The Use of a Behavior Support Office Within a System of

Positive Behavior Support as an Intervention for Disruptive

Behavior in an Approved Private School Setting.

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by

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ABSTRACT

The Use of a Behavior Support Office Within a System of
Positive Behavior Support as an Intervention for Disruptive
Behavior in an Approved Private School Setting
by E. Eugene DeLong
Doctor of Philosophy
Temple University, January, 2010
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The purpose of this study was to examine whether

removing disruptive students to a behavior support office

(BSO) is an effective intervention in reducing disruptive

behaviors in a school exclusively serving students

diagnosed with emotional disturbance. The study also

examined the effect of the BSO on academic success and

school attendance. Staff attitudes toward the BSO were also

examined. Finally, demographic categories were evaluated.

Archival data from two school years were collected. There

were 35 students during the 2007-2008 school year when the

BSO was in effect, and 65 students during the 2008-2009

school year when the BSO was not in effect. There was also

an evaluation of the 23 students who were present during

both years.

It was hypothesized that use of the behavior support

office would reduce the number and intensity of behavior

incidents, and ultimately, reduce the amount of time spent

out of class due to those behaviors. The data, however,

demonstrated that students exhibited more behavior

incidents and spent more time out of the classroom due to those behaviors with the BSO in place. It is believed that this increase was most likely due to the reinforcement of escape motivated behaviors. These behaviors in the BSO were, however, of a lower intensity.

This researcher further hypothesized that students would demonstrate higher grade point averages and higher rates of attendance with the behavior support office in place. There was no significant difference in GPA or attendance.

School staff were administered the Intervention Rating Profile – 15 to examine levels of staff acceptance for the behavior support office. Teaching staff had the highest level of acceptance for the BSO, while administrators had a lower level of acceptance, and behavior staff had the lowest level of acceptance. The higher level of teaching staff acceptance did not appear to impact the success of the intervention.

Finally, demographic information was evaluated. There were no significant effects for age or gender. However, African American students demonstrated a significantly greater decrease than Caucasian students in time out of the classroom due to behavior incidents after the Behavior Support Office was discontinued.

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Introduction

This study set out to evaluate whether removing a

student exhibiting behavior problems from the classroom and

sending him to the Behavior Support Office is effective in

reducing disruptive behaviors, or improving academic

outcomes. This study also examines the acceptability of

the Behavior Support Office to staff members. The study

took place in an approved private school in the suburbs of

a major metropolitan area in the North-Eastern United

States exclusively serving the emotional support /

behavioral support population. Students diagnosed with

emotional disturbance come to this school from districts in

the surrounding area which can no longer effectively

program for the students within the district.

The Behavior Support Office (BSO) is part of an

overall positive behavior support approach implemented at

the target school. The BSO is a room staffed by behavior

support staff where students can go when experiencing

difficulty in the classroom setting. For approximately 30

years, the school has had a separate room where students

with behavior difficulties would be sent. In 2004,

however, it was decided that a specific, research based

intervention should be implemented while students were in this room. This is when the Behavior Support Office was started. The intervention uses trained behavior support staff implementing the Life Space Interview. If a student feels as though he or she is being triggered toward behavioral disruption, that student can voluntarily ask to go to the BSO. On the other hand, if a student's behavior has become disruptive to the class, then the teacher can request that the student go to or be escorted to the BSO. The Behavior Support Office is designed to be a safe place where the student can de-escalate and process the incident. Behavior Support Staff are professionals with undergraduate college degrees in psychology or a related field, with training in positive behavior support and the Life Space Interview. The Life Space Interview is an intervention for emotionally disturbed children developed by Fritz Redl (Wineman, 1959). This intervention, as implemented in the target program, follows a six step format outlined in the Life Space Interview Check Sheet (Appendix A). Behavior staff members implement the steps beginning with the first step, which is to elicit the youth's description of the incident. The task is to listen, refrain from judgments and corrections and ask questions which will help the student describe what happened. Staff also focuses on how

the student was feeling and what they were trying to achieve. The second step is for staff to share their own perceptions of the incident and discuss similarities and differences between these versions. The focus during this step is on providing a reality base and clarifying patterns of student behavior. Step number three is to help the student to connect the incident to a pattern of student behavior. This leads to step four, where the staff and student explore alternative ways to handle the issue through first allowing the student to develop some options then offering staff suggestions. The fifth step is to develop a plan or contract to help the student with identified behavior. During this step staff work to elicit youth commitment to the plan while assuring the student of adult commitment to the plan. It is during this stage in the intervention where there is a discussion on consequences for the behavior. The sixth and final step is returning the student to the program.

The behavior support office intervention has been designed for a school serving the emotionally and behaviorally disturbed student population. Students diagnosed with emotional disturbance have been observed to consistently exhibit higher rates of inappropriate behaviors and lower rates of appropriate behaviors than

their non-diagnosed peers (Landrum, Tankersley, & Kauffman, 2003). Addressing these problematic behaviors in schools is an ongoing and increasingly challenging problem for educators. Many schools attempt to deal with these behaviors within the school structure, and with the Gaskin ruling of 2005, addressing challenging behaviors within the regular education setting is increasingly necessary (Gaskin v. Commonwealth of Pennsylvania, 2005). In spite of these efforts, certain students require more intensive emotional support than can be delivered within the school setting. These students are often placed in approved private schools that provide intensive emotional support.

Whatever the setting, successful intervention with students diagnosed with emotional disturbance is of tremendous importance as these students tend to experience lower levels of academic achievement than any other student subgroup (Wagner, Kutash, Duchnowski, Epstein, & Sumi, 2005). Furthermore, students diagnosed with emotional disturbance earn lower grades on assignments and tend to fail more classes than any other disability group; and the vast majority of these students perform below expected grade level in both reading and math (Landrum et al., 2003).

The difficulties that these students encounter do not end when school does. Students diagnosed with emotional disturbance drop out of school at a rate that is twice as high as students in the general population. Within five years after leaving school these students are less likely to be living independently than the general student population, and well over half of them are likely to be arrested (Wagner et al., 2005).

Although there is considerable research focused on positive behavior support in general, there is nothing in the body of research that directly examines the effectiveness of the Behavior Support Office as a part of a school-wide positive behavior support plan. A better understanding of what specific interventions are and are not effective will help educators to develop and implement better intervention programs and ultimately provide a greater benefit for the students diagnosed with emotional disturbance.

Statement of Purpose

The purpose of this study is to examine the use of the behavior support office as an intervention for disruptive behavior in an approved private school setting. The study compared student behavioral outcomes during a year when the

Behavior Support Office was implemented with the student
behavioral outcomes during a year when the Behavior Support
Office was not implemented. In addition, this study
compared student educational outcomes during a year when
the Behavior Support Office was implemented with the
student educational outcomes during a year when the
Behavior Support Office was not implemented. It is
hypothesized that use of the Behavior Support Office will
be shown to result in decreased behavioral incidents as
well as with increased academic success. Finally, this
study examined the attitudes of teachers, behavior staff
and administrators toward the Behavior Support Office in
relation to the success of the intervention. It is
hypothesized that staff attitudes will be generally
positive, and will correspond with success of the Behavior
Support Office.

Research Questions and Hypotheses

This study addressed the following three research
questions:

Question 1: Are students more behaviorally successful
with the behavior support office in place or without
it?

Hypothesis 1: The behavior support office provides a structured and consistent approach to addressing behavioral difficulties within the school setting. It is hypothesized that the overall number of reported behavior incidents will be lower, and that the intensity of those behavior incidents will also be lower with the behavior support office in place. In addition, it is hypothesized that lower numbers of behavioral incidents and lower intensity of behavioral incidents will also result in less time spent out of the classroom due to behavioral issues.

Question 2: Are students more academically successful with the behavior support office in place or without it?

Hypothesis 2: The behavior support office is likely to decrease behavioral incidents and ultimately increase instructional time and time on task. It is hypothesized that with better behavioral functioning, academic functioning as measured by GPA and attendance will be higher with the behavior support office in place.

Question 3: Is the Behavioral Support Office an acceptable intervention to teachers, behavior staff and/or administrators? Does level of acceptability coincide with success of the intervention?

>*Hypothesis 3*: It is predicted that staff will find the behavior support office to be an acceptable intervention and that higher levels of acceptability will coincide with success of the intervention.

CHAPTER 2

REVIEW OF THE LITERATURE

In order to gain a better understanding of the students who are affected by emotional disturbance, and how they are affected, it is important to review the literature that examines the course of this diagnosis. Furthermore, it is necessary to examine the demographics of students who have been diagnosed with emotional disturbance and how emotional disorders impact their lives during school and their lives after school.

Demographics of Students with Emotional Disturbance

It is largely believed that Emotional Disturbance is under-diagnosed in schools throughout the United States (Landrum et al., 2004). Currently, the identification rates vary across states from the lowest of .07% of the student population in Arkansas to the highest rate of 1.54% in Minnesota (U. S. Department of Education, 1991–2000). Even this is likely a significant under-representation. Much current information indicates that the true rate of emotional disorders in American schools is much higher. Kauffman (2001) estimates that the true rate is between 3% and 6% of the student population. Wagner (1995) states that somewhere between 8 – 12% of all school age children

are experiencing some form of emotional disturbance and that intervention would provide some benefit. Keeping this under-diagnosis in mind, there has been a recent trend toward increased diagnosis of emotional disturbance (Landrum et al., 2004), as well as a strong trend toward providing services for these students in the mainstream class (Wagner et al., 2005). Moreover, states such as Pennsylvania have initiated laws requiring this push toward providing services in the regular education classroom in order to comply with IDEA's requirement of a free and appropriate education in the least restrictive environment (Gaskin v. Commonwealth of Pennsylvania). All of this supports the need for effective, research based interventions to appropriately address the challenges facing these students.

Students diagnosed with emotional disturbance tend to be male. Currently, 77% of students diagnosed with emotional disturbance are boys, as compared to the regular education population where 51% of the students are male (U.S. Department of Education, 2005; Wagner et al., 2005).

There is also a divergence from the general population when we examine the racial/ethnic background of students with this diagnosis. Twenty-five percent of secondary students diagnosed with emotional disturbance are African

American as compared to 16% of the students in the general population being African American (U.S. Department of Education, 2005). It is approximately 1.5 times more likely for African American students to be diagnosed with emotional disturbance than their non-African American peers (Oswald, Coutinho, Best, & Singh, 1999). It is possible that socio-economic factors may account for some of this discrepancy, and indeed many SES factors that trend negatively in the African American population also show up as predictors of who will be diagnosed with Emotional Disturbance. Poverty is one such factor that is highly correlated with being diagnosed with emotional disturbance. Among students who are in special education programs, 14% of the white students lived at or below the poverty line while 51% of the African American students lived at or below the poverty line (Wagner et al., 2005). However, among African Americans, there was a reversed effect when considering poverty and the specific diagnosis of emotional disturbance. As poverty increased among African American students, diagnosis of emotional disturbance actually decreased. Conversely, African Americans in wealthier communities were more likely to be diagnosed with emotional disturbance (Oswald et al., 1999). Recent statistical analysis indicates that this over-representation is not, in

fact, the result of socio-economic struggles, and is possibly the result of biased diagnosis and placement (Gaviria-Soto & Castro-Morera, 2005). The statistical analysis in this study concluded that this over-representation could not be solely accounted for by demographic factors. This over-representation is troubling, and we must be vigilant to guard against bias in the process of diagnosing students and in placing them in treatment settings. It is important that every precaution is taken to be certain that the placements that are chosen are the most appropriate placement for the effective treatment of each individual student.

As was noted earlier, socio-economic, household, and other environmental demographics are highly correlated with diagnosis with emotional disturbance as well as with academic difficulties and problems after school. Some of these risk factors include poverty, housing difficulties, drug and alcohol use and truancy (Wagner et al., 2005, Oswald et al., 1999, & Jessor, 1993). These studies demonstrate that the poverty rate is higher among students diagnosed with emotional disturbance than among students in general education. Thirty-one and one half percent of all students in the emotionally disturbed category live in poverty while 18% of general education students live in

poverty. Children diagnosed with emotional disturbance tend to experience more family instability. For instance, the National Adolescent and Child Treatment Study (Silver, Duchnowski, Kutash, & Friedman, 1992)showed that about 10% of students diagnosed with emotional disturbance live without either biological parent as compared with 2% of children in the general population and 40% were living in a one parent home as compared to 24% of the general population. Furthermore, both adolescents diagnosed with emotional disturbance and their parents rated their families as low in cohesion and chaotic at a significantly higher rate than the national norm.

Students diagnosed with Emotional Disturbance tend to experience difficulties even after school. Fewer than half of these students who leave high school do so with a diploma (Wagner, 1995). In combination with the multiple risk factors noted above, it is not surprising that these individuals tend to continue to experience significant difficulties. Within three to five years after leaving school, only about 25% of all students diagnosed with SED were enrolled in some form of post-secondary education, as compared to 68% of those of the same ages in the general population (Blackorby & Wagner, 1996). This obviously had an impact on employment prospects. Some studies have

suggested that only about 60% of those diagnosed with SED and living in the community were working or looking for work (Greenbaum et al., 1996). Another study looked at employment and noted that 47% of these individuals were employed as opposed to 69% of their peers in the general population. As a result, only about 40% of individuals with SED were able to support themselves independently within 3-4 years after leaving school as compared to 60% of the general population. Even though these individuals with SES face considerable difficulties, the lower employment rate apparently could not be accounted for by economic disadvantage (Blackorby et al., 1996 & Wagner, 1995). Taking into account the lower levels of secondary and post-secondary education, it would appear obvious that the majority of the employment among these individuals is near the minimum wage (Greenbaum et al., 1996 & Wagner, 1995). These statistics stand in contrast to reported goals that secondary students with SED have for themselves. About 53% of these students have noted that finding competitive employment was their primary goal after leaving school. Forty percent of the students with SED had a primary goal of obtaining post-secondary vocational training in order to enhance that employability; while 44% of students with SED expressed a desire to attend college.

