time can be expanded or contracted with varying amounts of time spent in role-plays and games/toys. A typical session takes about 30 minutes. The time goes by quickly during the session due to the variety of activities and fast-paced, consistent schedule. Transition back to class or home is managed through the “Superhero of the Day” activity (with reinforcer) and reminders to do homework (watch DVD’s, read comic books, and work on getting “power charges”) before the next session.

Parents and classroom teachers promote generalization of skills across settings, rewarding skill practice by marking the child’s collectible card with additional “power charges.” Since the children take their collectible cards with them, everyone is reminded of the skill steps, and the child’s progress in practicing the skill.

Continued on page 24
Parents can help their children do their homework by watching DVDs and reading the comic books with them. Each time a child does this at home, he or she also earns more “power charges.”

**What are the results of the graduate student research projects?**

Three studies on the Superheroes program effectiveness have been conducted in various settings by program developers at the University of Utah. The program is currently being implemented in schools throughout the state to gather further data regarding implementation, effectiveness, and consumer satisfaction.

Julia Hood conducted her research in an outpatient clinic setting at the University Neuropsychiatric Institute (UNI). Four participants with ASD were recruited from the community, and each parent was required to bring along a typically developing peer to participate. All children were between the ages of 7 and 9 and sessions were held once weekly in the evenings. Effect sizes were calculated for each participant based on the amount of social interaction during analogue observations. Generally, effect sizes (ES’s) above 0.8 constitute a large effect (Cohen, 1992) and the ES’s for these participants were large (0.95 to 1.72).

Another study, conducted by Keith Radley at the Carmen B. Pingree Center for Children with Autism, evaluated the efficacy of the Superhero Social Skills video-based approach as compared to a more traditional social skills instruction model in which an adult delivers all instruction. Two preschool-age children with ASD, along with two typically developing peers, were included in each group, and nine lessons, identical in content but differing in presentation model, were presented. Results indicate that the Superheroes video-based instruction significantly increased the amount of social engagement of both children with ASD (ES’s were 2.5 and 2.8), while only one child with ASD demonstrated improved social skills when using the traditional “talking head” method (ES’s were 0.0 and 8.2).
Heidi Block conducted her research with four students with ASD and four teacher nominated age-equivalent peers at an elementary school in the Davis School District. Sessions were held twice weekly, targeting foundational through intermediate social skills. Observational data were collected during the Superheroes program free-play period and regular recess to assess the impact of the program on the children’s social engagement (measured by their social initiations and responses). Maintenance effects were analyzed two weeks after the program ended. Preliminary results demonstrate positive effects on participating children, with maintenance demonstrated two weeks after the treatment ended.

What was the feedback from participants, teachers, and parents?

Feedback has been overwhelmingly positive. Children with ASD and the non-ASD affected peers were observed during the intervention to be watching the videos with rapt attention as the animation is created before their eyes and peers model skills on DVD. They especially liked the Initiator’s Arnold Schwarzenegger-like voice and could not wait to see what happened next with Scooter, the socially unskilled robot. Teachers also reported that students kept asking when they’d be able to attend the social skills group and pointed out each new skill they were learning. One teacher wrote, “My student is much more socially interactive on the playground. I credit this intervention for his progress. It has been great!” Another teacher cited an example where she used her student that had been in Superheroes as an example for exemplary social behavior in her class.

Unsolicited testimonials from one of the parents showed that their child liked the lessons so much that he had the laptop during nap-time to watch DVD lessons before they were assigned. One father told a researcher that he used the video lessons to increase his children’s compliance on a trip. He commented that without the excitement of the program, and potential for earning “power charges,” things would not have gone so well. A mother reported that before the Superheroes intervention, her daughter was so anxious she could hardly ask for assistance (even to use the restroom or sharpen a pencil). After participating in the program, the child was not only able to request use of the restroom, but for the first time “made friends” in the neighborhood.

Although we have only preliminary data to support the use of the Superhero Social Skills program, and have heard from only a handful of children and adults involved in the studies, we are excited about the potential impact of this SST program to affect a change in children with ASD. We invite other researchers to investigate this program and let us know how well it works.

Lastly, we would like to acknowledge other members of the development team, Terisa Gabrielsen and Ben Springer, the program’s Illustrator and creator of the “Fast Hands” Superheroes animation. We express appreciation to our professors, Drs. Bill Jenson, Elaine Clark, and Julie Bowen, for their guidance and mentorship. We’d also like to thank Carol Anderson and the Utah State Office of Education for supporting the research and the children, families, and school staff who participated in this project.

