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AUTHOR   Whitaker, Angela McPeake; Votel, Christine Brown
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ABSTRACT
                The Mentor Supported School Success Program was
developed by the rural school district of Dorchester County,
Maryland, as an effort to include students displaying troubling
behaviors in regular classroom settings. The program offers
supplementary support to current school programming through the use
of mentors. In the first year of the program, members of the
school-based multidisciplinary team identified students exhibiting
troublesome behaviors, with priority given to elementary-aged
students previously recommended for expulsion. All students are
eligible for participation. Paraprofessionals and substitute teachers
who had demonstrated both empathy for students and consistent
effective behavioral management strategies were selected as mentors.
Mentors assist with individual behavioral management plans, support
classroom activities, provide additional monitoring of non-academic
activities, and help teach the social skills training program.
Program components include integrated behavior management plans for
each student; daily orientation and wrap-up; carefully designed
mentor schedules; academic assistance; monitoring of medications;
crisis intervention; social skills training; and evaluation of
changes in students' behavior, attendance, and academic achievement.
A mid-year informal review suggests positive results in all four
pilot elementary schools. (JAT)

Angela McPeake Whitaker
Christine Brown Votel
Clinical Resource Specialists
Mid-Shore Special
Education Consortium
Centreville, Maryland

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MANAGING TROUBLING BEHAVIORS: A SYSTEM S APPROACH

Schools nationwide are struggling with the growing trend to include all students in regular education programs. Reynolds and Birch (1982) wrote "the whole history of education for exceptional students can be told in terms of one steady trend that can be described as progressive inclusion". Over the past three decades, educators have found themselves challenged by "the latest" policies such as deinstitionalization, mainstreaming, zero reject policies, least restrictive environment, and delabeling.

In the past, most programs which provided for mainstreaming emphasized student placement in existing regular education programs. Students were mainstreamed when they were able to fit an existing mold. Currently, an increasingly insistent and powerful advocacy is demanding change. These supporters believe all students should be educated in the mainstream regardless of handicap - that regular education must develop meaningful curriculum to achieve this goal.

Current research suggests that regular and special educators share the responsibility for each student and create a comprehensive educational system capable of meeting the needs of all (Forest, 1987; Stainback & Stainback, 1984; Gartner & Lipskey, 1987). Collaborative consultation is an effective means to provide appropriate instruction of special education students placed in mainstream classes (Cook & Friend, 1991; Huefner, 1988; West & Idol, 1990). This method pairs regular education teachers who are knowledgeable about subject content with special educators who are trained in strategies to reach students with disabilities.

Students who display troubling behaviors may be the greatest challenge to any total inclusion model. By definition, these pupils demonstrate difficulties in interpersonal relationships, and show an inability to interact in socially acceptable ways (Gresham, 1988; Meadows, Neel, Parker & Timo, 1991). They interact less frequently and in more negative ways than their peers which decreases successful integration experiences (McGinnis & Goldstein, 1984). These disruptive classroom behaviors can interrupt the learning process. Evidence suggests that students who exhibit non-compliant behavior experience

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difficulty with the behavioral expectations demanded in most regular education classrooms and affect inclusionary efforts (Gable, McLaughlin, Sindelar, & Kilgore, 1993;Kerr & Zigmond, 1986;Kauffman & Wong, 1991).

Therefore, not only must inclusion have as an objective academic achievement, it must also strive to increase social competence, foster positive peer relationships and strengthen student-adult interactions. To meet these goals, regular and special education is charged with designing and implementing effective collaborative programming to address these distinct areas (Dougherty, 1994; Hines, 1994).

As if this were not challenging enough, rural educators face further stumbling blocks: a limited tax base for revenue, a need to deliver service over increased geographic distances, a potentially unstable financial base due to specialized economics, inadequate facilities, limited related services, high transportation costs (Howley,1991; Helge, 1986). Many rural education systems also lack access to training and funding for staff development (Knapczyk, Rodes, & Brush, 1994).