Unfortunately, transition planning does not reflect a follow-through on these goals. According to school records on transition planning, they made contact with potential employers on behalf of only 24% of their students diagnosed with SED. Meanwhile, they contacted post-secondary vocational schools on behalf of 23% of these students; and they contacted colleges for only 18% of these students (US Department of Education, 2005).

With a lack of educational and employment opportunities accompanied by higher levels of poverty and other risk factors, not to mention the emotional struggles inherent in an ED diagnosis, it should come as no surprise that involvement with the criminal justice system is a common outcome for these students. Research indicates that somewhere between 46% and 88% of children involved in the juvenile justice system have also been diagnosed with emotional disturbance (Lyons, Baerger, Quigley, Erlich, & Griffin, 2001). When we compare this number to the number of youth in the general population who are also diagnosed with ED (18% to 22%) it seems as though emotional disturbance plays a part in juvenile criminal behavior (Graves, Frabutt, & Shelton, 2007). There are those who believe that emotional disturbance is one of many factors that contribute to criminal activity, and many of the other

factors are the very same factors that are associated to emotional disturbance itself. These include poverty, housing problems, truancy, poor social skills and difficulty with impulse control (Jessor, 1993; Loeber, Wung, Keenan, & Giroux, 1993). Just as with emotional disturbance, the majority of individuals who commit violent crimes are male. This seems to be changing, however, as the rate of violent crime among females has recently been increasing, nearing that of males (Snyder, 2005). It is believed that internalizing symptoms of emotional disturbance such as depression and anxiety often occur in juveniles involved in the juvenile justice system. It is believed that this is especially so with females. These internalizing symptoms may play a part in the "acting out" behaviors that often result in contact with the juvenile justice system (Teplin, Abram, McClelland, Dulcan, & Mericle, 2002). The very tendencies toward behaviors that can escalate into criminal activities can also create disruption in the school setting. It is imperative that these issues be effectively addressed in order to facilitate an appropriate education for students diagnosed with Emotional Disturbance.

The Impact of Emotional Disturbance on Academic Achievement

The many problems that are correlated with emotional disturbance also seem to impact academic achievement. In fact, studies have consistently shown that students diagnosed with ED experience higher levels of academic difficulty when compared to peers of their same age without disabilities (Cullinen, & Sabornie 2004; Reid, Gonzalez, Nordness, Trout, & Epstein, 2004). Furthermore, this difficulty tends to begin early in the student's career and proves resistant to interventions (Trout, Nordness, Pierce, & Epstein, 2003). Students diagnosed with ED have been shown to have academic achievement that is similar to that of students diagnosed with learning disabilities with both groups performing nearly two standard deviations below the mean on standardized achievement measures (Lane, Carter, Pierson, & Glaeser, 2006). Why is this? It is clear that there is a relationship; but what, exactly is that relationship? Are there organic issues that simultaneously impact these students academically, emotionally and behaviorally; or do the emotional and behavioral issues result in academic difficulties as a by-product?

There is some evidence that students diagnosed with ED begin with certain cognitive deficits. Mattison, Hooper,

and Carlson (2006) found that the mean full scale IQ score of the ED students in their study (n=34) was 88.8. The National Adolescent and Child Treatment Study noted that the mean IQ for students diagnosed with ED sampled from across the United States was 85.8. Some research, however, places these students slightly higher with an average FSIQ score of 91.87 (McHale, Obrzut, & Sabers, 2003). This places the majority of these students in the Low Average to Below Average range of functioning. Students in this level of functioning are often called "slow learners", generally think concretely and frequently have difficulty with abstract reasoning. It is possible that these difficulties with processing abstract concepts contribute to emotional and behavioral problems as well as to academic problems. Seguin, Pihl, Harden, Tremblay, and Boulerice (1995) examined cognitive processing more closely with a focus on processing. They discovered that students diagnosed with ED were more likely to engage in aggressive behavior if they had lower executive functioning ability. Research also shows that academic processing speed impacts the effect that externalizing behavior has on academic skills of students diagnosed with ED. The study demonstrated that students with lower processing speeds were more likely to demonstrate externalizing behavior as well as poor academic

performance (Benner, Nelson, Allor, Mooney, & Dai, 2008).
It seems as though a student with slow processing speed has
difficulty in efficiently interpreting academic cues,
resulting in poor academic performance. In addition, these
same students apparently have difficulty appropriately and
accurately interpreting social cues resulting in social,
behavioral, or emotional difficulties, or any combination
of these three. Social skills training would seem to be an
important intervention for these students in order to
improve social behavioral and emotional functioning.

Another problem that may be contributing to academic
difficulties for students diagnosed with ED is lack of
instruction. Students who miss instructional time are
likely to do poorly in academic achievement. One major
reason for missing instruction is missing school altogether
Absenteeism is a real problem for students with emotional
disturbance. Research has shown that absenteeism among ED
students was significantly higher than regular education
students (Lane, Barton-Arwood, Nelson, & Wehby, 2008).
Absenteeism is not the only way that students miss
instruction. Sometimes, they miss instruction while they
are in school or even in the classroom itself. This often
happens through disruptive behavior. There is some
disagreement as to how many students diagnosed with ED also

experience behavior difficulties. Various studies have been done on the topic and they have shown that anywhere from 25% to 97% of students with ED are dealing with comorbid behavior difficulties (Reid et al. 2004). This range is rather large, but it is clear that there is a connection between ED and a certain level of behavioral difficulty. Tremblay, Masse, Perron, and Leblanc (1992) showed that first grade academic underachievement was highly correlated with first grade disruptive behavior. Disruptive behavior likely impacts student grades in that it causes the student to experience diminished instructional time. First of all, while the student is acting out, that student is redirecting the teacher and the class from instruction. Furthermore, the student is often removed from the classroom setting when acting out and therefore misses out completely on instructional time. A higher level of instructional time, and in particular effective and focused instructional time, has been significantly and positively correlated to higher achievement (Kubitschek, Hallinan, Arnett, & Galipeau, 2005; Walberg, 1981). Being sent to the school office has long been an accepted mode of dealing with disruptive students, and a good bit of research on this topic has been done. One study has shown that among those students who

are sent to the office for a discipline referral, the mean number of referrals was 3.77 during the school year. Moreover, students diagnosed with ED were the one group most likely to be referred to the office of all groups in either special education or regular education (Skiba, Peterson, & Williams, 1997). So Students diagnosed with ED are more likely to miss instruction due to being sent out of the classroom. This is of particular interest when evaluating the Behavior Support Office. If the time spent in the BSO is effective, then the student's time out of the classroom will ultimately be reduced. On the other hand, if this time is not effective, then not only will the student's behavior not be improved, the student will continue to miss instructional time.

Traditional Approaches to addressing Behavior Issues

Addressing disruptive behaviors in the classroom is an area of considerable concern among the public and of ongoing research. In fact, the issues in schools that consistently rank among the most concerning for teachers, and the public in general, include fighting, violence, truancy, lack of discipline, and drug use (Sugai & Horner, 2002). Violence in schools is of particular concern, as

71% of public schools in the United States reported at least one incident of violence during the 1999-2000 school year, which adds up to approximately 1,466,000 incidents of violence. Moreover, during the same period 20% of public schools in the United States reported at least one incident of serious violent incidents which were defined as "including rape, sexual battery other than rape, physical attacks or fights with a weapon, threats of physical attack with a weapon, and robberies either with or without a weapon" (Miller & Chandler, 2005, p. 5).

The question remains, however, how can we most effectively address these issues? Recent trends in school discipline, particularly in the wake of such shocking acts of school violence as Columbine and Paducah, have been somewhat reactionary and tend toward more punitive and restrictive policies such as zero-tolerance codes, suspension, and expulsion (Cameron, 2006). Surprisingly, and perhaps counter-intuitively, research has shown that discipline policies that are designed to secure the environment (e.g. metal detectors) and/or enforce rules (e.g. suspension) as well as coercive and punitive approaches to discipline are not only relatively ineffective in stemming violence and discipline problems, they are associated with more incidents of school crime,

discipline problems, and anti-social behavior (Mayer, 1995;
Nickerson & Martens, 2008). The U.S. Department of
Education's 2000 Survey on Crime and Safety found a
correlation between regular use of law enforcement
personnel in the school and higher levels of violent
incidents as well as higher levels of serious violent
incidents (Miller & Chandler, 2005). There is some
question as to whether the law enforcement personnel were
brought in due to existing violence or if the increased
presence of law enforcement contributed to the increase of
violence. A study by Chen (2008) showed a small but
insignificant relationship between school security programs
and violent behavior. This study showed that interventions
designed to limit unfettered access to the school building
(such as metal detectors and police officers) were related
to an insignificantly small decrease in violent behavior.
An earlier study done by Mayer and Leone (1999) indicates
that this relationship is reversed. This study showed a
moderate relationship between increased levels of physical
school security measures such as metal detectors or
personnel based interventions such as security guards and
increased levels of school disorder. Although it is far
from clear whether increased security measures actually
cause increased violence or disorder, it is quite clear

that these measures do not result in a significant decrease in these behaviors. Moreover, whatever behavioral benefits punitive and coercive discipline does produce do not tend to last. Students tend to internalize behaviors learned through supportive and democratic approaches more than behaviors coerced through punitive approaches (Hyman, Bilus, Dennehy, Feldman, Flanagan, Lovoratano, et al., 1979).

Punitive discipline procedures are not only relatively ineffective; they have been shown to be prejudicial as well. Research going back as far as the 1970's has shown that African American students (as well as members of other minorities) are more likely than white students to receive exclusionary disciplinary measures such as office referrals, suspensions, and expulsions (Children's Defense Fund, 1975; Skiba, Michael, Nardo, & Peterson, 2002; Skiba & Peterson, 2000; Zhang, Katsiyannis, & Herbst, 2004). Although some would like to pass this off as an issue of socio-economic status, it has been shown that even after controlling for SES, the racial discrepancy still exists (Skiba et al., 2002). This same study suggests that this is not a problem with the administrators issuing harsher penalties, but rather an issue of bias regarding which students are actually being referred to the office. Skiba,

Michael, Nardo, & Peterson (2002) found that once a student had been referred to the office, a black student was no more likely to be suspended or expelled than a white student. These increased suspension and expulsion rates seem to be the result of far more black students being referred to the office in the first place. Of particular interest to this study is the finding that students diagnosed with emotional disturbance are also more likely to be suspended from school. Unfortunately, the racial bias shows up here as well, as African American students with disabilities in general, and emotional disturbance in particular, were more likely than their white counterparts to be suspended (Krezmien, Leone, & Achilles, 2006).

Positive Behavior Support

Significant changes to traditional discipline methods were set into motion in 1997 when amendments to the Individuals with Disabilities Education Act (IDEA) became law (P.L.105-17). Although not requiring it, this law states that educators must consider interventions such as positive behavior support (PBS) when dealing with behaviors that impede a student's ability to learn. Since this time, schools have begun the slow process of transforming school

discipline from a punitive model to one focused on functional behavior assessments and PBS (Sugai et al., 2000). Positive behavior support is not a single, limited intervention. It is a broad range of strategies developed to focus on individual issues and applied systematically. The main goal is to actively achieve important social and learning goals while at the same time reducing or preventing problem behaviors. Positive behavior support has several advantages over the traditional punitive approaches. First of all, it is focused on the prevention of problem behaviors rather than reacting to them once they have occurred. In addition, it is a proactive approach that teaches important social skills that can be generalized to future situations. It is also a flexible approach that encourages changes within the system that ultimately support improved behaviors across settings. Finally, PBS is based on empirically supported methods and relies on data to determine interventions (Sugai & Horner, 2002).

There are a number of studies that have shown the effectiveness of PBS in various domains in the school setting. For instance, school-wide implementation of PBS has been shown to both decrease problem behaviors as well as increase academic performance in elementary schools

(Barrett, Bradshaw, & Lewis-Palmer, 2008; Luiselli, Putnam, Handler, & Feinberg, 2005). These same results were found when PBS was implemented at the middle school and high school levels, where office referrals and suspensions were reduced while academic performance increased (Barrett et al., 2008; Bohanon et al., 2006; Muscott, Mann, & LeBrun, 2008). More specifically, office referrals for specific behaviors associated with emotional disturbance such as disruptive behavior and fighting were shown to be reduced (McCurdy, Mannella, & Eldridge, 2003). A review of the literature found surprisingly little research directly focused on students diagnosed with emotional disturbance. One particular study did examine the impact that PBS interventions had on different types of behaviors that students exhibit, allowing a view of behaviors typical among students diagnosed with emotional disturbance. This study, conducted by Lane, Wehby, Robertson, and Rogers, (2007) broke students into categories by behavior types, which included externalizing behaviors, internalizing behaviors, co-morbid behaviors, and typical behavior. Students categorized as exhibiting externalizing behaviors engaged in activities that tended to interfere with instruction, such as out of seat behavior, defiance toward teachers and staff, noncompliance, and aggression.