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Emotional Intelligence as an Intervention

Jennilyn Hitesman, Preschool Educator, Tooele School District

I recently came across a term that I believe teachers can apply to the emotional competence often required of us daily. The term is *emotional intelligence*, it refers to a person’s “ability to perceive emotion, integrate emotion to facilitate thought, understand emotions and to regulate emotions to promote personal growth” (Mayer et al., 2008). As an early education preschool teacher I find myself pushing the limits of my emotional competence often. I’ve set up my classroom to ensure positive behavior supports are imbedded into my classroom philosophy and structure. I believe awareness of one’s own emotions, student’s emotions and the emotional climate of your classroom, affects student learning and helps teachers regulate the atmosphere of a classroom. Therefore, a teacher’s emotional intelligence should be considered an integral part of providing positive behavioral supports in a classroom.

Consider the following classroom example as it relates to emotional intelligence and positive behavioral support. Several years ago, my administrator approached me in the school hallway, leaned in towards me, and spoke in a hushed tone, “You’re getting a new student, and I need to talk to you after school for a few minutes.” I was excited and intrigued, thinking I must be getting a really tough kid this time. The conversation after school went something like this:

**Administrator:** “He’s coming from an early childhood setting where he’s been attending four days a week, he gets very angry.”

**Me:** “Uh huh.”

**Administrator:** “He throws things, like chairs.”

**Me:** “Uh huh.”

**Administrator:** “He screams and climbs furniture.”

**Me:** “Uh huh.”

**Administrator:** “He urinated on the teacher.”

**Me:** “WOW!”

There was a behavior I hadn’t seen before! I found myself excited about the prospect of having him in my class. I wondered what I could learn from him and if I’d be able to determine the functions of his behaviors. It would be a challenge of course, and I had many, many questions. What would drive a four year old to exhibit this type of behavior? What set his behaviors in motion? Did he have a diagnosis? Surely he didn’t have little horns growing out the top of his head! Surely he would need some type of a behavior plan. I couldn’t wait to meet him.
The odds of successfully dealing with this tough kid were in my favor. I had the best training and education (thanks Marlene, USU). I passed all my tests with high marks (most of them); my classroom management skills are well developed and positive behavior supports are a routine part of my classroom. I understand the importance of primary behavior strategies such as: supervision and monitoring, rules and schedules, opportunities to respond, and high-rates of praise.

In an early childhood setting, the implementation of primary level supports may look like this:

- Teachers in the classroom are within close proximity and actively engaged with students. Close proximity helps prevent or redirect problem behaviors before they escalate. Adequate adult-student ratio’s allow for opportunities to model and teach desired behaviors.
- Daily schedules and classroom rules are posted in pictures and words are reviewed daily. Schedules are changed when needed; and changes are discussed with the students in order to provide them with an opportunity to adjust to the change.
- Positively stated rules are occasionally acted out and consistently reinforced by teachers throughout the day.
- Instruction is delivered using large and small groups as well as individual instruction, giving students a variety of opportunities and ways to respond. Teachers make an extra effort to praise students genuinely and in specific ways (Conroy et al., 2008).

Students who still demonstrate difficult behaviors, despite successful implementation of primary level supports, need to have a more individualized plan in place. Secondary interventions for preschool-aged children involve:

- More frequent behavioral prompts,
- Increased structure,
- Targeted instruction for desired behaviors, and
- Increased, specific, positive acknowledgment for appropriate behavior (Fairbanks et al., 2009).

Students who engage in aggressive behavior that is dangerous to themselves or others need tertiary interventions. These interventions require an individualized, function-based plan. Such interventions include:

- Additional teacher attention in the delivery of reinforcement (praise, points, stickers),
- Decreased task duration and difficulty,
- Sandwiching preferred activities between instructional activities, and
- Reducing reinforcement for problem behaviors (Fairbanks, 2009).
His first day of school was uneventful, sure enough—no horns. I noticed he remembered my name, and used it several times to gain my attention. He referenced the class schedule often to reassure himself that, at the end of the day, he would indeed get to go home. He soaked up every word in the Big Books we read to him. He usually sat on the front row, exhibiting such excellent attending behaviors the other students couldn’t help but follow his example. He enjoyed helping in the classroom, volunteering to wipe off tables and help other children, literally inhaling any kind of praise, even if it was just a smile from a teacher. I was truly convinced they had placed the wrong child in my classroom. He seemed comfortable with us and I could tell he was beginning to feel safe.

Finally, by the second week, feeling secure in his new classroom, he began to relax and let his guard down. He had periods of sadness, agitation and frustration but they were brief. One day he became moderately upset while playing with a peer, walked towards a table, picked up a chair and tossed it. He turned towards me and looked directly in my eyes. There it was, a test of sorts, aimed directly at me.