Despite the hindrances, rural school districts are not exempt from laws which support inclusion. The following review of a pilot study from Dorchester County, Maryland is one system's attempt to include students displaying troubling behaviors in regular settings.

Mentor Supported School Success Program: A Collaborative Effort to Manage Troubling Behaviors

Background

Dorchester is the largest county on Maryland's rural Eastern Shore. It borders the Chesapeake Bay and is crossed by several large rivers, including the Choptank and Nanticoke. Of the county's 30,000 residents, approximately 15,200 live in it's one city, Cambridge. The rest of the county's population is spread over 593 square miles.

Dorchester County Public Schools serves approximately 5,000 students in 12 schools. The county serves 14 percent of it's students through special education programs. Fifty-nine percent of the county's total enrollment is Caucasian; 40 percent is African-American. The Board of Education is allotted the largest proportion of county dollars, with the average per pupil expenditure being approximately 5,000 dollars. On average, in Maryland, counties spend $5,800 per pupil each year. Fifty-five percent of the county students are enrolled in the federally-funded free/reduced lunch program.

Program Objective

The program will offer supplementary support to present school programming in an effort to reduce inappropriate student behaviors. To support the countywide philosophy of inclusion, this program provides an additional resource, a mentor, to the existing collaborative efforts of regular and special education staff.

Target Population

Members of the school-based multidisciplinary team identified students exhibiting troubling behavior. Troubling behavior was defined as a disproportionately high number of office referrals when compared to the school average. These students also had lower grade point averages than their peers. The school team recommended five students to participate in each program. Priority was given to those elementary aged students previously recommended for expulsion from school by the superintendent because of unmanageable behavior.

All students were eligible for participation. Those students who were receiving special education services continued to do so as outlined on their Individualized Education Plan (I.E.P.).

Staffing

A mentor assists with individual behavioral management plans, supports classroom activities, provides additional monitoring of non-academic periods and helps teach the social skills training program.

Paraprofessionals were selected to serve as mentors. One source for mentors was the school system's substitute pool. Building administrators recruited substitutes who demonstrated consistent, effective behavioral management strategies.

The interview team selected applicants who seemed empathetic and nurturing. It is important to hire mentors who saw beyond the maladaptive behavior into the potential of these students.

Mentors are compensated hourly and receive no employee benefits. Each mentor was asked to commit to at least one year with the program.

Funding

The Mentor Supported School Success Program is funded through a cooperative agreement with various local and state agencies. One primary grant source is The Council for Children, Youth and Families who's mission is to preserve families thereby keeping all students in community schools.

Program Components

1.) **Integrated Behavior Management Plan:** An individual plan is designed for each student. The student is asked to comply with three targeted school rules. Teachers review and initial a daily check sheet at the close of each class period. Mentors review daily check sheets with students.

2.) **Daily Orientation & Wrap Up:** Students meet as a group with their mentor twice a day. A morning session is scheduled to review behavioral goals, monitor medication, and provide encouragement for the day ahead. In the afternoon, mentors review check sheets, discuss concerns, review homework assignments and provide reinforcements to those students who meet their targeted objectives. Students are escorted to their buses from this session.

3.) **Mentor Schedule:** A key to the success of this program is a carefully designed schedule for the mentor. The schedule is oriented around times individual students may need to be escorted to the office for medication, difficult classes, and recess periods. During recess the mentor organizes success oriented activities or helps with conflict resolution strategies. The schedule is designed by the program coordinator and approved by the school team. If students' need change, the schedule is adjusted.

4.) **Academic Assistance:** The mentor spends about twenty minutes per child each day providing individual instruction. The subject is determined by need. The mentor delivers this assistance within the assigned classroom.

5.) **Medication Monitoring:** If medication is prescribed in an attempt to manage behavioral excesses, the mentor escorts the student to the school nurse who administers the medication as scheduled. The mentor is also a critical link with the program coordinator when it is time for refills or if side effects are noticed.

6.) **Crisis Intervention:** If needed in a crisis, the office will page the mentor to the appropriate classroom. The mentor may attempt to calm the student within the room or he/she may remove the student for a short period of time.

