Stop the Blame Game:
Teachers and Parents Working Together to Improve Outcomes for Students with Behavior Disorders

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Abstract

Students with behavior disorders often require specific interventions to improve their behavioral outcomes. Common interventions to use with these students include teaching appropriate behaviors, focusing on positive behaviors, noting the start of behaviors and intervening early, and providing appropriate reinforcements. To enhance the effectiveness of these interventions, parent and teacher collaboration is necessary. These methods typically include the parent and teacher meeting to agree on a target behavior, discussion about what causes the inappropriate behaviors, and making an agreement on an intervention to use to change the behavior, with the purpose of improving the behavior at home and school. Communication should be maintained throughout the intervention process with follow-up meetings as necessary. In general, these interventions provide a new, promising avenue to improve the outcomes of students indentified with behavior disorders.

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When students are struggling in school, it is common for teachers and parents to blame each other. More times than I can recount, I have entered the teachers' lounge at school to hear teachers vent about the problems that could be resolved if parents would discipline and work with their children. Along these same lines, I have been told by parents that as a teacher, I am responsible for what their children do, and how they act, during school hours. While these anecdotes may be the extreme, finger pointing is all too common related to the difficulties students experience in school. Similar experiences have been reported in the literature. For example, Painter, Allen, and Perry (2011) reported that parents often felt blamed by teachers, physicians, friends, and family when their children were first identified with problem behaviors. Therefore, it stands to reason that student behavioral outcomes will be improved by the collaborative work of teachers and parents. As Sheridan and Gutkin (2000) note, the importance of parent involvement could not be more obvious.

One population of students where this issue requires particular attention is students labeled with behavior disorders. According to the U.S. Department of Education (2008), 0.7% of the total student population between the ages of 6-21 is identified with a behavior disorder; this percentage has remained stable since 1997. In addition, the data indicates that American Indian/Alaskan Native and Black students may be overrepresented in this category, encompassing 1.12 and 1.33% of each student population, respectively. In 2005-2006, only 43.4% of students identified with a behavior disorder graduated from high school; although this

percentage has been steadily increasing year to year, these students are at an increased risk of dropping out of school, with 44.9% dropping out that same school year (U.S. Department of Education, 2008). Students identified with behavior disorders are also at an increased risk of academic failure (DeShazo Barry, Lyman, & Klinger, 2002) and disciplinary actions (Kramer et al., 2004). These problems have been shown to continue as the students age (Dalsgaard, Mortensen, Frydenberg, & Thomsen, 2002). In addition, school policies (such as suspensions and expulsions) may only reinforce the negative behaviors exhibited by these students, leading to a vicious cycle (Shaughnessy, 2009).

Students with behavior disorders are entering inclusive settings more often, yet these numbers are still lower than other special education populations, indicating that more students with behavior disorders should try to be placed in inclusive settings. According to the U.S. Department of Education (2008), only 17.5% of students with behavior disorders attend school in an alternative environment, meaning some progress has been made. Currently, 35.1% of this student population spends at least 80% of the school day in a regular class. This number has increased over 10% in the last decade.

As students with behavior disorders enter the general education classroom, collaboration between teachers and parents may help create a smooth transition. Students with behavior disorders thrive on consistency, which can be best achieved with open communication and agreement about student interventions. Additionally, teachers and parents often experience many frustrations when interacting about students with behavior disorders.

Teacher and Parent Experiences

General and special education teachers who instruct students with behavior disorders often experience specific job stress related to the problem behaviors exhibited by the students. According to Landers, Alter, and Servillo (2008), these teachers may feel that they spend more time on classroom management than instruction. This perception may be accurate as Dinkes, Cataldi, Lin-Kelly, and Synder (2007) reported that instructional time is often taken away to deal with problem behavior. Landers et al. (2008) surveyed teachers in two school districts who were participating in a school-wide positive behavior support (PBS) system. These authors used a questionnaire to determine the teachers' job satisfaction and those problem behaviors they encountered that most affected them. Landers et al. found that teaching higher grades (such as high school level) and experiencing disrespectful behaviors were most likely to contribute to teachers' reduced job satisfaction. These results may indicate that teachers are able to manage most behaviors that do not feel like a personal attack on them.

While communication is expected on the part of teachers, one may wonder how willing parents will be to share some of the intimate information that may be relevant when students are identified with behavior disorders. To determine how parents felt about sharing information with service providers, including schools, Kramer et al. (2006) surveyed 73 parents. Survey results revealed that the parents believed schools (and therefore teachers) should know about mental health services (including medications) their child was receiving; these parents who responded positively to sharing information tended to be female and non-Caucasian. In addition, parents reported that communication with school personnel was important, including why treatments are

required, although they felt some therapy content should remain private. In general, Kramer et al. found that parents believed that schools should have adequate information about the needs/treatments of their child; however, they noted that personnel should respect the extent that parents want to share, with whom, and how they would prefer to communicate.

While examining the thoughts of parents on disclosing personnel information to schools, Kramer et al. (2006) also surveyed the students about how they felt about the information sharing. Findings showed that older students did not want schools to know about the medications they were taking and the counseling they receive.