I’d been waiting for this. I watched him closely for a few seconds to see if he’d continue to escalate into a full meltdown. What I saw in his face surprised me, there wasn’t a look of anger or rage, he was strangely calm, waiting for my next move. What I did next was purely instinctual. I was oddly aware of every muscle in my body. I couldn’t smile, scowl, frown, move too quick or too slow. I felt that everything I did had to be just right. I didn’t necessarily know why. I approached him calmly, touched his shoulder gently and in a neutral voice said, “Sit here until you’re calm, then you’re welcome to come back and play.” A few minutes later he stood, picked up the chair he had tossed, placed it at the table, and resumed playing. I smiled and welcomed him back to the play group.

Was that it? No behavior analysis? No intervention plan? Neutral implementation of a consequence for breaking a rule and
consistent kindness was all that was needed? This precious boy only needed to know how I would react to his anger and frustration. He needed to know if he could trust me and see if my emotions were consistent enough to deal with his outbursts. Would I kick him out of school? Would I stop telling him all the things he was doing right? Would I hit him? Yell at him? Or, would I still care for him, consistently, without conditions? Absolutely. I passed his test and have yet to be urinated on.

He remained in my classroom for another school year without incident. I’ve reflected on this experience often. The impact of emotions on teacher effectiveness, student learning and behavior management is a powerful one, and should seriously be considered as it relates to creating and maintaining a positive classroom environment.

Research suggests a person’s emotional intelligence can be developed, just as any other skill, through awareness and practice. Four main abilities have been identified within the emotional intelligence model. The first ability is to Accurately Perceive, Express and Appraise Emotions. Consider if you are able to attend to your own facial expression, body language, words you use, and tone of voice. Ask yourself if you are able to perceive nuances in your behavior and the behavior of your students. Reflect on your emotional responses each day and consider what adjustments you might make (Kremenitzer, 2009).

The second ability is your Emotional Facilitation of Thinking. Consider the emotional swings in the classroom. Be aware of your emotional state and avoid making major decisions if your emotions are too negative. Observe student activity and energy levels. Make decisions based on their emotional state. For example, reduce or increase the number of opportunities/materials available to students based on the current classroom climate (Kremenitzer, 2009).

The third ability refers to Understanding and Analyzing Emotions. For example, using the right word(s) at the right time, helping student express feelings appropriately, and understanding what might cause a child to behave a certain way (Kremenitzer, 2009). Some teachers begin to predict how certain students will behave in a particular situation or setting, like the school day after a holiday or mornings without breakfast.

The fourth ability is Managing Emotions. Ask yourself if you are able to get out of a negative state, refrain from obsessing over something that’s bothering you or keep yourself from saying things you’ll regret. Think about making a conscious effort to remain in a neutral state, overriding negative emotions, at least until your students leave. Self-assess when you’re in a positive emotional state and consider what events or thoughts might contribute to those emotions (Kremenitzer, 2009).

In addition to the traditional ways you offer positive behavioral support, encourage the following activities and attitudes in your early childhood classroom that may help create an emotionally intelligent environment:

- Have high expectations for all children.
- Respect all children and their efforts.
- Be aware of changes or major events in your student’s life (family crisis, death of a pet, moving, etc).
- State rules in positive terms (tell children what to do rather than what not to do).
- Implement clearly defined routines and procedures (opening and closing routines, etc).
- Make a time and place to share feelings with students and check in with their emotions.
- Use a variety of groupings that allow for individual interactions with each student (Kremenitzer, 2009).

Our “tough kids” need to trust that we’ll be fairly consistent with our emotions, that we will make an effort to understand them, and will, by example show them how to navigate emotionally through their world.

References available upon request from the Utah Personnel Development Center
Attention Deficit Hyperactivity Disorder (ADHD) is the most common behavioral disorder of childhood, and is marked by a constellation of symptoms including immature levels of impulsivity, inattention, and hyperactivity (American Psychiatric Association, 1994). The National Institutes of Health declared ADHD a “severe public health problem” in its consensus conference on ADHD in 1998. In the ongoing dialogue about ADHD in gifted children, three questions often arise. Are gifted children over-diagnosed with the disorder? In what ways are gifted ADHD children different from gifted children without the disorder and from other ADHD children? Does the emerging research suggest any differences in intervention or support?

There are three subtypes of ADHD: predominantly inattentive type, predominantly hyperactive/impulsive type, and combined type. The combined type is most common and best researched. The DSM-IV states that to meet criteria for a diagnosis of Combined Type ADHD, a child must meet at least six of the nine criteria from both lists and exhibit significant impairment in functioning. Symptoms must occur in more than one setting, have been present for at least six months, and have been present before the age of seven. It is important to note that a child who meets the criteria but doesn’t exhibit significant impairment is not diagnosed with the disorder. The subjective determination of what constitutes significant impairment is one of several factors that contribute to the controversy regarding diagnosis and treatment, especially in gifted children.

