Creating Successful Team Collaboration: Behavior Management in the Schools

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Abstract

Many speech-language pathologists (SLPs) in school settings work with children who display challenging behaviors due to confirmed or undiagnosed emotional and behavioral disorders. This article explains the value of a team approach to behavior management, outlines the role of SLPs on the team, and discusses considerations for developing successful interventions which decrease challenging behaviors and improve academic performance of students with Emotional Behavioral Disturbances.

The number of school-aged children with emotional and behavioral disorders (EBD) with concomitant (or undiagnosed) language impairments (LI) has been growing steadily in recent years (United States Department of Education, National Center of Education Statistics, 2011).

In addition to autism spectrum disorders, there are a number of psychiatric diagnoses that may affect behavior, including attention and behavior disorders, mood disorders, and anxiety disorders (American Psychiatric Association, 2013). Furthermore, children with intellectual disabilities, traumatic brain injuries, genetic and acquired syndromes, and severe communication impairments may also present with behavioral challenges (Dykens, & Kasari, 1997; Eisenhower, Baker, & Blacher, 2005; Kodituwakku, 2007; Kurowski et al., 2013).

Broadly speaking, the displayed behavioral symptomology of children with EBD can be classified into two presenting categories: externalizing and internalizing behaviors (Smith, 2007). Internalizing symptomology may include withdrawn, anxious, inhibited, and depressed behaviors, while externalizing symptomology may include disruptive, hyperactive, and aggressive behaviors (Liu, 2004). Both types of behaviors have been linked to poor academic performance, high rates of absenteeism, and low achievement (DeSocio & Hootman, 2004; Hollo, 2012; Smith, Katsiyannis, & Ryan, 2011).

One challenge facing many speech-language pathologists (SLPs) in today's schools is how to provide effective services while appropriately managing any challenging behaviors impacting delivery provision. Research indicates that approximately 5% of students with behavioral challenges require specialized and individualized behavioral interventions (Horner, Sugai, Todd, & Lewis-Palmer, 2005). According to IDEA 2004, when the child's behavior impedes the learning of self and/or others, team use of "positive behavioral interventions and supports" is recommended to effectively address it in school setting (IDEA, 2004: §300.324(a)(2)(i)).

The aim of this article is to illustrate the value of a team approach to behavior management, outline the role of SLPs on the team, explain considerations for developing relevant interventions, and discuss the logistics of team collaboration.

The Value of a Team Approach to Behavior Management

From both logical and educational standpoints, the team approach to behavior management makes a great deal of sense. Working as part of a team allows members to collectively pursue common goals, combine selective expertise, initiate a discussion to solve difficult problems, and have professional lifelines when working on difficult cases (Catlett & Halper, 1992). Both parents and various school professionals (e.g., teachers, SLPs, occupational therapists, school psychologists, etc.) see different aspects of the student's behavioral manifestations in different settings. Consequently, they all contribute valuable perspectives on the best and the most successful intervention strategies for the child. Furthermore, the team approach allows all individuals to consistently use selected, relevant intervention strategies, which, in turn, allows the student to practice carryover behaviors in all settings (e.g., classroom, therapy room, and home).

The Role of SLPs on Behavior Management Teams

Speech-language pathologists play an integral role in the development of behavior management plans because their training places them in a unique position to recognize the extent to which communication impairments contribute to challenging behaviors. This is especially important given the work of Cohen and colleagues (Cohen, Barwick, Horodezky, Vallance, & Im, 1998) who found that 40% of children between the ages of 7 and 14 referred solely for psychiatric problems had a language impairment that had not been previously suspected. Similarly, Hollo, Wehby, & Oliver (2014) did a meta-analysis of 22 studies, which reported results of language assessments in children with EBD with no prior history of language impairment (LI). They found that more than 80% of these children displayed below average language performance on standardized assessments (1–2 SD below the mean on a single measure) and 46.5% of these children qualified for criteria of moderate-severe LI (>2 SD below the mean on a single measure; Hollo, 2012). Consequently, the SLP's role on the behavioral management team may include assessment of children with EBD to determine whether they present with previously undiagnosed LI, which may be adversely affecting their behavior functioning.

SLPs can also highlight communication components in behavioral difficulties of children on their existing caseloads and create and implement relevant language-based strategies aimed at eliminating and reducing challenging behaviors (Vicker, 2006).

SLPs' preparation in the area of data collection can assist other team members with the effective and efficient tracking of relevant information (see below). In addition, their experience with the design of various compensatory strategies of information retention (cues and prompts needed for the student to learn information effectively) can assist other professionals in meeting the student's behavioral and educational needs across all settings. Using effective classroom demonstrations, they can show educators how to aid the student with successful behavior generalization between settings to improve skill carryover.

Data Collection to Determine Behavior Function

The first step in establishing a behavior management system is determining the function of challenging behaviors, since we need to understand why the behavior is occurring and what is triggering it (Chandler & Dahlquist, 2006).