Students with internalizing behaviors were defined as those
whose behavior problems were characterized by withdrawal
such as avoiding or withdrawing from social situations,
being shy / avoiding contact with or not responding to
other students, or being unassertive. Students with co-
morbid behaviors displayed various combinations of the
internalizing and externalizing characteristics, laid out
above. Students who were in the typical behavior category
displayed behavior patterns deemed average among the
general population, and did not exhibit either
externalizing or internalizing behaviors. None of these
students were receiving special education services. The
implementation of PBS interventions had a positive impact
on all of these student categories. All of the student
groups showed decreases in the number of suspensions, with
the students in the internalizing category showing the
greatest decrease. Moreover, students in the
internalizing, externalizing and typical groups all
exhibited increases in GPA after the implementation of PBS.
Other research (McClean, Grey, & McCracken, 2007) has
examined the impact of PBS on individuals with severe
challenging behaviors. This research found that
consistently implemented PBS programs were effective in
reducing or eliminating extreme behaviors such as physical

attacks and severe self injury among individuals in
residential settings.

Social Skills Training

One area of positive behavior support that is of
particular importance to the discussion of the behavior
support office is that of social skills training. As noted
earlier, Sugai and Horner (2002) have identified social
skills training as an integral and important part of PBS.
The goal of the behavior support office in the current
setting under study is to be a place where students can
process events that have led to problematic behaviors with
professionals who can teach positive responses to these
types of situations through the Life Space Interview.
Social skills training would seem to be a highly important
aspect of interventions with emotionally disturbed students
since, as has been pointed out by Gresham (2002), two of
the five criteria for diagnosing emotional disturbance in
IDEA seem to identify social skills deficits. These two
are: a) the inability to build or maintain satisfactory
interpersonal relationships with peers or teachers, and b)
inappropriate types of behavior or feelings under normal
circumstances.

What, exactly, are social skills? In order to effectively teach them, we must first have a clearly defined operational definition. Unfortunately, there is no single universally accepted definition. However, Gresham (2002) has presented a definition of social skills as: "specific behaviors that an individual exhibits to perform competently on a social task (e.g., active listening skills, reciprocal communication, ignoring, etc.)".(p.1029) This view of social skills goes on to say that the individual student's mastery of these skills are evaluated through observations such as opinions of individuals who are familiar with the student (e.g., teachers, parents, peers), comparisons to defined goals or criteria (e.g., number of social tasks successfully performed), and/or comparisons made against a normative sample. This ability to actually use the skills in an appropriate and effective way has been called social competence. Most social skills training programs have the following four components in common: (a) promoting skill acquisition, (b) enhancing skill performance, (c) reducing or eliminating competing problem behaviors, and (d) facilitating generalization and maintenance of social skills (Cook, Gresham, Kern, Barreras, Thornton, & Crews, 2008). So, it seems that effective social skill training is a process of first

learning and perfecting discrete skills, getting rid of those competing behaviors that have been causing problems, and finally generalizing these skills from a controlled setting to general life events. The question remains, however, is this process effective?

There are differing opinions in the literature regarding the effectiveness of social skills training with emotionally disturbed students. Some analyses of the vast body of research on social skills training have suggested that, historically, little improvement in behavior and academic achievement has been achieved after systematic social skills training. (Magee-Quinn, Kavale, Mathur, Rutherford, & Forness, 1999). Meta-analyses have also shown that depending on the way social skills are presented, there can be a broad range of effect sizes ranging from very small to relatively large. One study suggests that the social skills training that has the greatest impact tends to be frequent and intense, and focuses on the individual's specific social skills deficit. Interventions that did not follow these guidelines tended to have little overall effect (Gresham, Sugai, & Horner, 2001). There are still other reasons why so many attempts at social skills training were not effective or were inconsistently effective. Gresham, Sugai, and Horner

(2001) suggested that treatment integrity may be one possible explanation. Other problems that they discovered included population differences in the way groups were put together in the different studies, and issues of generalizing the discrete skills into demonstrated social competence. More recent research has shown increasing promise in the implementation of social skills training. Hill and Coufal (2005) demonstrated that consistent social skills training with monitored treatment integrity as part of an overall behavioral intervention showed significant improvement in student behavior over time. In all of these studies and reviews, certain patterns emerged that pointed to characteristics of the intervention that tend to maximize the outcomes of social skills training. One problem is that social skills training is often presented in a generic 'one size fits all' fashion. Social skills training tends to be most effective if it is individually targeted on a specific behavior (Landrum et al., 2003). It has been suggested that this could be more effectively accomplished through the use of functional behavior analysis that can guide the choice of skills that are being trained (Maag, 2005). Similar to this concern, Gresham, Sugai, and Horner (2001) have suggested that matching the training to the type of skill deficit is an important

aspect of effectively training social skills. For

instance, if a student has an acquisition deficit, this

would require a considerably different approach than if a

student had a fluency or performance deficit. Again, it

would seem as though functional assessment would be an

appropriate remedy for this problem. Finally, social

skills taught in-vivo tend to be more integrated than those

taught in a controlled 'pull-out' setting. Students seem

to have an easier time generalizing the use of these skills

to other situations when they are taught in a naturalistic

setting, and generalization is one of the primary goals of

social skills training (Gresham, Sugai, & Horner, 2001).

The behavior support office does tend to focus on

particular behaviors of individual students, but it is

conducted in a pull-out setting, away from the actual

environment that the student is having difficulty with.

The Behavior Support Office

The behavior support office (BSO) is a separate room

adjacent to the classrooms in the target school. If a

student feels as though he or she is being triggered toward

behavioral disruption, that student can voluntarily ask to

go to the BSO. On the other hand, if a student's behavior

has become disruptive to the class, then the teacher can request that the student go to or be escorted to the BSO. The behavior support office is designed to be a safe place where the student can de-escalate and process the incident with behavior staff. Behavior Support Staff are professionals with undergraduate college degrees in psychology or a related field, with training in positive behavior support and life space interviewing. The behavior staff members utilize the Life Space Interview as the primary intervention in the BSO. The Life Space Interview is a systematic approach to directly address a crisis that a student is experiencing and helping that student to develop the skills needed to effectively address the crisis (D'Oosterlinck, Goethals, Broekaert, Schuyten, & De Maeyer, 2008; Wood & Long, 1991).

Wood and Long (1991) describe in great detail the six steps that make up the Life Space Interview. The first three steps focus on the immediate crisis that the student is experiencing. Step number one is "Focus on the Incident". The adult's role in this step is to calmly and without emotional engagement convey impartial support for the child. This step is an opportunity for the child to de-escalate from the crisis and get to a point where he or she is willing to rationally discuss the incident. Toward

the end of this step, as the child is calming down, the adult helps the child to clearly identify what the crisis is. Step two is "Students in Crisis Need to Talk". This step is where the student is encouraged to express his or her perception of the incident. During this step the adult attempts to help the child to ehgage in self expression through active listening, summarizing, and asking questions. The BSO in the target school uses a check sheet (Appendix A) to help guide staff members through the process and these first two steps are encompassed in the introduction and step one: "Youth's Description of the Incident". Step three in the Life Space Interview is "Find the Central Issue and Select a Therapeutic Goal". As the adult listens to the child's interpretation of the incident, the adult needs to try to determine what the central issue for the child is. The adult must then assess the student's perception of the incident and whether that student has a solid reality base, insight to the incident or motivation to change. Finally, the adult and child work toward a consensus opinion on what the problem is. Once this is accomplished, the adult needs to decide on a therapeutic goal. This third step is divided into two steps in the BSO check sheet: Step 2: "Share Your Perceptions of the Incident" and Step 3: "Connect the

incident to a pattern of student behavior". The Life Space

Interview continues in the next three steps to focus on

solutions for the problem. Step four is "Choose a Solution

Based on Values". In this step the adult and student

consider various possible solutions. Both offer input

during this stage. The adult then attempts to guide the

child toward a solution that will both benefit the student

within the established system, and provide positive

outcomes for the larger school community. This step

corresponds with the fourth step in the BSO check sheet:

"Explore Alternative Ways to Handle the Issue". The Life

Space Interview step number five is: "Plan for Success".

In this step the adult and child settle on a solution and

prepare to actually put this into effect. The two will

rehearse new, needed skills and behaviors. They will also

discuss how behaviors exhibited in the incident at hand

have led to consequences and what those consequences are.

They will also discuss the anticipation of consequences in

the future for similar behavior. They will finally discuss

how the new skills and behaviors will lead to potential

future benefits. This step corresponds with the BSO check

sheet step number 5: "Develop a Plan or Contract to Help

the Student with the Identified Behavior". The sixth and

final step in the Life Space Interview is: "Get Ready to

Resume the Activity". In this step, the adult and the

child plan for and then execute the child's reentry into

the class or activity. This final step corresponds with

the sixth and final step in the BSO check sheet: "Return

the Student to the Program".

Although there is not extensive research in the use of

the Life Space Interview (LSI), there are some studies that

have demonstrated success when it has been implemented.

One such study conducted in the Netherlands examined the

use of Life Space Interviews in six residential schools for

emotionally disturbed students. This study used a pre-test

post-test design with matched-paired students making up an

experimental group and a control group. Each group had 31

students. In both groups, problematic behavior resulted in

discussions with adults in order to address the behavior.

In the control group, adults interacted with the students

spontaneously in order to resolve the crisis situation. In

the experimental group, the adults interacted with the

students within the structured parameters of the Life Space

Interview. Pre-test data were collected at the beginning

of the school year, and the experiment was conducted

throughout that year (11 months). The post-test data were

collected at the end of the school year. Unlike the

present study, which examined measurements of actual

observed behaviors, this study collected scores on several self-report measures completed by the students as well as one measure completed by the staff. Only one of these measures showed a significant change in the pre and post-tests. The Buss-Durkee Hostility Inventory – Dutch (BDHI-D) is a self-report measure of hostility and aggression, and according to the study's authors it is a statistically valid and reliable measure. The results of this measure demonstrated a reduction of direct aggression and hostility in the experimental group. In addition, the results seemed to indicate an increase in social desirability for the experimental group, although the experimenters seemed to believe that the significance here was more the result of a decrease in social desirability for the control group rather than an increase in social desirability among the experimental group (D'Oosterlinck, Goethals, Broekaert, Schuyten, & De Maeyer, 2008).

Another study of the Life Space Crisis Interview was conducted in New York City. This study compared emotional support programs housed in two separate inner city middle schools. In one school staff were trained in the use of the Life Space Crisis Interview, and in the other school staff met to develop their own approach to crisis intervention. These conditions were assigned to a

particular school based on the results of a coin toss.
Pre-test data were collected from January through May of
the 1998-1999 school year. From September through December
of the 1999-2000 school year the staff in the experimental
school were trained and certified in the Life Space Crisis
Interview, while the staff in the control school Received
consultative assistance in developing their own system for
crisis intervention. Finally, from January through May of
the 1999-2000 school year the interventions were
implemented and the post-test data were collected. Much
like the present study, both schools implemented a point
and level system and both utilized a behavior management
room, although this was used only for serious behavior
issues. The results showed that there were significantly
fewer behavioral crises, significantly lower suspension
rates, and significantly higher attendance rates among the
students in the middle school where LSI had been
implemented when compared to the control middle school
where it had not been implemented (Dawson, 2003).

    The present study has similarities and differences
with the two studies described above. This study examined
the Behavior Support Office, which is a separate area where
the Life Space Interview can be conducted in a safe setting
and away from an audience of peers. It took place in a

non-residential school that educates students in both middle school and high school grade levels. Unlike the other two studies, this study examined the same school setting over a period of two school years, one year with the Behavior Support Office and one without it.

CHAPTER 3
METHODOLOGY

Methods

Participants

Subjects for this study were the students enrolled in the approved private school during the 2007-2008 school year (the last year that the behavior support office was in effect) as well as the students enrolled during the 2008-2009 school year (The first year without the behavior support office). There are a total of 28 males and 7 females in the 2007-2008 school year. This group ranged in age from 10 to 21, with 23 African American students, 11 Caucasian students, and 1 Hispanic student. There were 53 males and 12 females during the 2008-2009 school year. This group ranged in age from 8 through 21, with 45 African American students, 16 Caucasian students, and 4 Hispanic students. Twenty-three Students were present during both years. Among these there were 21 males and 2 females. Fourteen were African American students, 8 were Caucasian students, and 1 was a Hispanic student. Student participants came from various home school districts in the same state in the Northeastern United States surrounding a major metropolitan area. All students in the study have a diagnosis of emotional disturbance as defined in Part B of

the Individuals with Disabilities Education Act. Serious

Emotional Disturbance is defined in IDEA as

> "A condition exhibiting one or more of the following
> characteristics, displayed over a long period of time
> and to a marked degree that adversely affects a
> child's educational performance: 1. An inability to
> learn that cannot be explained by intellectual,
> sensory, or health factors, 2. An inability to build
> or maintain satisfactory interpersonal relationships
> with peers or teachers, 3. Inappropriate types of
> behavior or feelings under normal circumstances. 4. A
> general pervasive mood of unhappiness or depression.
> 5. A tendency to develop physical symptoms or fears
> associated with personal or school problems." (IDEA).