**Differences in Gifted Children and Non-Gifted Children with ADHD**

Initial findings suggest two points for consideration (Kalbfleisch, 2000; Kaufmann, Kalbfleisch, & Castellanos, 2000; Moon, 2001; Moon, Zentall, Grskovic, Hall, & Stormant, 2001; Zentall, Moon, Hall, & Grskovic, 2001). First, Kaufman and her colleagues’ (2000) work indicates that identified gifted ADHD children are more impaired than other ADHD children, suggesting the possibility that we are missing gifted children with milder forms of ADHD. Second, high ability can mask ADHD, and attention deficits and impulsivity tend to depress the test scores as well as the high academic performance that many schools rely on to identify giftedness. Also, teachers may tend to focus on the disruptive behaviors of gifted ADHD students and fail to see indicators of high ability.

These delays are of concern because early provision of appropriate services is important for academic and social success. Gifted children whose attention deficits are identified later may be at risk for developing learned helplessness and chronic underachievement (Moon, 2001). ADHD children whose giftedness goes unrecognized do not receive appropriate educational services. It is recommended that children who fail to meet test score criteria for giftedness and are later diagnosed with ADHD be retested for the gifted program (Baum, Olenchak, & Owen, 1998; Moon, 2002).

As a group, ADHD children tend to lag two to three years behind their age peers in social and emotional maturity (Barkley, 1998). Gifted ADHD children are no exception (Kaufmann & Castellanos, 2000; Moon, 2001; Zentall, Moon, Hall, & Grskovic, 2001). This finding has important implications for educational placement. As a group, gifted children without ADHD tend to be more similar in their cognitive, social, and emotional development to children two to four years older than children their own age (Neihart, Reis, Robinson, & Moon, 2002). When placed with other high ability children without the disorder, ADHD children may find the advanced maturity of their classmates a challenge they are ill prepared for. Also, gifted children without the disorder may have little patience for the social and emotional immaturity of the gifted...
ADHD student in their midst. This is not to say that gifted ADHD students should not be placed with other gifted students. The research is clear that lack of intellectual challenge and little access to others with similar interests, ability, and drive are often risk factors for gifted children (Neihart, Reis, Robinson, & Moon, 2002), contributing to social or emotional problems.

**Assessing ADHD in Gifted Children**

It is difficult to differentiate true attention deficits from the range of temperament and behavior common to gifted children. There is concern in the literature that clinicians err on the side of pathologizing normal gifted behavior (Baum, Olenchak, & Owen, 1998; Baum, Owen & Dixon, 1991; Cramond, 1995, Leroux & Levitt Perlman, 2000; Webb, 2001). Common characteristics of gifted children can be misconstrued as indicators of pathology when the observer is unfamiliar with the differences in the development of gifted children. This difficulty can be exacerbated when the gifted child in question spends considerable time in a classroom where appropriate educational services are not provided. The intensity, drive, perfectionism, curiosity, and impatience commonly seen in gifted children may, in some instances, be mistaken for indicators of ADHD (Baum, Olenchak, & Owen, 1998; Webb, 2001). The creatively gifted child may appear to be oppositional, hyperactive, and argumentative (Cramond, 1995). Gifted children with some kinds of undiagnosed learning disabilities will be very disorganized, messy, and have difficult social relations (Baum & Owen, & Dixon, 1991; Olenchak, 1994; Olenchak & Reis, 2002; Reis, McGuire, & Neu, 2000).

Ideally, a diagnosis of ADHD in gifted children should be made by a multidisciplinary team that includes at least one clinician trained in differentiating childhood psychopathologies and one professional who understands the normal range of developmental characteristics of gifted children. Since as many as two thirds of children with ADHD have coexisting conditions such as learning disabilities or depression, assessment must include an evaluation for these disorders as well (American Academy of Pediatrics, 2000). School personnel rarely have the training needed to differentially diagnose ADHD, and few clinicians are aware of the unique developmental characteristics of gifted children. Accurate assessment must be a team effort.

One of the reasons parents may be hesitant to comply with treatment recommendations for their children is because they aren’t convinced their child has the disorder. Parents want a thorough evaluation, and parents of gifted children want assurance that their child’s giftedness has been taken into consideration when evaluations are conducted. When parents see that their child has been properly evaluated, they may be more willing to participate in a treatment plan.