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Behavior functions may include the child seeking situational control, generating excitement when bored, or avoiding high stimulation activities (Bobrow, 2002). Behavior functions may have positive, negative, or automatic reinforcements (Bobrow, 2002). For example, a child may seek attention or reward and in turn be positively reinforced via tangible (e.g., access to games or preferred activities) and/or social rewards (e.g., attention from parents, staff, or peers). In contrast, negative reinforcement may occur when a child is "accidentally" rewarded for escaping a negative situation (e.g., being sent out of therapy for being disruptive during activities perceived by the child to possess high task complexity). Severely developmentally impaired children may be automatically reinforced when certain behaviors produce an enjoyable sensation (e.g., repetitive movements or self-injurious behaviors, etc.) (Bobrow, 2002). Finally, behaviors may be triggered by environmental factors, which may include abrupt and/or significant changes in routines, medical or physical ailments, and significant disruptions in life events such as parents' divorce or death in the family (Blader et al., 2000).

Team members can establish the function of the child's challenging behavior by systematically compiling detailed data on the type, frequency, and duration of behavioral antecedents (triggers/causes), the effect of contributing environmental factors, and the reasons why challenging behaviors continue to be maintained. Team discussions regarding collective observations, detailed parental interviews, and records review for patterns may serve as additional sources of valuable information during this process.

The Importance of Differential Diagnosis

Often the process of data collection may reveal the need for additional assessments in select areas of functioning. For example, without a differential diagnosis, how can the team members be confident that the child's symptoms of inattention, hyperactivity, and impulsivity are due solely to a psychiatric condition, instead of a language disorder, processing disorder, sensory integration disorder, or an undiagnosed medical condition playing a contributing or even a primary role (Elleseff, 2013)? Consequently, part of the collaborative team process involves performing relevant assessments in order to confirm or rule out factors contributing to the maintenance of challenging behaviors.

Considerations for Developing Relevant Interventions

Once all the data has been compiled and the hierarchy of addressing problem behaviors has been identified, the team can brainstorm on how to substitute challenging behaviors with relevant, effective, and efficient replacement behaviors (Bobrow, 2002). SLPs can effectively contribute to the process by analyzing the child's behavior patterns in order to determine whether it may be affected or exacerbated by difficulties in the areas of language processing, comprehension, expression, or usage (pragmatics). For example, if after observing/working with the student the SLP determines that the child's distractibility is partially or substantially caused by being overwhelmed by visual or auditory stimuli, he or she may suggest physical space modifications in all relevant settings (e.g., classroom, other therapies, and at home). These modifications may focus on reducing or completely eliminating auditory and visual distractions as well as modifying the child's seating arrangements and proximity to teaching staff in order to reduce challenging behaviors and improve academic performance (Gettinger & Seibert, 2002; Guardino & Fullerton, 2010).

Often, two significant components contributing to behavior difficulties in language-impaired children are unclear expectations coupled with prolonged task duration, which the child has trouble tolerating (DuPaul & Ervin, 1996). As part of the team process, SLPs have the potential to determine whether or not session structure modifications are needed to improve the student's performance. These may include implementation of written or pictorial rules to clarify expectations, use of schedules to establish routines and identify the order of activities, and use of timers to specify activity length and to facilitate transitions in the classroom, therapy, as well as

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at home (Sugai et al., 2000). To further increase the child's learning potential, SLPs can evaluate whether or not several changes of activities (with breaks in between) during instructional and/or homework periods may be needed to increase attention, reduce fatigue, and improve frustration tolerance (Gettinger & Seibert, 2002).

Finally, perhaps the most relevant and significant contribution of SLPs on the behavioral management team is evaluation and modification of educational materials. Because many SLPs work with their students on an individual basis, they have the distinct advantage of recognizing whether or not the complexity of the provided materials is further contributing to a particular student's behavioral difficulties and needs to be modified. This can be accomplished by reviewing the student's maintaining factors, which include cognitive (e.g., intellectual disability, etc.), sensorimotor (e.g., hearing impairment, etc.), psychosocial (e.g., anxiety, etc.), and/or linguistic deficits (e.g., low vocabulary, word-retrieval deficits, etc.) that could be maintaining the disorder and impacting the student's educational progress (Klein & Moses, 1999).

Choosing the Appropriate Reward System

One significant intervention challenge often faced by team members is the selection of an appropriate reward system to reinforce positive replacement behaviors. Here it is important to distinguish between extrinsic and intrinsic rewards. Extrinsic rewards such as use of token economies (e.g., stickers, etc.) can motivate the student to perform the task in order to obtain a particular incentive. They are not controlled by the student but rather by external factors (e.g., teacher or parent promising the reward; Cheng & Yeh, 2009; Kelsey, 2010). While extrinsic reward systems are frequently effective for accomplishing short-term goals, relevant to behavior change, they are often ineffective in the long run because "the more rewards are used, the more they seem to be needed" (Kohn, 1993, p. 17). Furthermore, "extrinsically motivated learners may exert minimal effort to perform a task and may stop an activity when reinforcement discontinues" (Cheng & Yeh, 2009, p 599).