School Setting

The setting for this study is an approved private

school in the Northeastern United States near a major

metropolitan area. The target school accepts students from

surrounding school districts from various counties. All

students have been diagnosed with emotional disturbance and

come from culturally, ethnically, and economically diverse

backgrounds. The target school has five separate

classrooms as well as offering regular individual therapy,

music therapy, and life skills training.   The target

school implements a program-wide positive behavior support

program that includes a point and level system. This

system is focused on fostering particular skills and

behaviors that the staff members want the students to

perform rather than focusing on behaviors that they want

the students to stop. The students earn points during each hour of the day for their performance on each of five program goals. These goals are: 1) Be There, Be Ready 2) Be Respectful 3) Be Responsible 4) Personal Space and 5) Follow Directions. Students are regularly led in discussions where the meaning of each of these goals is discussed as well as the particular behaviors that make up these goals. If the student meets or exceeds the expectations for a goal the student earns two points for that goal. If the student approximates the expectations for the goal one point is earned. If the student does not at least approximate the expectations for that goal the student does not earn any points for that hour. As the students earn greater percentages of their available points they move up in the level system and, in turn, earn more privileges. The program also utilizes a "caught being good" raffle. Teachers and staff will randomly give students raffle tickets when they catch a student engaging in desired behavior. At the end of each week those tickets are entered in a raffle for a prize.

During the 2007-2008 school year the program used the Behavior Support Office as an intervention. The BSO is a room staffed by behavior support staff where students can go when experiencing difficulty in the classroom setting.

While students are in the BSO, behavior support staff use the Life Space Interview as an intervention to help students process the incident, explore alternate responses, and return to the classroom. During the 2008-2009 school year the program discontinued the behavior support office. The intervention was ended because there was some concern among administrators about the effectiveness of the BSO in reducing disruptive behaviors. They decided that every effort should be made to address behaviors within the classroom setting as much as possible. During this school year teachers were encouraged to anticipate student behavior triggers, and redirect students before problem behaviors occurred. Instead of sending students out of the classroom when behavior issues arose, behavior staff moved throughout the school and intervened within the classroom. Students were only removed from the classroom for the most severe behaviors.

Materials

The materials utilized for this study include the Behavior Incident Record Form (Appendix C). This is a proprietary record form designed and implemented at the approved private school where the research was conducted.

Other materials included student records, the IRP-15

(Appendix D), and the Statistical Package Social Sciences –

Version 17.0 (SPSS).

Procedure

Subjects were selected for this study based on their

enrollment in the target approved private school and their

diagnosis of Emotional Disturbance. There were three

groups used, and subjects were placed into one of these

groups based on the school year that they were enrolled.

Criteria for each of the three groups were as follows:

Group 1: Thirty-five students enrolled during at least

part of the 2007-2008 school year when the Behavior

Support Office was used as an intervention.

Group 2: Sixty-five students enrolled during at leas

part of the 2008-2009 school year when the Behavior

Support Office was not being used.

Group 3: Twenty-three students who were enrolled

during at least part of both the 2007-2008 school year

when the Behavior Support Office was used as an

intervention, and the 2008-2009 school year when the

Behavior Support Office was not used as an

intervention.

Archival data were then collected on all of the students. Data gathered included: chronological age, gender, ethnicity, report card grades, attendance records, number of behavior incidents, average number of behavior incidents per day, average intensity of behavior incidents, amount of time spent out of the classroom due to behaviors, and average amount of time spent out of the classroom each day due to behaviors.

Research Design

Independent Variable

The independent variable in this study is whether or not the Behavior Support Office is in effect. This was determined by the school year. During the 2007-2008 school year the behavior support office was in effect. During the 2008-2009 school year the behavior support office was not in effect.

Dependent Variables

There are seven dependent variables in this study: number of behavior incidents, average number of behavior incidents per day, average intensity of behavior incidents, time spent out of the classroom due to behaviors, average amount of time spent out of the classroom each day due to behaviors, grades, and attendance. Every group was

examined on these seven variables. Each variable was

operationally defined in relation to its use in this study.

Number of behavioral incidents was operationally

defined as the total number of documented behavior

incidents for each student during the entire school year.

The average number of behavior incidents per day was

operationally defined as the average number of documented

behavior incidents per day attended for each student. This

was necessary due to the fact that several students were

not present or enrolled for the entire school year.

Average intensity of behavior incidents was operationally

defined as the average intensity of behaviors documented

using a 1 to 4 scale on the Behavior Incident Record Form

for each student during the entire school year. This 1-4

scale had the following designations: 1 = Mild, 2 =

Moderate, 3 = Severe, and 4 = Critical. Time spent out of

the classroom due to behavior incidents was operationally

defined as the total amount of time measured in minutes

that each student spent out of the classroom because of

documented behavior incidents. Average amount of time

spent out of the classroom each day due to behaviors was

defined as the average amount of time per day measured in

minutes that each student spent out of the classroom

because of documented behavior incidents. Grades were

operationally defined as the total grade point average for each student for the entire school year. This was based on a 4.0 grade point average scale and was obtained by averaging all academic grades (reading, writing, math, science, and social studies) for the entire school year. Attendance was based on the total number of days attended for each student divided by the total number of possible days attended for that school year. Only days when attendance was possible were included in this calculation. Days when a student was unable to attend (snow days, sick days, incarceration, days when a student was not enrolled) were not included as possible days attended.

Teacher and staff responses to the Intervention Rating Profile are also evaluated in this study (IRP-15; Martens, Witt, Elliott, & Darveaux, 1985). The IRP-15 (Appendix D) is a Likert-type scale that measures teachers' acceptability of an intervention. It produces scores from 15 to 90 with higher scores indicating a greater level of acceptability. The Intervention Rating Profile has been used in many research studies that have examined teachers' acceptability of behavioral interventions in one way or another (DeForest, & Hughes, 1992; Elliot, Turco, & Gresham, 1987; Harris, Preller, & Graham, 1990; Martens, 1989; and Tingstrom, 1994). The developers of the IRP

conducted a factor analysis on the various items within it. This analysis discovered that the IRP has a primary factor of 'general acceptability' that accounted for 41% of the variance of the measure. Every one of the questions in the IRP-15 loaded into this one factor (Witt & Elliot, 1985). Furthermore, reliability of the IRP-15 is extremely high, with a reported Cronbach's Alpha of .98 (Martens et al., 1985).

Experimental Procedure

All necessary student information was obtained from subjects' school files. Data included report card grades, attendance information, and behavior information from Behavior Incident Record Forms. Behavior Incident Record forms are completed each day in order to document behavior incidents as they occur as part of the APS program's normal procedure. All of the student information was already obtained by the approved private school under its legal mandate, and as part of its standard procedure, and was not information produced by this investigator. All staff members who chose to participate were administered the IRP-15 by the experimenter. Student information was organized into three groups. The first group included all of the students in the 2007-2008 school year when the Behavior

support office was in effect. The second group consisted

all of the students in the 2008-2009 school year. A third

group was made up of only those students who were present

both in the year with the Behavior Support Office and the

year without the Behavior Support Office. SPSS was used to

analyze the data. Specifically, One-Way ANOVAs were

conducted with these two groups comparing them in relation

to total behavior incidents, average behavior incidents per

day, average intensity of behaviors, amount of time spent

out of class due to behaviors, average amount of time spent

out of class per day due to behaviors, grades, and

attendance. In addition, all of the students who were

present during some part of both the 2007-2008 school year

and the 2008-2009 school year were placed in a third group.

One-Way Repeated Measures ANOVAs were conducted on this

group comparing their performance in all of the above

categories between the year with the behavior support

office and the year without the behavior support office.

Finally, the teacher and staff responses were analyzed

using a One Way, Non-Parametric Kruskal-Wallace.

CHAPTER 4

RESULTS

This research project focused on three questions: (a) Are students more behaviorally successful with the behavior support office in place or without it? (b) Are students more academically successful with the behavior support office in place or without it? (c) Is the Behavioral Support Office an acceptable intervention to teachers, behavior staff, and/or administrators?

In order to answer these questions the data were examined with two different groupings of students. The first analysis was conducted on all of the students in the 2007-2008 school year when the Behavior Support Office was in place compared with all of the students in the 2008-2009 school year when the Behavior Support Office was not in place. This first analysis compared all of the students attending during one year with all of the students attending during the other year. A number of the students in these two groups experienced either one condition or the other, but not both. In order to better understand if any possible effects could be attributed to the behavior support office, it was decided that a comparison would be made of students who were present in both conditions. The second analysis was conducted only on those students who

attended during both years. In this analysis a comparison was made between the students' performance during the 2007-2008 school year and the same students' performance during the 2008-2009 school year.

In both analyses, various sets of behavioral data were collected, including: average number of behavior incidents per day for each student, average intensity of behaviors for each student, and average amount of time spent out of the classroom per day for each student. Although total behavior incidents and total time spent out of the classroom due to behavior incidents were also calculated, when evaluating this data, one area of concern was the fact that many of the students in this study did not have consistent attendance, or were only enrolled for part of a school year. This led to a concern about the validity of comparing the total number of behaviors or total time spent out of the classroom for a student who attended for two months with that of a student who attended for the entire year. It was decided that, in order to have a more meaningful evaluation of the data, the total number of behaviors and the total amount of time spent out of the classroom due to behaviors would not be evaluated. Rather, statistical analysis would focus on the average number of behavior incidents per day (attended), and the average

amount of time spent out of the classroom due to behaviors per day (attended).

First, a comparison was made between all of the students in the 2007-2008 school year when the Behavior Support Office was in place and all of the students in the 2008-2009 school year when the Behavior Support Office was not in place. Table 4-1 contains descriptive information regarding the groups in terms of gender, age, and ethnicity. Overall, the two groups were relatively similar in terms of gender, age and ethnicity. The group with the Behavior Support Office had students who were 77% male and 23% female. Mean age was 15.6, and the group's ethnicity was 66% African American, 31% Caucasian, and 3% Hispanic. The group without the Behavior Support Office had students who were 82% male and 18% female. Mean age was 15.12, and the group's ethnicity was 69% African American, 25% Caucasian, and 9% Hispanic. Gender was evaluated using Chi-Square and no significant difference was found between the two groups (p = .852). Age was evaluated using an Independent Samples t-test and again, there was no significant difference between the groups (p = .473). Finally, race was evaluated using a Chi-Square test. No significant difference was found between the groups (p = .499).

The sample had many similarities to the general population of students diagnosed with Emotional Disturbance. For example, students diagnosed with Emotional Disturbance nationwide are 77% male (U.S. Department of Education, 2005; Wagner et al., 2005); and this sample was 80% male in total. In addition, African Americans are about 1.5 times more likely to be diagnosed with Emotional Disturbance than their peers (U.S. Department of Education, 2005). In this sample, however, African Americans were even more overrepresented (68%) than they are in the general population of emotionally disturbed students (25%) (U.S. Department of Education, 2005). It is not known why this sample has such a large overrepresentation, although it is possible that this is due to the target school's proximity to a major metropolitan area in addition to the tendency toward more frequent diagnosis of African American students.

TABLE 4-1. Descriptive Information for Two Groups ANOVAs

Group	Gender	Mean Age	Ethnicity
With Behavior Support Office	Male 77% (n=27)	15.6	Afric.Amer. 66% (n=23)
	Female 23% (n=8)		Caucasian 31% (n=11)
			Hispanic 3% (n=1)

Without Behavior Support Office	Male	82% (n=53)		Afric.Amer.	69% (n=45)
	Female	18% (n=12)	15.12	Caucasian	25% (n=16)
				Hispanic	6% (n=4)
Total	Male	80% (n=80)		Afric.Amer.	68% (n=68)
	Female	20% (n=20)	15.36	Caucasian.	27% (n=27)
				Hispanic	5% (n=5)

In order to more closely explore the differences in behavioral outcomes with and without the Behavior Support Office, Repeated Measures ANOVAs were conducted on data from only those students who were present in the program during both the 2007-2008 school year when the Behavior Support Office was in place as well as the 2008-2009 school year when the Behavior support office was not in place. Table 4-2 contains descriptive information regarding the Repeated Measures Group in terms of gender, age, and ethnicity. This group was generally similar to the Independent groups, particularly in terms of age and ethnicity. The Paired Samples Group was more dominantly male than the Independent Samples Group.

TABLE 4-2.   Descriptive Information for Two Groups Repeated
            Measures ANOVAs

Gender		Mean Age		Ethnicity		
Male	91% (n=21)	07-08 School Yr.	14.96	African American	61%	(n=14)
Female	9% (n=2)	08-09 School Yr.	15.96	Caucasian	35%	(n=8)
				Hispanic	4%	(n=1)

Research Question 1

Are students more behaviorally successful with the
behavior support office in place or without it?

In order to determine whether use of the Behavior
Support Office results in greater behavioral success for
emotionally disturbed students, several aspects of behavior
were examined. Repeated Measures ANOVAs were conducted to
discover whether there was a change in the average number
of behavior incidents per day, average intensity of
behavior incidents, and average amount of time spent out of
class due to behavior incidents per day between the 2007-
2008 school year when the Behavior Support Office was in
use and the 2008-2009 school year when the Behavior Support
Office was not in use. The means for both groups for the
tests on all of these variables are presented in Table 4-3.
In order to better understand the effect of the behavior

support office, an examination was conducted of only those students who were present during the year with the behavior support office and the year without the behavior support office. Repeated Measures ANOVAs were conducted to evaluate these students on the same variables. The means for the tests on all of the variables are found in Table 4-4.