**What is Appropriate Intervention and Support?**

The available research suggests that we should not assume that all interventions recommended for ADHD children are appropriate for gifted children who have the disorder. Early findings suggest that there may be some differences in the way we intervene with gifted ADHD children. Treatment matching is crucial. Effective interventions are always those that are tailored to the unique strengths and needs of the individual. There is wide agreement in the literature on gifted children with learning problems that as a general strategy, intervention should focus on developing the talent while attending to the disability. Keeping the focus on talent development, rather than on remediation of deficits, appears to yield more positive outcomes and to minimize problems of social and emotional adjustment (Baum, Owen & Dixon, 1991; Olenchak, 1994; Olenchak & Reis, 2002; Reis, McGuire, & Neu, 2000).

In addition, there is limited evidence that some of the commonly recommended interventions for ADHD children may make problems worse for ADHD children who are also gifted (Moon, 2002). For instance, since gifted children tend to prefer complexity, shortening work time and simplifying tasks may increase frustration for some gifted ADHD students who would handle better more difficult and intriguing tasks. Similarly, decreasing stimulation may be counterproductive with some gifted ADHD children who, as a group, tend to be intense and work better with a high level of stimulation.

**Conclusion**

There has been some concern that problems with inattention or hyperactivity that are better attributed to a mismatch with the curriculum (Baum, Olenchak, & Owen, 1998; Webb, 2001) or to characteristics of high creative ability (Cramond, 1995) are wrongly attributed to ADHD. Although there are good reasons to believe that misidentifications occur, there are yet no hard data on the frequency with which gifted children are over- (or under-) diagnosed or over- (or under-) medicated. Until systematic studies are conducted, we should be cautious about rejecting ADHD diagnosis in gifted children out of hand because there are serious, long-term negative consequences for undertreating the disorder (Barkley, 1998). The available research on ADHD children indicates that nationally, there is a good deal of undertreatment as well as some overtreatment of ADHD children.

It is a challenge to arrange a good fit in school for gifted ADHD children. They must have an appropriate level of intellectual challenge with supports and interventions to address their social and emotional immaturity. Placement in the gifted program may or may not be appropriate, depending on the nature of the program, the social milieu of the gifted classroom, and the coping ability of the child, but a coherent plan for addressing the student’s intellectual, social, and behavioral needs is nevertheless imperative.

*References available upon request from the Utah Personnel Development Center.*
Research on effective schools listed some of the following characteristics as necessary qualities: clear goals and high expectations for all students; school wide sense of order and discipline; teachers reward, praise and recognize student performance; school-wide monitoring system that reports student progress; amount of time students spend on engaged academic tasks is high; teachers use a variety of discipline strategies for managing disruptive behavior; teachers handle disruptive behavior in low key manner (MacKay, 1982).

Reinforcing expectations provides opportunities to catch the student doing something well and acknowledging that behavior. Positive reinforcement is defined as a consequence associated with a future increase in the frequency of the behavior it followed. Jenson et al. (2004) reported that rewards, which are contingently given for successful performance toward realistic goals, are more likely to enhance motivation and decrease problem behaviors. Certain factors make reinforcement or praise more successful. They include: reinforce immediately, reinforce frequently,
be enthusiastic, have eye contact, describe the behavior you like, create anticipation, incorporate variety and variability in the types of reinforcement (Loveless, 1996).

Systematic reinforcement can be seen as difficult in some settings, but dozens of elementary, middle and junior high schools across Utah are using the Principal’s 200 Club to increase positive behavior and rule-following in schools.

This intervention combines public posting and mystery motivators in a “catch them being good” type of program. A large laminated poster is divided into 200 squares prepared and posted in a visible location in the school. The squares are large enough for students to write in their name or display their ticket. The poster is placed in a prominent location in the school. Plastic chips, tags, or tickets are numbered 1-200 and placed in the office. A large sealed envelope with a big question mark is attached to the principal’s door. Inside the envelope is a piece of paper with a pre-selected reward written on it. The selected reward includes the principal in some positive fashion. Teachers and staff members in the school are provided coupons to present to students who were observed to be following school rules. Students who received coupons are instructed to go to the office during a specific time of day with their coupon. The student selects a number and writes their name or places their ticket on the corresponding box. Students sign their name to the good behavior book. In addition, the school calls home to congratulate the parents having a student who earned a 200 Club Card. Students continue to fill the poster with their names or tickets, and when ten names or coupons are displayed in a row (across, down, or diagonal), those ten students are called down to the office as the Principal 200 Club winners. The mystery envelope is opened and they participate in the activity with the principal. All of the names or coupons are removed and the process is started over again. (Jenson, Rhode, Evans, & Morgan, 2006; Bowen, Jenson, & Clark, 2004).