In contrast, intrinsic rewards are rooted within the student and are created by the internal sense of satisfaction or pleasure in the behavior or task. Intrinsic reward is important for maintaining long-term change because it allows the student to self-monitor and subsequently self-regulate his or her own actions in order to maintain the positive replacement behavior (Cheng & Yeh, 2009; Kelsey, 2010; Kohn, 1993). Consequently, while initially a system of extrinsic rewards may be needed to motivate the student to decrease challenging behaviors, in order for the behavior intervention to be optimally effective, team members will need to figure out how to intrinsically motivate the student to spontaneously maintain positive replacement behaviors without the promise of external rewards.

Use of Praise

Research indicates that when it comes to developing intrinsic motivation, praise needs to be used effectively and sparingly as acknowledgement instead of use of general statements (e.g., "Good Job!"; Hufton, Elliott, & Illushin, 2003; Kelsey, 2010; Kohn, 2001). According to Kohn (1993, 2001) children seeking adults' approval are less likely to perform difficult tasks, are deterred from forming their own judgments regarding their accomplishments, and tend to conform to the praise-giver's wishes since "praise creates pressure to 'keep up the good work'" (Kohn, 2001, p. 3). Kohn (2001) recommends praising children by drawing their attention to the effect of their actions on other people (e.g., "Look how happy you've made ____feel because you_____)," which also encourages the student to develop their perspective-taking skills. Furthermore, in order to strengthen the student's intrinsic motivation, positive reinforcement in the form of questioning the student, to determine their sense of own accomplishment, is also recommended (Kelsey, 2010; Kohn, 2001).

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The Logistics of Team Collaboration

After the individualized intervention strategies directed at modifying student's behavioral triggers and/or maintaining consequences have been identified, team members then need to coordinate their efforts in order to track intervention effectiveness across all settings. This will include setting specific meeting times at agreed upon intervals in order to review the collected data and to determine future intervention directions. Depending on the size of the team and the physical location of its members, a team coordinator, the person most familiar with the student in question, may be selected in order to facilitate these meetings and ensure that proceedings run smoothly and in a timely manner.

Given a number of daily logistic challenges, such as caseload management and paperwork requirements, the team may choose the option of telephone conferencing or encrypted video calls on smart devices (e.g., iOS, Android, etc.) in order to conserve time while adhering to HIPAA compliance standards (Fernandes, 2011). This method of communication will allow the team to effectively include any off-site members who play a key role in the student's care (e.g., parents). Furthermore, the option of encrypted video conferencing will allow professionals from different disciplines to conduct effective parent training with respect to documentation tracking, demonstration of intervention techniques, and carryover training for work with the student at home.

The Importance of Parental Involvement

Studies have identified parental involvement as one critical component of a successful behavior management team. For example, Smith (1994) described a behavior contract program in which effective parenting skills training resulted in an improvement of student's school-related behaviors. Similarly, Morrison, Olivos, Dominguez, Gomez, & Lena (1993) described a collaborative team management approach that entailed parents attending regular meetings to develop solutions aimed at decreasing their children's aggressive behaviors. Consequently, parental involvement on the behavior management team is paramount in order for the intervention to attain its optimal effectiveness.

School Administration Support

Another key component to the team's collaborative success is the support of the school administrators (e.g., principal, special education director, etc.). Given that successful team collaboration requires time as well as financial and nonfinancial resources (e.g., training, technical support, etc.), it is imperative that school administrators see the value of team collaboration and understand and support the SLP's role on the team. Administrative commitment to behavior management teams may include public statement of support of the team and its members, supporting the team with time and resources, providing recognition for their work, monitoring the effects of team interventions, and providing constructive feedback (e.g., guiding vs. dictating decisions) regarding their efforts (Colvin & Sprick, 1999).

A Note on Positive Behavior Interventions and Supports (PBIS)

In recent years, the term "positive behavior support plan" has gained recognition among various educational professionals, many of whom use it to refer to general and/or specific techniques used by the classroom teachers to decrease challenging behaviors. However, this terminology requires some clarification. In 1997, the U.S. Department of Education created The National Technical Assistance Center on Positive Behavioral Interventions and Supports (PBIS). Its primary purpose

> is to gather and disseminate evidence-based behavioral interventions and practices that enhance the social behavior development, school climate, and safety of all students,

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especially students who are at risk of or display problem behavior within the school context. (Lewis, et al., 2010, p. 2).

Since that time, a number of school districts across the country have implemented School Wide Positive Behavior Support (SWPBS), which uses data to guide decisions about best practices to support student learning and social behavior. (Sugai et al., 2000). Because PBIS are school-wide district-implemented programs (vs. individual classroom based programming), numerous specialized resources and in-depth technical assistance trainings have been developed on this subject. Professionals interested in learning more about PBIS can visit www.pbis.org to obtain more information regarding PBIS implementation.

Conclusion

A collaborative behavior management model is essential for delivery of effective services to children with behavioral challenges to successfully support them and their families in and out of academic setting. Efficient team functioning requires time, effort, and commitment. However, if executed appropriately, it improves decision-making and allows professionals to treat the child in a holistic fashion (Catlett & Halper, 1992). By successfully addressing broad functional goals (vs. isolated ones) via integrated interventions, we can improve effectiveness of our treatment and truly share collaborative responsibility for our students' success.

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