TABLE 4-3. Behavior Statistics for Students With and Without BSO

	Year	N	Mean	SD
Behavior Incidents Per Day	With BSO	34	.413	.503
	Without BSO	63	.219	.24
Intensity	With BSO	35	1.515	.624
	Without BSO	65	2.099	.646
Time Out of Classroom Per Day	With BSO	34	9.426	12.288
	Without BSO	63	.894	1.409

TABLE 4-4. Behavior Statistics for Students Assessed in Both Years

	N	Mean	SD
Behavior Incidents Per Day With BSO	23	.378	.418
Behavior Incidents Per Day Without BSO	23	.168	.202
Intensity with BSO	23	1.562	.57

Intensity without BSO	23	1.83	.811
Time Out of Classroom Per Day With BSO	23	8.381	10.141
Time Out of Classroom Per Day Without BSO	23	.641	1.15

First, a Two Groups ANOVA was conducted to see if there was a difference between the average number of behavior incidents per student per day during the year with the Behavior Support Office and the average number of behavior incidents per student per day during the year without the Behavior Support Office. The results of this test are found in Table 4-5. The results indicated that the average number of behavior incidents per student per day were significantly higher during the school year when the Behavior Support Office was used.

This question was further examined by conducting a Repeated Measures ANOVA comparing the average number of behavior incidents per student per day in the school year with the Behavior Support Office and the average number of behavior incidents per student per day in the school year without the Behavior Support Office. This time, however, the ANOVA focused only on those students who were present during both years. The results for this test are found in Table 4-6. The results for this test also indicated that, among students who were present during both years, there

were significantly more documented behavior incidents on average per student per day during the school year when the Behavior Support Office was used than when it was not. All evaluations of the data indicate that the number of documented behavior incidents went down after the behavior support office was removed as an intervention.

The average intensity of behaviors was evaluated using ANOVAs. Behaviors were rated on a 1-4 scale with the following designations: 1 = Mild, 2 = Moderate, 3 = Severe, and 4 = Critical. First, a Two Groups ANOVA was conducted to see if there was a difference in the average intensity of behavior incidents between all of the students in the school year with the Behavior Support Office and all of the students without the Behavior Support Office. The results of this test are found in Table 4-5. The results indicated that the average intensity of behaviors was significantly lower during the school year when the Behavior Support Office was used. Next, a Two Groups Repeated Measures ANOVA was conducted to compare the average intensity of the behavior incidents for each year focusing only on the students who were present both years. The results of this test are presented in Table 4-6. The results of this test did not show any significant difference between the two years. The evaluations of the data on behavior intensity

were, ultimately, mixed. When all students were included in the analysis, the intensity of behaviors increased significantly after the behavior support office was eliminated as an intervention. However, when only the students who were present during both school years were evaluated, there was no significant difference in behavior intensity between these two years.

Finally, time spent out of the classroom due to behaviors was evaluated. A Two Groups ANOVA was conducted to compare the average amount of time spent out of the classroom due to behaviors per student per day for each year. The results of this test are presented in Table 4-5. The results indicated that the average amount of time spent out of the classroom due to behaviors per student per day was significantly higher during the school year when the Behavior Support Office was used.

Time spent out of the classroom due to behaviors was further examined by conducting a Two Groups Repeated Measures ANOVA comparing the average number of time spent out of the classroom due to behaviors per day for each year focusing only on the students who were present during both years. The results for this test are presented in Table 4-6. The results, once again, indicated that on average, students spent significantly more time out of the classroom

due to behaviors per day during the school year when the
Behavior Support Office was used than during the school
year when it was not. All data analysis showed that
students spent significantly less time out of the classroom
due to behavioral issues after the behavior support office
was eliminated as an intervention.

Table 4-5.   Two Groups ANOVA Results for Behavior Variables

	F	p	Partial η^2
Average Beh. Incidents/Day	6.590	.012	.065
Average Intensity	18.472	.000	.163
Average Time Out of Classroom/ Day	29.906	.000	.239

Table 4-6.   Two Group Repeated Measures ANOVA Results for
             Behavior Variables

	F	p	Partial η^2
Average Beh. Incidents/ Day	8.21	.009	.274
Average Intensity	1.46	.239	.062
Average Time Out of Classroom/ Day	15.65	.001	.416

Research Question 2

Are students more academically successful with the
behavior support office in place or without it? In order

to answer this question, two aspects of academic success were examined. The first academic measure that was reviewed was grade point average and the second was school attendance. A Two Groups ANOVA was used to compare all of the students in the 2007-2008 school year when the Behavior Support Office was in use and all of the students in the 2008-2009 school year when the Behavior Support Office was not in use. The means for both groups for the tests on these two variables are presented in Table 4-7. In order to better understand whether and how the Behavior Support Office impacts academic success, an examination of only those students who were present during both the year with the Behavior Support Office and the year without the Behavior Support Office was also completed. A Two Groups Repeated Measures ANOVA was conducted to evaluate these students on the same two variables. The means for the tests on both of the variables are found in Table 4-8.

A Two Groups ANOVA was conducted to see if there was a difference in grade point average between all of the students in the school year with the Behavior Support Office and all of the students in the school year without the Behavior Support Office. The results of this test are found in Table 4-9. The results indicated that there was no significant difference in grade point average between

the two groups. This question was further examined by looking only at the students who were present during both the school year when the Behavior Support Office was in effect as well as the year when it was not. A Two Groups Repeated Measures ANOVA was conducted to see if there was a change in GPA from one year to the next. The results of this test are found in Table 4-10. The results again indicated that there was no significant change in GPA. However, the results of the Two Groups Repeated Measures ANOVA looking only at the students who attended during both school years did approach significance (p = .054). It is believed that this result is significant due to the large effect size demonstrated by the partial η^2 of .173. This stands in contrast to the results of the Two Groups ANOVA, which looked at all students (p = .411). These results demonstrated higher grade point averages during the year when the Behavior Support Office was being used as an intervention for those students who attended during both years. However, there was no significant difference in grade point average demonstrated when all of the students who attended during each year were evaluated.

The other academic indicator that was observed was the percentage of days attended. A Two Groups ANOVA was conducted to see if there was a difference in the

percentage of days attended between all students who attended during the year with the Behavior Support Office and all of the students who attended during the year without the Behavior Support Office. The results of this test are found in Table 4-9. The results indicated that there was no significant difference in the percentage of days attended between these two groups. Again, a further examination was made by looking only at the students who were present during both of the school years. A Two Groups Repeated Measures ANOVA was conducted to see if there was a change in the percentage of days attended from one year to the next. The results of this test are found in Table 4-10. Again, as with GPA, the results of the Two Groups Repeated Measures ANOVA looking only at students attending both school years did approach significance (p = .057), and was reinforced by a large effect size demonstrated by the partial η^2 of .156. This, once again, stood in contrast to the results of the Two Groups ANOVA, looking at all students (p = .535). Again, this demonstrated higher levels of attendance during the year when the Behavior Support Office was in effect for students who attended during both years. There was no significant difference in attendance, however, when all students attending during each year were evaluated.

Table 4-7.   Two Groups ANOVA Statistics for Academic
             Variables

	Year	N	Mean	SD
Grade Point Average	With BSO	32	2.488	1.000
	Without BSO	61	2.348	.864
Percentage of Days Attended	With BSO	34	82.76	20.627
	Without BSO	63	80.16	20.998

Table 4-8.   Two Groups Repeated Measures ANOVA Statistics
             for Academic Variables

	N	Mean	SD
Grade Point Average With BSO	21	2.726	.716
Grade Point Average Without BSO	21	2.40	.982
Percentage of Days Attended With BSO	23	87.00	17.612
Percentage of Days Attended Without BSO	23	78.65	28.067

Table 4-9.   Two Groups ANOVA results for Academic Variables

	F	p	Partial η^2
Grade Point Average	.495	.484	.005
Percentage of Days Attended	2.040	.157	.022

Table 4-10. Two Groups Repeated Measures ANOVA results for
            Education Variables

	F	p	Partial η^2
Grade Point Average	4.195	.054	.173
Percentage of Days Attended	4.052	.057	.156

Research Question 3

Is the Behavior Support Office an acceptable
intervention to teachers, behavior staff and/or
administrators? In order to answer research question
three, Teachers and staff members were administered the
Intervention Rating Profile (IRP-15; Martens, Witt,
Elliott, & Darveaux, 1985). The IRP-15 (Appendix D) is a
Likert-type scale that measures teachers' acceptability of
an intervention. It produces scores from 15 to 90 with
higher scores indicating a greater level of acceptability.
Previous studies indicated that a score on the IRP-15 above
52.5 indicated an acceptable rating of the intervention
(Tingstrom, 1994; Von Brock & Elliot, 1987). The staff
members were asked to complete the IRP-15 in regard to
their beliefs about the use of the Behavior Support Office
as a behavioral intervention. A summary of the results is
found in Table 4-11.

Table 4-11.   Summary of Intervention Rating Profile-15
             Results

STAFF:	Behavior Staff	Administrators	Teaching Staff
Average Score:	40.67	46.33	72.00

The mean score of all staff members who completed the IRP-15 was measured at 63.45 out of a possible 90. This is about 71% of the highest possible score and indicates an overall acceptable rating of the intervention. The majority of the respondents to the questionnaire were teachers or teachers' aides. There were seven teachers and seven teachers' aides surveyed. The mean score for teaching staff on the IRP-15 was 72 out of a possible 90. This was 80% of the highest possible score and indicated that the teaching staff found the BSO to be an acceptable intervention. This was considerably higher than the mean for all staff indicating that the Behavior Support Office had a generally higher level of acceptability among teaching staff.

Three behavior staff completed the IRP-15, while one behavior staff member declined to participate. The mean score for behavior staff members was 40.67 out of a

possible score of 90. This was only 45% of the highest possible score, indicating that the behavior staff had an unacceptable view of the BSO. There was a lower level of acceptability among behavior staff when compared to teaching staff and staff in general.

Three administrators also completed the IRP-15. The mean score for administrators on this questionnaire was 46.33 out of a possible 90, a score that was 51% of the highest possible score. This indicated that administrators also found the BSO to be a generally unacceptable intervention. They had a lower level of acceptability for the Behavior Support Office than the teaching staff, although it was slightly higher than that of the behavior support staff.

A One Way, Non-Parametric Kruskal-Wallace was implemented in order to further evaluate the responses to the IRP-15. This test compared the teaching staff with the behavior staff and administrators and produced a Chi-Square of 6.67 (p = .036). This clearly demonstrated that teaching staff had a significantly higher acceptability of the Behavior Support Office than behavior staff or administrators.

The staff responses to the IRP-15 indicate that teaching staff had a significantly higher opinion of the

efficacy of the Behavior Support Office as an intervention than did other staff members. Administrative staff had a lower level of acceptability than the teaching staff, but slightly higher than the behavior staff. Behavior staff members had the lowest level of acceptability for the Behavior Support Office as an intervention based on their responses to the IRP-15.

Additional Analyses

Additional analyses were conducted with data of interest that were not addressed through the three primary research questions. Race was examined as a variable in order to examine average behaviors per day, average intensity, and average amount of time spent out of the classroom due to behavior incidents. African American students and Caucasian students were compared in these evaluations. Although there were Hispanic students in the study, there were too few to make a statistically valid evaluation.

Race and Average Behavior Incidents Per Day

A Univariate Between-Subjects ANOVA was used in order to compare the average number of behavior incidents per day for African American students and Caucasian students during

the school year with the Behavior Support Office and the
year without it. The means for this test are found in
table 4-12. The results of the test are found in table 4-
13.

Table 4-12. Means for Univariate Between-Subjects ANOVA
             for Race and Average Behaviors Per Day

YEAR	RACE	MEAN	STD. DEV.	N
With BSO	African American	.570	.566	21
	Caucasian	.164	.233	12
	Total	.422	.508	33
W/out BSO	African American	.258	.257	43
	Caucasian	.146	.198	16
	Total	.228	.246	59

Table 4-13. Results for Univariate Between-Subjects ANOVA
             for Race and Average Behaviors Per Day

	F	p	Partial η^2
Race	10.486	.002	.106
Race X Year Attended	3.384	.069	.037

The results indicated that African American students had
more behaviors per day on average when compared to
Caucasians. This was true during the school year with the
Behavior Support Office and the school year without it.

The change in the average number of behaviors per day for African American students and Caucasian students from the year with the Behavior Support Office to the year without it was also examined. The change in mean number of behaviors per day from one year to the next can be seen in Figure 4-1. African American students and Caucasian students both showed a lower average number of behavior incidents per day during the school year without the Behavior Support Office. Although African American students do seem to demonstrate a larger drop in the average number of behaviors per day after the Behavior Support Office was removed as an intervention, this change did not quite reach the point of statistical significance. However, the graphic representation of this change shown in Figure 4-1 does seem to indicate that the use of the Behavior Support Office did tend to result in a higher number of behavioral incidents for the African American Students.