Many schools across Utah use the program and have adapted it to their setting and are seeing great success. Bob Zetner from Summit Academy Charter School, said, “We had our first winners last week, and played a rousing game of kickball...we have a large 200 club poster in our hallway for all to see...the students love it.” Larry Larson, a secondary principal in Cache District said, “It’s a program that will impact all kids. It works for every kid.” The Principal’s 200 Club is designed to be easy to use and to involve staff, students and parents. For a training DVD on the Principal’s 200 Club, visit www.updc.org. Search in the Resources by Topic section under Behavior to request your copy. Additional information can be found in Jenson, W. R., Evans, C., Morgan, D., & Rhode, G. (2006). The Tough Kid Principal’s Briefcase: A Practical Guide to Schoolwide Behavior Mangament and Legal Issues. Longmont, CO: Sopris West.
Balancing Behavioral Improvement with Academic Success

One of the critical dilemmas facing the staff of any elementary-aged, self-contained Emotionally Disturbed (ED) unit is balancing the child’s need for behavioral intervention with the school system’s need to make Adequate Yearly Progress (AYP). Students placed in self-contained ED units are, of course, deficient in some behavior skills that have already been attained by their peers, a deficiency that impedes them from remaining in the general education setting and accessing the core curriculum. The dichotomy is especially pronounced in this era of high stakes testing—where several low CRT test scores from the self-contained ED students can cause a “Passing” school to be demoted to “Non-Passing.” So just how do you keep the two in equilibrium? The following article highlights some of the procedures, techniques, and services that we’ve found to be essential in keeping a child on track for AYP while simultaneously fostering dramatic behavior improvement.

Granite School District self-contained ED units are staffed with a special education teacher and social worker. The special education teacher is on duty all day teaching academics, implementing behavior strategies, and tracking academic and behavioral progress. The social worker is available three days per week functioning as a behavior specialist who oversees all behavioral interventions including the writing of students’ Functional Behavioral Assessments (FUBA) and Behavior Intervention Plans (BIP).

Assessment at the Transition Meeting

A new student’s program is sketched out at the transition meeting, where all pertinent participants from the less restrictive placement (usually the general education and resource environments) bring their data, which is synthesized and summarized by the district-wide behavior specialist. During the transition meeting, we gather vital information regarding the building of the child’s self-contained ED academic-behavioral program, a program that will be specified in the Individual Education Plan (IEP). It is especially helpful to learn the pupil’s academic performance levels, impediments to learning, glaring behavioral deficits, as well as their strengths, weaknesses, and motivators. While self-contained students often display multiple maladaptive forms of conduct, zeroing in on the single most disruptive behavior is essential. This can be achieved by asking the general education and resource staff: “What is the one maladaptive behavior that, if remediated, would allow this child to return to your less restrictive setting?” The answer to that question usually becomes the self-contained student’s behavior goal and the replacement behavior on the BIP.

Another important piece of data is establishing just how much of the pupils inappropriate behavior occurs due to what the student can’t do compared to what the student won’t do. Knowing this information allows us to construct reasonable behavioral expectations that are sensitive to each individual pupil. For instance, a child that is fully capable of sharing Legos but actively choosing not to do so will experience a different consequence than a student who doesn’t comprehend the concept of sharing Legos and needs to have this skill modeled and taught.

The Behavior Intervention System

While myriad behavior intervention systems are available, we’ve found it most effective to use one that allows us to track the child’s behavior hourly throughout the school day and simultaneously indicate to the pupil that if the replacement behavior is displayed his/her incentive-reward will follow. Tracking a student’s behavior in hourly segments is important because it allows us to identify if certain times of the day are troubling, especially regarding the way medication changes are affecting our pupils.

We have found it helpful to discuss the effectiveness of our interventions on a weekly basis. The behavior specialist’s emotional detachment often allows her to discern classroom dynamics that are imperceptible to the special education teacher because he may be emotionally engaged and on call every minute of the day. The behavior specialist can then impart insightful intervention strategies that facilitate improved classroom behavior and increased time on task, which enhances academic progress.

Remediating Skill Deficits

Easily three-fourths of the students that have been placed in our K-3, self-contained ED program are deficient in the ability to self-soothe. For various reasons, the disappointment associated with not getting immediate gratification from a desired outcome propels many of our students into tirades that often result in their becoming a threat to themselves and others. For this reason we’ve created a “Calm Down” area in the classroom, which is a small 5-foot by 5-foot nook with activities (clay, toy dinosaurs and cars, bean-bag chair, ther-a-putty, etc.) for students to take part in. To access the Calm Down area, pupils must actively state that “I need to calm down!” to an adult, who then sets a timer for four minutes. The student must then actively engage in some activity to distract themselves from their angry emotions.
feelings until they feel calm again. Eight minutes is the time-limit for the “Calm Down” activity, and students are responsible for any schoolwork that has been missed while in the Calm Down area.