A Framework for Teachers and Parents Working Together

As an elementary teacher in an inclusive setting, I have seen the power that teacher and parent collaboration can provide. For example, I had a student with a severe behavior disorder, which included harming himself and others. After meeting with the student's parent and identifying the most serious problem and when and why the behavior was likely to occur, the parent and I were able to develop interventions that would help the student display positive behaviors. When these interventions were put in place, the student had a noticeable improvement in behavior and any violence towards himself and others virtually vanished. As the teacher, the parent provided me with valuable input about the types of interventions to which the student would respond and working together to help the student created a positive partnership. The general framework we followed, and the one shown by research to be effective, is displayed in Figure 1. [See Figure 1 after References Section]

Interventions for Improving Behavior

Once parents and teachers work together to develop and implement a plan targeting students' problem behaviors, there are several common practices that become part of the intervention, regardless of the specific collaboration model used. For example, in an interview with Shaughnessy (2009), Machalicek noted that when ignoring students' negative behaviors (a form of time out), one must teach the students the appropriate behavior to use instead.

Many interventions focus on preventing behaviors from occurring in the first place, as this often leads to behavior escalation, a term which usually refers to a minor behavior issue that gains momentum due to the reinforcement provided (Shukla-Mehta & Albin, 2003). According to Shukla-Mehta and Albin some typical interventions (all research-based) that can be used to hinder inappropriate behaviors include: remain calm and focus on positive behaviors; know what triggers the behavior (how the student and those around him/her react); look for unusual behavior; remain calm when the student is upset; provide opportunities for the student to show positive behaviors; try to intervene as soon as negative behaviors appear, evaluate the strategies being used; understand why the behavior occurs; match consequences to behavior; remove any behavior triggers; teach students appropriate behavior; and focus on the student's academic success. These interventions could be applied by all the teachers the student has and the parents at home, assuming that the parents have agreed to the interventions as part of the plan devised together.

Shoen and Nolen (2004) conducted an action research study in which they used a four step plan to improve a sixth grade student's behavior. First, the student was observed and interviews were conducted with those familiar with the student and examined literature for theories that could be applied when developing an intervention, including social learning, humanistic, cognitive, and behavioral theories. The intervention used with the student included a peer model for positive behaviors, modified assignments so that they matched the student's interests, class input for rules and instruction, and the use of student checklists and positive reinforcement. The authors concluded that the behavior intervention was successful, noting the importance of developing specific expectations.

Shaughnessy (2009) states that when fading reinforcements, teachers should move from tangible, primary reinforcements to more verbal, secondary reinforcements, all the while teaching students to manage their own behavior. The author continues that teachers must determine (hopefully with parents) what should be used as reinforcements with a particular student.

Improving Student Outcomes

Traditional interventions for students with behavior disorders focus on three steps that rely on the teacher alone. These steps include: the identification of what triggers problem behaviors, the setting of clear classroom/school rules with appropriate consequences and awards, instruction on how to display appropriate behaviors, and a focus on reinforcing target behaviors (Landers et al., 2008). While these interventions may be successful, the input and support of parents can only increase its effectiveness. It has become more common for parents and teachers to collaborate to improve student outcomes, as is illustrated in the table reviewing the literature on collaboration between parents and school staff.

Table 1. Common Interventions that include Parent-Teacher Collaboration

Intervention Programs to Improve Student Outcomes		
The Program (and specific researchers)	**What the program looks like**	**Results of the program**
Systems of Care **began in the mid-1980s** (Stroul & Friedman, 1996; Painter et al., 2011)	Students and their families are given an equal voice when collaborating with professionals, such as school personnel.	Vance and Vance (1994) suggested that these programs should have services such as advocates, collaboration between service providers, schools, and families, and investigations to ensure appropriate measures are taken; proper training and parent involvement are essential.
Interagency Community-Based Model (Quinn & Cumblad, 1994)	Community service providers, school personnel, and family members/caregivers are included in interventions to handle problem behaviors.	In a survey of these programs in Illinois, Quinn and Cumblad (1994) found that service providers were committed to helping students,

		but ineffective programs remained in place. A lack of funding and clarity were issues although some effective elements existed. Future programs would build on these positive aspects.
Positive Behavior Support (PBS) (Buschbacher, Fox, & Clarke, 2004)	Typically, PBS is a school-wide plan to improve student behavior (Carr, Dunlap, Horner, Turnbull, & Sailor, 2002). A growing trend is to bring parents and home life into the PBS program so that problem behaviors improve across settings.	A case study of the parent involvement in PBS examined its use with a seven-year-old boy. The parents and teacher discussed the boy's behavior, possible causes for the behavior, and an intervention to target the behavioral issues. The intervention developed included long-term supports, ways to prevent problem behaviors, skills to teach the student, and consequences for all types of behavior. Buschbacher et al. (2004) found that this allowed the parents to have more positive interactions with the student and a general decrease in problem behaviors was found.
Wraparound (Bickman, Smith, Lambert, & Andrade, 2003; Quinn & Lee, 2007); Painter et al., 2011)	A team is developed that includes family, school, and community personnel, all of whom collaborate to develop, implement, and monitor a service plan that provides appropriate services and attempts to keep students within the community (Painter et al., 2011). Quinn and Lee (2007) state that the ten principles that should be applied in wraparound are: trustful and respectful partnerships, including formal and informal supports, including personal and community support, share	Results of the program are mixed: Bickman et al. (2003) conducted a longitudinal quasi-experimental study and found no significant student improvements, while Crusto et al. (2008) found that wraparound approaches reduced student trauma. A review of the wraparound process by Burchard, Bruns, and Burchard (2002) found positive results. Painter et al. (2011) surveyed families participating in wraparound programs. The families reported that they