Figure 4-1. Change in Average Number of Behavior Incidents
            by Race
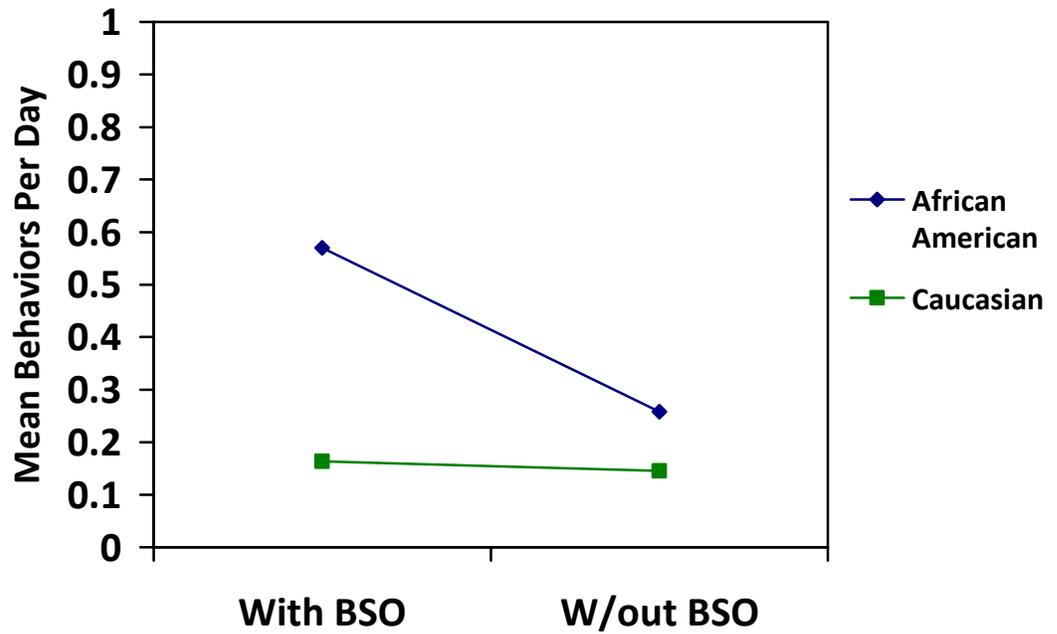
Race and Average Behavior Intensity

A Univariate Between-Subjects ANOVA was used in order
to compare the average intensity of behavior incidents for
African-American students and Caucasian students during the
school year with the Behavior Support Office and the year
without it. The means for this test are found in table 4-
14. The results of the test are found in table 4-15.

Table 4-14.   Means for Univariate Between-Subjects ANOVA
              for Race and Average Behavior Intensity

YEAR	RACE	MEAN	STD. DEV.	N
With BSO	African American	1.683	.305	22
	Caucasian	1.211	.933	12
	Total	1.517	.634	34
W/out BSO	African American	2.182	.449	45
	Caucasian	1.779	.989	16
	Total	2.076	.651	61

Table 4-15.   Results for Univariate Between-Subjects ANOVA
              for Race and Average Behavior Intensity

	F	p	Partial η^2
Race	9.295	.003	.093
Race X Year Attended	.060	.807	.001

The results indicated that African-American students had

higher intensity behaviors on average when compared to

Caucasians. This was true when the Behavior Support Office

was in effect and when it was not. The change in the

intensity of behaviors for African American students and

Caucasian students from the year with the Behavior Support

Office to the year without the BSO was also examined. The

change in behavior intensity from one year to the next for

African Americans and Caucasians can be seen in Figure 4-2.

Both African American students and Caucasian students had

increased behavior intensity after the Behavior Support

Office was discontinued as an intervention. There was no

significant difference in the change in behavior intensity

from one year to the next for African American students and

Caucasian students.

Figure 4-2. Change in Average Intensity of Behavior
            Incidents by Race
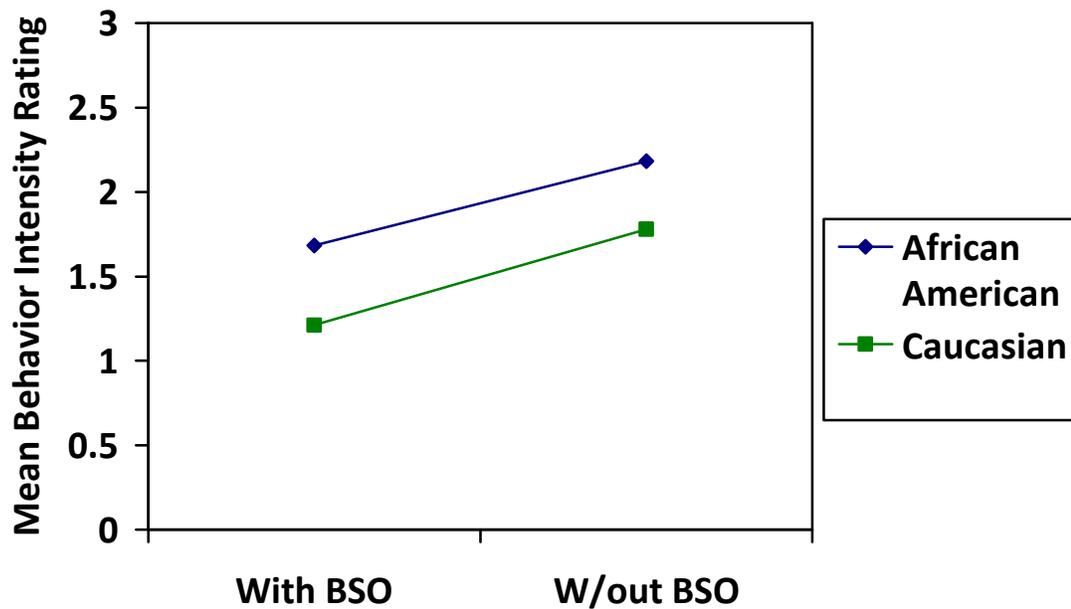
Race and Time Spent Out of Class Due to Behaviors

A Univariate Between-Subjects ANOVA was used in order

to compare the average amount of time spent out of the

classroom due to behavior incidents for African-American

students and Caucasian students during the school year with

the Behavior Support Office and the year without the BSO.

The means for this test are found in table 4-16. The

results of the test are found in table 4-17.

Table 4-16. Means for Univariate Between-Subjects ANOVA
for Race and Amount of Time Spent Out Of Class Due to
Behaviors

YEAR	RACE	MEAN	STD. DEV.	N
With BSO	African American	13.122	13.856	21
	Caucasian	3.583	5.955	12
	Total	9.653	12.406	33
W/out BSO	African American	.991	1.503	43
	Caucasian	.617	1.324	16
	Total	.890	1.455	59

Table 4-17. Results for Univariate Between-Subjects ANOVA
for Race and Average Amount of Time Spent Out
of the Class Due to Behaviors

	F	p	Partial η^2
Race	9.173	.003	.094
Race X Year Attended	7.839	.006	.082

The results of this test indicated that African-American

students had higher intensity behaviors on average when

compared to Caucasians. This was true when the Behavior Support Office was in effect and when it was not. The change in the intensity of behaviors for African American students and Caucasian students from the year with the Behavior Support Office to the year without the BSO was also examined. The change in behavior intensity from one year to the next for African Americans and Caucasians can be seen in Figure 4-3. Both African American students and Caucasian students had a decreased amount of time spent out of the classroom due to behaviors after the Behavior Support Office was discontinued as an intervention. African American students had a significantly greater decrease in amount of time spent out of the classroom due to behaviors after the Behavior Support Office was eliminated as an intervention.

Figure 4-3.   Change in Amount of Time Spent Out of the
              Classroom Due to Behaviors by Race
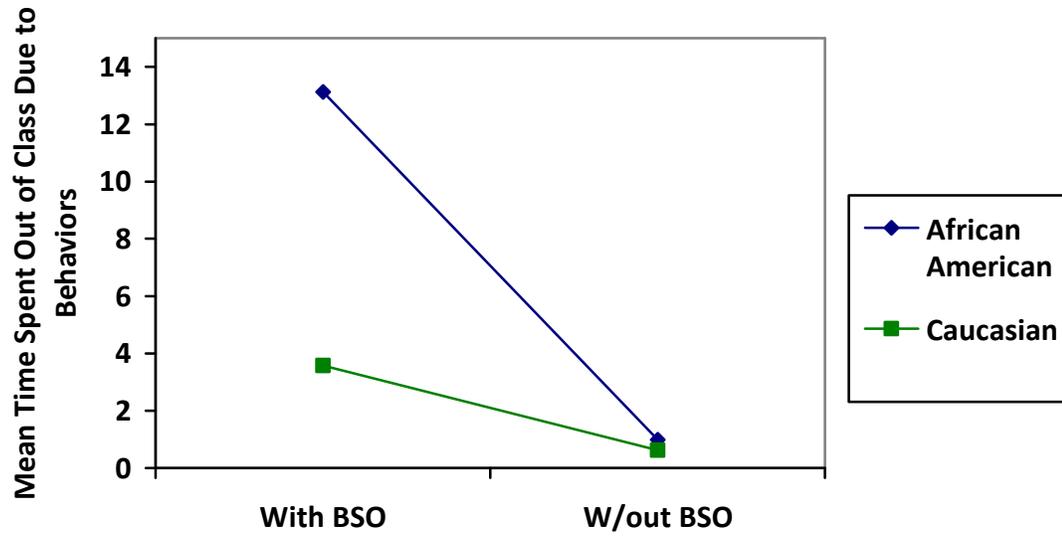
CHAPTER 5

DISCUSSION

Summary

The focus of this study was to examine the
effectiveness of a particular behavioral intervention, the
Behavior Support Office, in producing behavioral and
academic improvements in students diagnosed with emotional
disturbance. Gender and ethnic differences were also
examined. Subjects were selected for the study based on
their attendance at an approved private school serving
emotionally disturbed students. These students were then
divided into groups based on the years when they attended
this school. Students who attended the school during the
2007-2008 school year, a year when the Behavior Support
Office was being used at the school, were designated as
group 1. Students who attended during the 2008-2009 school
year, a year when the Behavior Support Office was not being
used, were designated as group 2. This analysis examined
all of the students who attended during these two years,
but many of these students experienced only one condition
or the other, but not both. Some of these students,
however, attended during both of the school years, and
experienced both of the experimental conditions. The data

from these students were evaluated separately from the two main groups. Archival behavioral and academic data available in school files were collected. Data gathered from academic records included: age, gender, ethnicity, grade point average, and attendance.   The school where the data were collected uses a proprietary behavior data collection form which is used to document behavior incidents. Data gathered from these forms included: Average number of behavior incidents per day, average intensity of behavior incidents, and average amount of time spent out of the classroom due to behavior incidents per day. Teachers and staff members were administered the Intervention Rating Profile (IRP-15).

The goal of this study was to answer three questions: 1) Are students more behaviorally successful with the Behavior Support Office in place or without it? 2) Are students more academically successful with the Behavior Support Office in place or without it? 3) Is the Behavior Support Office an acceptable intervention to teachers, behavior staff and/or administrators?

The results of this study were split in regards to behavioral success but, in general, showed little success in the Behavior Support Office. Overall, the results of this study were unable to support the original hypotheses

made by this researcher. Specifically, this study

indicated that there were more behavior incidents when the

Behavior Support Office was in effect than there were when

it was not being used. Students also spent far more time

out of the classroom due to behavior incidents with the

Behavior Support Office in place. The research did

indicate, however, that the behavior incidents during the

year with the Behavior Support Office tended to be of lower

intensity than the behavior incidents during the year

without the Behavior Support Office. The use of the

Behavior Support Office did not show any significant effect

on academic success as measured by grade point average or

school attendance when looking at all of the students in

the two school years. Higher GPAs and higher attendance

during the year with the Behavior Support Office approached

significance for the students who attended during both of

the school years. The high effect size for both of these

variables indicated that the Behavior Support Office did

result in higher grades and attendance for the students who

attended during both years in this study. Finally, the

Behavior Support Office was found to be generally well

accepted by teaching staff as an intervention, but even

with this acceptance it did not prove to be an effective

behavior intervention. Behavior staff and administration

did not find the Behavior Support Office as acceptable as the teaching staff did.

Research Question 1

This researcher originally hypothesized that students would demonstrate greater behavioral success with the Behavior Support Office in place. The results of this study, although mixed, did not support the original hypothesis.

There were significantly more behavior incidents documented on average per day during the year that the Behavior Support Office was used as an intervention. This is a remarkable result for an intervention which had been implemented for years as a means to reduce problem behaviors. However, these results must be looked at in the context of the rest of the data in order to be fully understood. There may be several reasons for these results. One of the main concerns with a behavior intervention that removes a child from the classroom is that this attempted intervention becomes a reinforcer for the behavior. If the student's behavior is escape motivated it is likely that they will engage in these behaviors more frequently when they know that this will result in their removal from class. For these students,

the Behavior Support Office provided a strong reinforcer for negative behavior. Once the Behavior Support Office was removed, and the majority of behaviors were dealt with in the classroom, those same behaviors no longer resulted in removal from the classroom and the behaviors were no longer reinforced.

The data showed that the average intensity of behaviors was significantly lower during the year when the Behavior Support Office was in effect. Behaviors were rated on a 1-4 scale with the following designations: 1 = Mild, 2 = Moderate, 3 = Severe, and 4 = Critical. During the year with the Behavior Support Office, the mean intensity of behaviors was 1.5, while the mean behavior intensity without the Behavior Support Office was 2.1. So, although there were significantly more behaviors, those behaviors were considerably less severe. There are several things that could account for this. According to report, the Behavior Support Office was ended out of a concern that teachers were sending students to the Behavior Support Office not only for behaviors that were disrupting the class and hindering learning, but also for behaviors that could be classified as simply annoying or disrespectful. This would coincide with research, which has shown that most of the office referrals or out-of-classroom

disciplinary referrals given to emotionally disturbed students are for disrespectful, non-compliant behaviors and, in general, behaviors that do not threaten safety (Skiba et al., 1997). After the Behavior Support Office was discontinued, teachers were instructed to address behavior problems within the classroom. They were encouraged to anticipate behavior problems based on identified triggers and to redirect behaviors based on the individual student's behavior plan. It is possible that without the Behavior Support Office the teachers were not effectively anticipating and redirecting behaviors early on. As a result, the intensity of the behaviors escalated by the time behavior staff arrived to intervene. Similarly, if a certain number of the referrals to the Behavior Support Office were for low intensity behaviors, referral to the Behavior Support Office would have required documentation. It is possible that without the Behavior Support Office many of these low intensity behaviors were dealt with quickly in the classroom or even ignored and, consequently, not documented. This could partially account for the higher average intensity without the Behavior Support Office and possibly for some of the discrepancy in the total number of behavior incidents.