We’ve found the Calm Down area to be the core of our program, as it compels students to become responsible for their anger, helps them find techniques that defuse their angry feelings, and shows them that they are competent and mature enough to soothe themselves appropriately. Furthermore, the use of the Calm Down area makes it far less likely for our students to be placed in a time-out room.

**Home Rewards Contingent Upon School Behavior**

Forging an alliance with parents is probably the most important, yet daunting, task facing the team. We fashion a working relationship by making frequent phone calls to parents, especially in the initial two weeks that a child has been placed in our self-contained unit. We try to have at least three positive, “caught your child being good”-type phone calls before having one that conveys poor school behavior.

Three or four positive phone calls home often transforms the dynamics of school behavior and students can begin to build their identities for doing the right thing at school. Furthermore, parents often unconsciously reward their child for being well-behaved at school while simultaneously supporting our academic-behavioral program.

Once positive rapport with parents is established it’s easier to collaborate with them to institute one of the most powerful behavior intervention tools of our electronic age: screen privileges. We employ a behavior point system. If a student earns less than a specified number of behavior points during the school day we inform the parents and they eliminate their child’s screen privileges for that evening; meaning that the child doesn’t get to interact with any object that has a screen (i.e., TV, video games and cell phone games).

The effectiveness of screen privileges is remarkable. Students who formerly didn’t care how they behaved at school often begin tracking their behavior points to certify that they have earned enough for screen privileges at home.

**Individual Counseling**

Individual counseling with the behavior specialist/social worker is handled on a case-by-case basis. The circumstances where a student would likely benefit from individual counseling include the following:
1) Situations where a student needs extra practice implementing their replacement behavior;
2) When a student is experiencing grief or loss associated with a death or divorce—and this experience has had an obvious effect on behavior;
3) Reviewing progress with a student who is being mainstreamed; and
4) As a positive reinforcement for appropriate behavior (i.e., playing a game, making a craft project, etc.).

**Rule for Mainstreaming: No Surprises**

Being mainstreamed back into the general education environment is the most critical part of the self-contained ED student’s program. We have found that informing the general education teacher of the specific kinds of challenges the general education environment poses for a student, is critical for student success. We collaborate with the classroom teacher and anticipate the kinds of antecedent circumstances that could trigger the previously displayed inappropriate behavior that resulted in the student being placed in the self-contained setting. Finally, in collaborating with the general education teacher we emphasize that mainstreaming success occurs as a continuum. An instance of inappropriate behavior doesn’t signal failure as much as it signals that a specific behavioral skill needs to be taught to the mainstreamed student on the spot. This often involves utilizing a social/behavior skill the student has already mastered in the self-contained environment but has never applied in this unfamiliar, highly stimulating mainstreamed setting.

By applying the principles above we have been able to simultaneously improve students’ classroom behavior, increase time on task, and improve CRT scores.
When students with emotional and behavioral disorders (E/BD) qualify and receive special education services, professionals dedicate a significant amount of attention to managing disruptive behaviors. Webby, Fulk, Arwood, Lane, and Cooley (2003) found that teachers in self-contained classrooms for students with E/BD dedicated 30% of the school day to academic instruction while spending the remainder trying to control misbehavior. Therefore, maladaptive behaviors characterized by students with E/BD can negatively affect reading acquisition over time (Anderson, Kutash, & Duchnowski, 2001). If this trend occurs, students with E/BD will continue to be at risk for dropping out of school because reading is a critical predictor of academic success in all subjects.

In a quest to increase graduation rates and improve the reading instruction of students with E/BD at the middle school level, Wangsgard (2008) investigated what five middle school students with E/BD, who struggle with reading, perceived as helpful practices regarding the learning to read process. Wangsgard found that regardless of maladaptive behavioral issues, participants in this study showed that they valued becoming better readers. The following practices were identified:

• **First**, there is a need for greater emphasis on family involvement in the learning to read process. Teachers need to emphasize the importance of parent or guardian reading support when they conduct IEPs, and work to promote educational support networks at home that would give parents or guardians the reading tools to help.

• **Second**, participants clearly stated that they wished more of their teachers would offer book choice. They consistently expressed greater interest in reading when teachers provided student choice and/or a variety of topics for reading.

• **Third**, it is necessary to provide reading instruction that teaches effective use of before, during, and after strategies; and preferably uses student-selected reading materials. Students who apply effective before, during, and after reading strategies will improve their drive to read and take on the characteristics of an effective reader.