7.) **Social Skills Training:** A social skills experience is provided weekly to students in this program. The goal is to increase students' ability to interact effectively with adults and peers. Four topics are stressed: relating, coping, cooperating, and communicating. The school guidance counselor meets with the students and mentor each week to provide the instruction. The mentor provides follow-up during the week.

8.) **Program Effectiveness:** The program will be evaluated by comparing students' school performance before and with

mentor support. This will include reviewing grades, attendance, and number of office referrals. Pre- and post- behavior rating scales will also be given to students, teachers, and parents.

Summary

The Mentor Supported School Success Program is in it's first year of implementation, therefore statistical information is not presently available. A mid-year informal review suggest some positive results in all four pilot elementary schools. Staff indicate students are responding well to the program and seem to be benefiting from the various program components. Additionally, office referrals appear to have decreased and attendance improved.

REFERENCES

Cook, L., & Friend, M. (1991). Collaboration in special
    education: Coming of age in the 1990's. Preventing
    School Failure, 35(2), 24-27.

Dougherty, J.W. (1994). Inclusion and teaming:Its a
    natural collaboration. Schools In The Middle, 5(1), 7-
    8.

Forest, M. (1987). Keys to integration:Common sense ideas
    and hard work. Entourage, 2, 16-20.

Gable, R.A., McLaughlin, V.L., Sindelar, P., & Kilgore, K.
    (1993). Unifying general and special education teacher
    preparation:Some cautions along the road to educational
    reform. Preventing School Failure, 37(2), 5-10.

Gartner, A., & Lipskey, D.K. (1987). Beyond special
    education:Toward a quality system for all
    students. Harvard Educational Review, 57, 367-395.

Gresham, F.M. (1988). Social skills:Conceptual and applied
    aspects of assessment, training, and social validation.
    In J.C. Witt, S.N. Elliott, & F.M.

Gresham(Eds.),Handbook of Behavior Therapy In Education 523
    546. New York:Plenum Press.

Helge,D. (1986). Sample strategies used to serve rural
    students in the least   restrictive environment.
    Bellingham, WA:Western Washington University, National
    Rural Development Institute.

Hines, R.A. (1994). The best of both worlds. Schools In The
    Middle,5, 3-6.

Howley, C. (1991). The rural dilemma as part of the rural
    dilemma:Rural education and economics. In DeYoung, A.J.
    (Ed.), Rural education:Issues and practice. New
    York:Garland.

Huefner,D.S. (1988). The consulting teacher model:Risks and
    opportunities. Exceptional Children,54, 403-414.

Kauffman, J.M., & Wong, K.L.H. (1991). Effective teachers of
    students with behavioral disorders:Are generic teaching
    skills enough? Behavioral Disorders,16, 225-237.

Kerr, M., & Zigmond, N. (1986). What do high school
    teachers want? A study of expectations and standards.
    Education and Treatment of Children, 9, 239-249.

Knapczyk, D., Rodes, P., & Brush, T. (1994). Improving staff
    development in rural communities using distance
    education and communication technology. Rural Special
    Education Quarterly,13(2), 19-24.

Meadows, N., Neel, R.S., Parker, G., & Timo, K. (1991). A
    validation of social skills for students with
    behavioral disorders. Behavioral Disorders, 16, 200-
    210.

McGinnis, E., & Goldstein, A.P. (1984). Skillstreaming The
    Elementary School Child. Champaign, IL:Research Press.
    Reynolds, M., & Birch, J. (1982). Teaching exceptional
    children in all america's schools(2nd Ed.).Reston,
    VA:Council For Exceptional Children.

Stainback, W., & Stainback, S. (1984). A rationale for the merger of regular and special education. <u>Exceptional Children,</u> 51, 102-111.

West, J.F., & Idol, L. (1990). Collaborative consultation in the education of mildly handicapped and at-risk students. <u>Remedial and Special Education,</u>11(1), 22-33.