Student factors may also have contributed to the
higher intensities of behaviors without the Behavior
Support Office. It can be assumed that at least some of
the behaviors exhibited by students were escape motivated.
If escape was the function of a behavior, the Behavior
Support Office would be an ideal escape; and for those
students seeking escape, mild behavior that would result in
a referral would be a convenient route. However, when the
Behavior Support Office was eliminated, this escape route
was also eliminated. The mild behavior that used to result
in the removal from class was now dealt with in the class
and it is likely that students increased behavior intensity
in an attempt to facilitate their desired escape. Another
possible factor in the lower intensity with the Behavior
Support Office is that being sent to the BSO removed the
student from the trigger stimulus, whether that was a
teacher, another student, a non-preferred or frustrating
activity, or the environment. This would allow the student
to end the conflict earlier and de-escalate earlier
resulting in lower overall intensity. Similarly, removing
the student from the classroom removes them from an
'audience'. Without the audience, these students would
likely feel less pressure to continue escalating their

behavior in order to establish or protect social standing or a perceived reputation.

Finally, this study found that students spent significantly more time out of the classroom due to behaviors when the Behavior Support Office was in effect. Overall, students spent approximately 9 minutes out of the classroom per day due to behavior issues when the Behavior Support Office was used compared to just under one minute out of class due to behaviors without the BSO. This result seems almost like a foregone conclusion since the Behavior Support Office is an intervention that removed students from the classroom for behavior issues. Without the BSO, the majority of problem behaviors were addressed within the classroom, and removal from the classroom was reserved for only the most extreme behaviors. It should be noted, however, that even though the students were spending less time out of the classroom due to behaviors after the Behavior Support Office was eliminated, this does not necessarily mean that the time they were spending in the classroom was quality instructional time. If the majority of behaviors must be addressed in the classroom, it is unlikely that this constitutes quality instructional time. In addition to the behaviors being handled in the classroom, these behaviors are significantly more severe

than those being addressed in the Behavior Support Office. This also decreases the likelihood that effective instruction is taking place.

In summary, the Behavior Support Office resulted in increased behavior incidents, most likely due to reinforcing escape motivated behaviors. The BSO also resulted in increased time away from the classroom, although it is unclear whether this actually reduced the amount of instructional time. Finally, use of the Behavior Support Office did reduce the average intensity of behaviors most likely due to removing the student from whatever event, individual, or environment was triggering the behavior.

Research Question 2

When considering research question 2 this researcher hypothesized that academic functioning as measured by GPA and attendance would be higher with the Behavior Support Office in place. This hypothesis was not supported by the data.

Grade point average and percentage of days attended were used as indicators of academic functioning. These were both examined using independent samples t-tests comparing all of the students enrolled when the Behavior

Support Office was in effect with all of the students attending when the Behavior Support Office was not in effect. The results were not significant.

Both of these variables were also examined using paired samples t-tests using only those students who attended during both years to compare the year using the Behavior Support Office with the year when the Behavior Support Office was not used. These results approached significance, but did not reach significance at the .05 level. The means from the paired samples t-test examining grade point average showed that students who attended during both years had slightly higher grade point averages during the year when the Behavior Support Office was being used (p = .054). Similarly, the means from the paired samples t-test examining attendance showed that students who attended during both years demonstrated a slightly higher percentage of days attended (p = .057). When examining these data, however, we must remember that the first year was the year with the Behavior Support Office and the second year was the year without the Behavior Support Office. It is possible that the improved grades and attendance were not due to removing the BSO, but rather the result of those students being in the program for multiple years and becoming more accustomed to the

teachers' expectations and more comfortable with the school environment.

Research Question 3

This researcher hypothesized that staff would find the Behavior Support Office to be an acceptable intervention. This hypothesis was partially supported by the results. Staff responses to the IRP-15 indicated that teaching staff (teachers and teachers' aides) found the Behavior Support Office to be a relatively acceptable intervention scoring an average of 72 out of a possible 90. This score was 80% of the total possible points on the IRP-15 with higher scores indicating higher acceptability.

Administrators and behavior staff also completed the IRP-15, but their responses indicated lower levels of acceptability for the Behavior Support Office. Administrators who completed the form had a mean of 46.33 out of a possible 90. This was approximately 51% of the possible points on this evaluation, demonstrating that administrators do not find the BSO to be as acceptable an intervention as teachers do. Behavior staff also completed the IRP-15, with a mean score of 40.67 out of a possible score of 90. This score was about 45% of the possible points on the IRP-15 indicating that the Behavior Support

Office had an even lower level of acceptability among behavior staff when compared to teaching staff.

The higher acceptability of teaching staff for the Behavior Support Office can be explained through a further discussion of the behavior data presented above. The Behavior Support Office allowed teachers to remove disruptive and disrespectful students from the classroom fairly quickly, allowing them to return to teaching and removing them from the process of dealing with the behavior. Although there were far more behavior incidents with the Behavior Support Office in effect, it appears as though the teaching staff was somewhat less involved in dealing with the actual behaviors. When the Behavior Support Office was eliminated, the majority of behaviors were addressed in the classroom, and the teaching staff were more involved with addressing the behaviors. It appears as though teaching staff found the Behavior Support Office to be more acceptable since it allowed them to focus on teaching rather than dealing with behaviors.

Administrators found the Behavior Support Office to be less acceptable as an intervention. Administrators expressed concern that escape motivated students were engaging in disruptive behaviors in order to be sent to the Behavior Support Office. In those instances when a

student's disruptive behavior is escape motivated they would engage in disruptive behavior and would be removed from the situation that they found aversive. The result was that the behaviors were actually being reinforced through the BSO. Another concern was that, at times, the BSO was used by teachers as a way to remove troublesome students from their classrooms. It appears that the main reason that administrators had a lower acceptability of the Behavior Support Office is that the BSO was designed as an intervention to reduce problem behaviors but behavior levels have not seemed to have been reduced.

Behavior staff had the lowest level of acceptability for the Behavior Support Office. With the Behavior Support Office in place students who are exhibiting behavior problems are sent to the BSO, where behavior support staff must deal with the behavior out of context. Staff members must try to first understand the situation then work on processing the incident with the student. After the Behavior Support Office was discontinued, behavior staff were brought into the classroom situation to deal with problem behaviors. In this way, behavior staff were able to understand the behavior in its context, getting a better understanding of the actual antecedents consequences and functions of the behaviors. It is likely that the behavior

support staff's lower acceptability for the Behavior

Support Office is due to the fact that in the BSO

structure, the behavior staff is isolated from the actual

behavior events, and has less of an understanding of the

context surrounding the behavior event.

In summary, it appears as though teaching staff had a

more positive attitude toward the Behavior Support Office,

as it allowed them to focus on teaching rather than dealing

with behavior problems. Administrators appeared to be

concerned with the potential of the Behavior Support Office

to reinforce escape motivated behavior. In addition, they

appeared concerned about the inappropriate use of the

Behavior Support Office, and thus had a lower opinion of

the intervention. Finally, behavior staff had the lowest

opinion of the Behavior Support Office. This is most

likely since the structure of the BSO isolated behavior

staff from the actual events and context of the behavior

problems with which they had to intervene.

Additional Analyses

The existing data were further analyzed in order to

examine any interactions between behavior or academic

changes and demographic status. No differences were found

in either behavior or academic achievement between male and

female students or between different ages. An evaluation of racial differences did not find any differences in academic achievement. However, this evaluation did reveal some differences in behavior outcomes.

When examining average number of behaviors per day, African American students had significantly more behaviors per day than Caucasian students when the Behavior Support Office was in effect. Both African American students and Caucasian students showed a decrease in behaviors per day after the Behavior Support Office was eliminated. African American students had a greater decrease in behaviors per day than Caucasians, but this difference was not statistically significant although it did approach significance (p = .069). Although these results were not statistically significant, the mean number of behavior incidents seems to mirror a disturbing trend, and suggests possible bias against African American students. There is considerable research demonstrating that African American students are the recipients of disciplinary action more frequently than Caucasian students (Children's Defense Fund, 1975; Costenbader & Markson, 1998; McCarthy & Hoge, 1987; Skiba et al., 1997; Skiba et al., 2002). Are these students actually exhibiting more negative behaviors, or does this overrepresentation represent a bias against

African American students? Unfortunately, although there
is overwhelming research documenting the overrepresentation
of African American students in punitive disciplinary
measures, there is little research examining why this is
the case. As was noted earlier in this paper, an
examination of this very question was conducted by Skiba,
Michael, Nardo, and Peterson (2002). That study found that
overrepresentation of African American students in
suspension and other discipline measures actually began
with overrepresentation of these students in referrals from
the teachers. Moreover, these referrals were largely for
subjective behaviors such as disrespect. The study
indicated that bias did, indeed, account for the
overrepresentation of African American students in school
discipline. In the present study, African American
students were overrepresented in the average number of
documented behavior incidents per day. In addition to
this, however, the means showed that African American
students had a greater decrease in the average number of
documented behavior incidents than Caucasian students after
the Behavior Support Office was discontinued, and this
difference approached significance (p = .069). Table 4-1
shows that African American students apparently had many
more documented behavior incidents per day than Caucasian

students. It also shows that after the BSO was discontinued, the number of documented behavior incidents for African American students decreased to near parity with that of Caucasian students. This suggests that, in the present study, higher levels of documented behavior incidents per day for African American students when the Behavior Support Office was being used could possibly be the result of (likely unintentional) bias.

In the examination of intensity, the average intensity of behaviors went up after the Behavior Support Office was eliminated for African American students as well as for Caucasian students. There was no significant difference in the rate of change between these groups. In fact, the increase in intensity was similar between these groups.

The amount of time students spent out of class due to behavior incidents was also examined in relation to race. The average amount of time per day that students spent out of class due to behavior incidents went down after the Behavior Support Office was discontinued for African American students and Caucasian students. However, the decrease was significantly more pronounced for African American students. There is little research on the amount of time spent out of the classroom due to behaviors at the time the behavior occurs. The research that does address

time out of the class is rather old and is focused on the length of suspensions. Although African American students are suspended more frequently than their Caucasian peers, the length of those suspensions are statistically equal in length (Children's Defense Fund, 1975). In the current study, African American students spent significantly more time out of the classroom when the Behavior Support Office was being used. When the BSO was discontinued time spent out of the classroom due to behavior incidents went down for African American students and Caucasian students. African American students, however, demonstrated a significantly larger drop in time out of class than Caucasian students. Table 4-3 shows that African American students spent significantly more time out of the classroom due to behavior incidents than Caucasian students. It also shows that after the BSO was discontinued, the amount of time spent out of the classroom due to behavior incidents for African American students decreased to almost exactly match that of Caucasian students. This demonstrates that longer amounts of time spent out of the classroom due to behavior incidents per day for African American students when the Behavior Support Office was being used was most likely the result of bias. Although previous studies showed a bias toward increased rates of punishment for

African American students, they did not demonstrate a bias toward increased length of punishment. The present study does demonstrate a bias toward increased length of removal from the classroom for behavioral infractions. Once an African American student was removed from the classroom, it was a significantly longer amount of time until they would return to the classroom. It is possible that there are different expectations for African American students in regards to their ability to calm down, and process the situation. There may also have been different expectations for African American students about what constitutes a readiness to return to the classroom.

To summarize, when demographic factors were evaluated, there were few interactions with demographics and either behavioral or academic success. Race was the only demographic factor to have an interaction and that was only with behavioral factors. The study showed a bias in the use of the Behavior Support Office against African American students in the length of time spent out of the classroom due to behavior incidents. There was also a suggestion of possible bias against African American students in the average number of documented behavior incidents per day. Although not statistically significant, African American students had a greater reduction in average number of

documented behavior incidents per day after the BSO was eliminated than did Caucasian students. This difference approached significance (p = .069).

<div align="center">Limitations of the Study</div>

There were some limitations to this study that may have affected the outcomes based on threats to internal and external validity. Primarily, there is a problem of a lack of experimental control since this study takes place within the overall applied setting of the approved private school. The Behavior Support Office is a single aspect of the whole Positive Behavior Support approach implemented in this particular school setting. This makes it difficult to attribute progress or lack of progress directly to the Behavior Support Office itself. The students were exposed to numerous different behavior interventions during each school day, which negatively impacts the degree of internal control.

In addition to this, a major limitation of this study is the fact that the experimental environment (the use of the Behavior Support Office) and the control environment (removal of the Behavior Support Office) took place during two different years. This leads to some questions about the reasons for the differences in the outcomes. Were

there subtle differences between the two years that were

not accounted for? For the students who returned the

second year, were some of the changes due to increased

maturity, greater familiarity with the teachers, increased

comfort with the program itself, or even generalized skills

learned during the year before? Moreover, the second year

in this study had considerably more students. It is

possible that the addition of these students changed the

overall dynamic of the program. These new and different

students may have come into the program with different

emotional and behavioral issues, which possibly altered the

outcome of the study.

Another limitation of this study is a question of

treatment integrity, which looks at whether or not a

particular intervention was implemented as it was intended

(Wilkinson, 2006). This certainly does appear to be a

problem in this study. It seems clear that students would

be referred to the Behavior Support Office without regard

to the function of the behavior they were exhibiting at the

time. In addition, there is some question as to the

integrity with which behavior staff applied the life space

interview with each student in each instance. Anecdotal

evidence suggests that some behavior staff adapted their

approach to student behaviors to match their own styles and

belief systems regarding behavior. Since archival data was used in the study, this researcher was unable to monitor or encourage treatment integrity among staff members. The potential lack of treatment integrity does present the question of whether the outcomes observed in this study were actually due to the Behavior Support Office as it was intended, or due to the misapplication of the BSO. In other words, Could the Behavior Support Office have proven to be more successful if it had been administered with greater treatment integrity?