• **Fourth**, teachers need to remember that the teaching of reading comprehension skills cannot be done effectively unless they combine reading interventions with an understanding of the individual cognitive and psychological needs of students.

• **Fifth**, teachers need to combine scientifically-based reading comprehension instructional strategies with appropriate, non-threatening assessment techniques.

• **Sixth**, teachers need to consider motivational factors (i.e., frame of mind, interest in reading, reading goals and incentives, difficulty of text, and a book’s cover and pictures) that students feel are important to them.

• **Seventh**, teachers need to provide a safe and comfortable reading environment that encourages reading. A classroom atmosphere, where students are encouraged by peers to read regardless of their reading abilities, appears to help students work harder at learning to read.

Despite behavioral and academic obstacles faced by the students interviewed by Wangsgard (2008), it was evident that they all valued becoming better readers. The suggestions listed above took into account what is appropriate, important, and motivating for this group of students. The use of such practices may help improve the teaching of reading skills to students who struggle in similar ways.
Service Directory

Utah State Office of Education

Special Education Services

- Nan Gray • Director of Special Education .................................................. 801-538-7757 • nan.gray@schools.utah.gov
- Peggy Milligan • Coordinator of Special Education ........................... 801-538-7589 • peggy.milligan@schools.utah.gov
- Glenna Gallo • Coordinator, State & Federal Compliance Officer ........ 801-538-7898 • glenna.gallo@schools.utah.gov
- Lisa Arbogast • Coordinator, Law & Policy ........................................ 801-538-7568 • lisa.arbogast@schools.utah.gov
- Carol Anderson • Specialist, Emotional Disturbance/Mental Health ... 801-538-7727 • carol.anderson@schools.utah.gov
- Wendy Carver • Specialist, Assessment and Accountability ............... 801-538-7639 • wendy.carver@schools.utah.gov
- Janet Gibbs, Specialist, Literacy, SLD, Access to the General Curriculum ... 801-538-7716 • janet.gibbs@schools.utah.gov
- Susan Loving • Specialist, Transition, OT/PT Services ....................... 801-538-7645 • susan.loving@schools.utah.gov
- Cal Newbold • Specialist, Fiscal and Data Issues .................................. 801-538-7724 • cal.newbold@schools.utah.gov
- Connie Nink • Specialist, Preschool ...................................................... 801-538-7948 • connie.nink@schools.utah.gov
- Tiffanie Owens • Specialist, Monitoring ............................................. 801-538-7806 • tiffanie.owens@schools.utah.gov
- Jocelyn Taylor • Specialist, TBI, Autism, Communication Disorders ... 801-538-7726 • jocelyn.taylor@schools.utah.gov
- Christene Timothy • Education Specialist, Significant Disabilities, Deaf/Blind/Deafblind ........................................................... 801-538-7576 • chris.timothy@schools.utah.gov

Utah Personnel Development Center

2290 East 4500 South, #220 Salt Lake City, Utah 84117 • 801-272-3431 or 800-662-6624

- Loydene Berg, Ext. 217 ..............................................................................loydeneb@updc.org
- Peggy Childs, 435-817-6616 ................................................................. peggyyc@updc.org
- Glenn Dyke, Ext. 210 ............................................................................ glnnd@updc.org
- Amy Garlick, Ext. 204 ........................................................................... amyga@updc.org
- Kit Giddings, Ext. 209 ........................................................................... kitg@updc.org
- Devin Healey, Ext. 205 ........................................................................... devinh@updc.org
- Michael Herbert, Ext. 207 ...................................................................... michaelh@updc.org
- Tom Johnson, Ext. 243 .......................................................................... tomj@updc.org
- Cathy Longstroth, Ext. 223 ................................................................... cathyl@updc.org
- Heidi Mathie Mucha, Ext. 257 ............................................................... heidim@updc.org
- Lowell Oswald, Ext. 206 ........................................................................ lowello@updc.org
- Jeri Rigby, Ext. 208 ................................................................................... jerir@updc.org
- Bruce Schroeder, Ext. 212 ..................................................................... bruc eso@updc.org
- Suraj Syal, Ext. 247 ................................................................................ sura js@updc.org

Utah State Personnel Development Grant

2290 East 4500 South #260, Salt Lake City, Utah 84117 • 801-272-3431 or 800-662-6624

- Bruce Schroeder, Project Director, Ext. 212 ........................................ bruc ses@utahsignal.org

Utah Parent Center

2290 East 4500 South, #110, Salt Lake City, Utah 84117 • 801-272-1051

- Helen Post, Director ............................................................................... helenp@utahparentcenter.org