Finally, the fact that this study took place in a very specific and unique program servicing a very specific population means that the results cannot be generalized to the larger school population.

Influence of this Study on Current and Future Practice

Appropriately addressing the educational and behavioral needs of students diagnosed with emotional disorders is an extremely important task. There has been a recent trend in increased diagnosis of these students (Landrum, Katsiyannis, & Archwameti, 2004), as well as a strong push toward providing services for these students in the mainstream class in order to comply with IDEA's requirement of a free and appropriate education in the

least restrictive environment (Gaskin vs. Commonwealth of Pennsylvania; Wagner, et al., 2005). The No Child Left Behind act also mandates the use of research based interventions. It was this researcher's intent to examine one specific intervention being used to support students diagnosed with emotional disorders. It is believed that this study adds to the body of research on behavior interventions for emotionally disturbed students. The results of this research should caution educators to be clearly aware of the function of student behaviors prior to developing and implementing interventions for those behaviors. In addition, it should encourage educators to focus on treatment integrity when implementing behavior interventions. It is believed that this information may help educators to develop and implement better intervention programs and ultimately provide a greater benefit for emotionally disturbed students.

This study also adds to a broad body of research demonstrating the disturbing trend of overrepresentation of African American students in disciplinary measures. Moreover, this study adds to the emerging evidence that some of this overrepresentation is due to bias. This is most certainly an issue that must be addressed when implementing any behavior interventions in any setting. In

order to have truly successful and equitable outcomes, interventions must be implemented in an equitable and unbiased way.

For the program in this study, it would appear that removing the Behavior Support office as an intervention was a good decision at this time. However, this research does bring up issues that warrant attention for this particular program as well as similar programs. First, trainings in cultural awareness and bias in office referrals may be helpful in order to reduce the overrepresentation of African American students in the discipline process. In addition, the program should increase efforts to monitor and ensure treatment integrity for interventions such as the Life Space Interview. This will increase the effectiveness of proven interventions. Finally, as behavior intervention shifts to the classroom, caution should be taken to ensure that this shift does not unduly interrupt the class and reduce instructional time.

Areas for Future Research

The major problems with this study were the difficulties of experimental control, and questions regarding treatment integrity. Future research on the Behavior Support Office approach should address these

issues. The results of this study suggested that the Behavior Support Office actually increased the number of behaviors and time spent out of the classroom due to behaviors, while at the same time reducing the intensity of those behaviors. There is still some question, however, as to whether these results were due to the Behavior Support Office, or due to the misapplication of the BSO. Tightening experimental control should be the first goal in future research. This would isolate the Behavior Support Office as a variable.

It would seem as though a separate area where a student would be able to process an incident in a safe and quiet environment, and develop new skills for addressing these incidents would be beneficial for some students. Future research on a Behavior Support Office should focus on the use of functional behavior assessments in order to determine which students may benefit from such a setting and which students are seeking escape from a non-preferred environment. This would also reduce the probability of teachers using the intervention to remove bothersome students from their classrooms.

Finally, future research should focus on greater attention to treatment integrity. Although ensuring treatment integrity in research is extremely important in

understanding whether an intervention is beneficial, it is lacking in most research. Perepletchikova, Treat, and Kazdin (2007) found that only 3.5% of randomly selected psychological research studies on interventions from 2000 to 2004 adequately addressed treatment integrity. Future research should ensure that removing a student from the classroom in order to address a behavior problem is done only when indicated by the function of the particular student's behavior in a particular situation. In addition, it should ensure that the prescribed intervention (in this case the life space interview) is consistently and correctly applied.

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Life Space Interview Check Sheet

Name: _____   Date: _____

Suggested Starter Questions:
1. Can you tell me what happened?
2. So what you're saying is…
3. That must have made you feel…

1. Youth's description of the incident. (Task is to listen, refrain from judgments and corrections and ask questions that will help the student to describe)	A.) How are they feeling? B.) What were they trying to achieve?
2. Share your perceptions of the incident and discuss similarities and differences between these versions.	A.) Provide a reality base. B.) Clarify patterns of student behavior.
3. Connect the incident to patterns of student behavior.	
4. Explore alternative ways to handle the issue. Allow the student to find some options.	A. Staff suggestions.
5. Develop a plan or contract to help the student with the identified behavior.	A. Elicit youth commitment to the plan. B. Assure the student of adult commitment to the plan. C. Discussion of consequences is appropriate at this time.
6. Return the student to the program.	A. Youth may return without any other intervention. OR B. Youth may need to go through a formal process.

2007 – 2008 BEHAVIORAL INCIDENT REPORT

Student's Name:_____ Date of Incident: _____
                        Last   First   Time of Incident: _____
                                                                     Incident Location: _____

Program: ☐ PR ☐ MS ☐ S ☐ SC ☐ C-M ☐ C-WC ☐ OPP

Prepared by (PRINT)_____ Did you witness the incident? ☐ Yes   ☐ No

Other staff present:_____

Position:
☐ 01 Classroom Teacher   ☐ 04 Administrator   ☐ 07 Wraparound Staff   ☐ 10 Transitional Staff
☐ 02 IA / CSS   ☐ 05 Behavior Supports Fac   ☐ 08 Enrichment Staff   ☐ 11 Other
☐ 03 1:1   ☐ 06 Substitute teacher   ☐ 09 Clinical Staff

Reason(s) for Report (check up to **3** most relevant)
☐ 01 Preventive   ☐ 14 Spitting
☐ 02 Atypical/unusual behavior   ☐ 15 Instigating
☐ 03 Agitation   ☐ 16 Lying
☐ 04 Teasing   ☐ 17 Out of assigned area
☐ 05 Refusal to participate   ☐ 18 Elopement/Leaving area without permission
☐ 06 Dropping to floor   ☐ 19 Stealing
☐ 07 Disrobing   ☐ 20 Verbally abusive
☐ 08 Inappropriate language/gesture(s)   ☐ 21 Threats
☐ 09 Noncompliance   ☐ 22 Self-injurious behavior
☐ 10 Refusal to go with group   ☐ 23 Inappropriate sexual behavior
☐ 11 Disruptive behavior   ☐ 24 Physical aggression
☐ 12 Destructive behavior   ☐ 25 Refused redirection
☐ 13 Overturning furniture   ☐ 26 Other_____

Severity of Behavior: ☐ (01) Mild ☐ (02) Moderate ☐ (03) Severe   (04) Critical*   (05) N/A (informational)

Possible Triggers for Behavior:
SLOW TRIGGERS: FAST TRIGGERS:
☐ 01 Recent change in medication   ☐ 10 Peer provocation/teasing
☐ 02 Inconsistency with medication   ☐ 11 Redirection to classroom rules/expectations
☐ 03 Recent change in residence   ☐ 12 Presentation of routine classwork
☐ 04 Recent home/family stressors   ☐ 13 Presentation of new material
☐ 05 Ongoing home/family stressors   ☐ 14 Frustration with on-going classwork (overload)
☐ 06 Nutritional issues   ☐ 15 Transition to new activity within class
☐ 07 Recent illness   ☐ 16 Transition to new activity outside of class
☐ 08 Loss of privileges   ☐ 17 Loss of privileges
☐ 09 Other _____   ☐ 18 Other_____

SECTION A - Classroom Staff Actions Taken: ☐ 07 Loss of privilege/level
☐ 01 Nonverbal redirection techniques   ☐ 08 Student initiated out-of-class time-out
☐ 02 Nonverbal de-escalation techniques   ☐ 09 Staff initiated out-of-class time-out
☐ 03 Verbal redirection techniques   ☐ 10 In-class counseling by clinical staff
☐ 04 Verbal de-escalation techniques   ☐ 11 Room Cleared
☐ 05 Student initiated in-class time out   ☐ 12 Physical assist **complete back of form**
☐ 06 Staff initiated in-class time out   ☐ 13 Other_____

SECTION B - PSF Actions Taken: ☐ 57 Loss of privilege/level
☐ 51 Nonverbal redirection techniques   ☐ 58 Student initiated BSO Referral
☐ 52 Nonverbal de-escalation techniques   ☐ 59 BSF initiated BSO Referral
☐ 53 Verbal redirection techniques   ☐ 60 In-class consultation/problem-solving by BSF
☐ 54 Verbal de-escalation techniques   ☐ 61 Room Cleared
☐ 55 Student initiated in-class time out   ☐ 62 Physical assist **complete back of form**
☐ 56 BSF initiated in-class time out   ☐ 63 Other_____

Program response:
☐ 01 Teacher/staff handled in environment   ☐ 02 BSF assisted in area   ☐ 03 Student referred to BSO
   (Always complete Section A)   (Complete Section A & B)   Referred by_____
                                                                          (Complete Sect. A, B, & written report)

Written Report (begin with description of assigned task or activity at time of incident)**:**
_____
_____
Presenting Behavior:_____
_____
_____
_____
_____
Staff Responses:_____
_____
_____
_____
_____
_____
_____
Student Response:_____
_____
_____
_____
_____
_____
_____
_____

_____/_____/_____
Preparer's Signature   Date   Time

Documentation of Physical Assist(s)

Instructions:

This section must be completed whenever a physical assist is employed.
Student must have a follow-up interview shortly after the physical assist is discontinued (When student is calm).
A supervisor or administrator must sign this form and arrange for the student's parent or guardian to be contacted.

Physical Assist Technique(s) Employed: Is Physical Assist part of student's IEP?   YES   NO
_____
_____

Staff member(s) involved:
_____

Duration of physical assist(s): _____

Student's appearance/behavior after physical assist is discontinued. :
_____
_____

Follow Up Interview:

This section is to be completed by the interviewer after a physical assist or if the student's behavior resulted in injury.
Did injury occur to student?   YES   NO   Explain: _____
_____
_____
_____
_____   _____/_____
                                                      Interviewer Signature   Date

Behavior Support Facilitator's Signature:_____Date:_____

Supervisor's/Administrator's Signature:_____Date:_____

Data Entered ☐

Documentation of Referral for Additional Positive Behavior Supports

Student's Name:_____ ☐ (01) Escorted ☐ (02) Unescorted to BSO
                        Last   First
Behavioral Incident Report received by _____   Report Received: _____/_____
                                    BSF initials   Date   Time
Student assigned to BSO office #: _____   BSF staff assigned: _____
Time student entered BSO: _____   Time student returned to class: _____

Severity of student's behavior at entry to BSO:
☐ (01) Mild   ☐ (02) Moderate   ☐ (03) Severe   ☐ (04) Critical*   ☐ (05) N/A
                                                        *(Hospitalization, police, or agency intervention)

Course of incident:
☐ (01) Student behavior de-escalated initially ☐ (02) Student behavior escalated initially

BSO Referral Interventions:	☐ 07 Problem-solving session with staff
☐ 01 Student-initiated time out in BSO	☐ 08 Problem-solving session with student & staff
☐ 02 Staff-initiated time out in BSO	☐ 09 Loss of privilege/level
☐ 03 Consultation with student	☐ 10 Work provided in Behavior Support Office
☐ 04 Consultation with staff	☐ 11 Lunch detention
☐ 05 Consultation with student & staff	☐ 12 Physical Assist(s)**complete bottom section**
☐ 06 Problem-solving session with student	☐ 13 Other_____

*MUST BE APPROVED BY FORMAL TEAM MEETING AND COMPLY WITH CHAPTER 14

Did the student exhibit further unrelated incidents in the BSO?
          ☐ (01) Yes ☐ (02) No   If yes, complete additional behavior report(s).

Was the behavioral incident resolved by BSO interventions (return-to-class)?
          ☐ (01) Yes, returned to class ☐ (02) No, unresolved

If YES, BSO Intervention Outcome for Return-to-Class:

☐ 01 Student self-calmed (no re-entry plan)	☐ 04 Re-entry plan developed with student & staff
☐ 02 Student consultation effective (no re-entry plan)	☐ 05 Conflict resolution between student & staff
☐ 03 Re-entry plan developed with student	☐ 06 Conflict resolution between student & peer(s)

If NO, a program administrator must be alerted that the incident is severe, critical, OR unresolved:
          Which administrator has been notified by voice-to-voice contact? _____

Documentation of Additional Interventions with BSF
Intervention Strategies and Technique(s) Employed:
_____
_____
_____

   Provide the following information if physical assist techniques were required subsequent to the referral:
Staff member(s) involved:
_____

Duration of physical assist(s): _____   Is Physical Assist part of student's IEP?YES   NO

Student's appearance/behavior after physical assist is discontinued. :
_____
_____

Follow Up Interview:
This section is to be completed by the interviewer after a physical assist or if the student's behavior resulted in injury.
Did injury occur to student?   YES   NO   Explain: _____
_____
_____
_____
_____   _____/_____
                                                        Interviewer Signature   Date

Behavior Support Facilitator's Signature:_____Date:_____

Supervisor's/Administrator's Signature:_____Date:_____

Data Entered ☐

The *Intervention Rating Profile –15 (IRP-15)* cited below is not included here due to copyright restrictions.

Intervention Rating Profile –15 (IRP-15)

The purpose of this questionnaire is to obtain information regarding the behavior support office as a classroom intervention. Please circle the number that best describes your agreement or disagreement with each statement using the scale below.

1=strongly disagree	2=disagree	3=slightly disagree	4=slightly agree	5=agree	6=strongly agree