	goal making, be community-based, respect the family/student's culture, create individualized interventions, acknowledge strengths, remain persistent, and gather data.	found collaboration important, and felt empowered, more knowledgeable, and were supported by the process. However, they felt unprepared for services to end and worried that this would lead to more behavioral issues.
Function-Based Interventions (Lane et al., 2007)	Often used when students with behavior disorders do not react to initial interventions. These interventions analyze why a problem behavior occurs, teach desirable replacement behavior, modify the environment to facilitate this, and provide appropriate consequences.	Two students were studied using function-based interventions. The first student, in first grade, exhibited nonparticipation, which the parent and teacher agreed stemmed from fear. The student was encouraged with verbal praise (gradually reduced over time) and the intervention increased the student's participation. The second student, an eighth grader, exhibited noncompliance, which parent and teacher (and student) determined was done to gain teacher attention. The student's environment was changed to allow the use of a checklist and gain attention for compliant behavior (with this also reduced over time). The student's compliance increased. Lane et al. (2007) concluded that this method is particularly useful in inclusive settings as they provide a simple and direct way for general educators to communicate with parents to improve behavior issues.
Functional Behavior Assessments (FBA)	FBAs are similar to function-based interventions and may be part of the wraparound	Scott et al. (2004) examined the FBA process with two different study teams: one

(Sasso, Reimers, Cooper, Wacker, & Berg, 1992; Scott, McIntyre, Liaupsin, Nelson, & Conroy, 2004; Shippen, Simpson, & Crites, 2003)	process. FBAs have been effective to clinical settings (Sasso et al., 1992), yet their applicability with school use and the input of those closest to the students (typically parents and teachers) is not fully understood. In the FBA process, teams come together to discuss the particular student/case, hypothesize behavior functions, and develop interventions based on these hypotheses.	with trained clinicians and the other with school personnel. It was found that the team more familiar with the student was better able to hypothesize behaviors, indicating that they bring background information to the process, which ultimately may hinder the validity of the process. The researchers suggest that parents and teachers are a necessary part of understanding student behavior, although a professional should be used to maintain fidelity. Shippen et al. (2003) conducted a case study of a 13-year-old boy in an inclusive setting with a teacher/parent/specialist team. The team decided to focus on three problem behaviors, observe them to develop baselines, allow input from the mother and student, and determine appropriate strategies and assessments to monitor the student's progress. While the details of the student's progress were not given, the authors reiterated the need for parental input and the ease with which an FBA can be used along with an IEP.
Conjoint Behavior Consultation (CBC) (Wilkinson, 2006; Sheridan, Kratochwill, & Elliot, 1990)	Parents and teachers work together to brainstorm solutions that will improve students' behavior issues, with a focus on what occurs at home and school. It specifically values parent input.	Historically, research on CBC has produced positive results (e.g. Sheridan et al., 1990). Wilkinson (2006) examined the CBC method through a case study of an 11-year-old student in an inclusive setting. During the intervention

		process, the teacher and parents met several times to discuss problem behaviors and observe target behaviors. An intervention was then developed that included self-monitoring, goal-setting, and home-school reinforcements. The student was responsible for monitoring his behavior, although the teacher continued observations. After the intervention, the parents and teacher confirmed that the student's behavior had positively improved.

[See Figure 2 after References Section]

Technology may be the future of behavior interventions for teachers and parents to collaborate and keep close contact. Machalicek notes, in an interview with Shaughnessy (2009), that interventions may also integrate technology, particularly important with the need for behavior strategies to be consistent at home and school. In the interview, she notes that Teach Town, an applied behavior analysis program on the computer developed by Dr. Chris Whalen, supplements interventions by helping students learn appropriate behaviors, while also allowing teachers and parents to communicate about the student's progress.

Conclusions

Teacher and parent collaboration should be foundational when developing interventions for students with behavior disorders. From experience, I have seen that these students often thrive on routines, and when interventions are supported and maintained at home and school, the chances of their success is increased. Such collaboration also gives students a clear message about what behaviors are acceptable. Teachers and parents want students to succeed and this success is particularly important when students are identified with behavior disorders as these students are at a greater risk for future failure at an academic and societal level.

Teachers and parents should come together to help these students as soon as possible, determining what behaviors need to be improved/corrected and agreeing on what can be done to help can turn negative behaviors into positive ones. Teachers and parents must maintain communication throughout this process, determining if interventions are working and, if not, developing new interventions to try. The process may be time-intensive for parents and teachers alike, but the possible benefits can last a life-time.
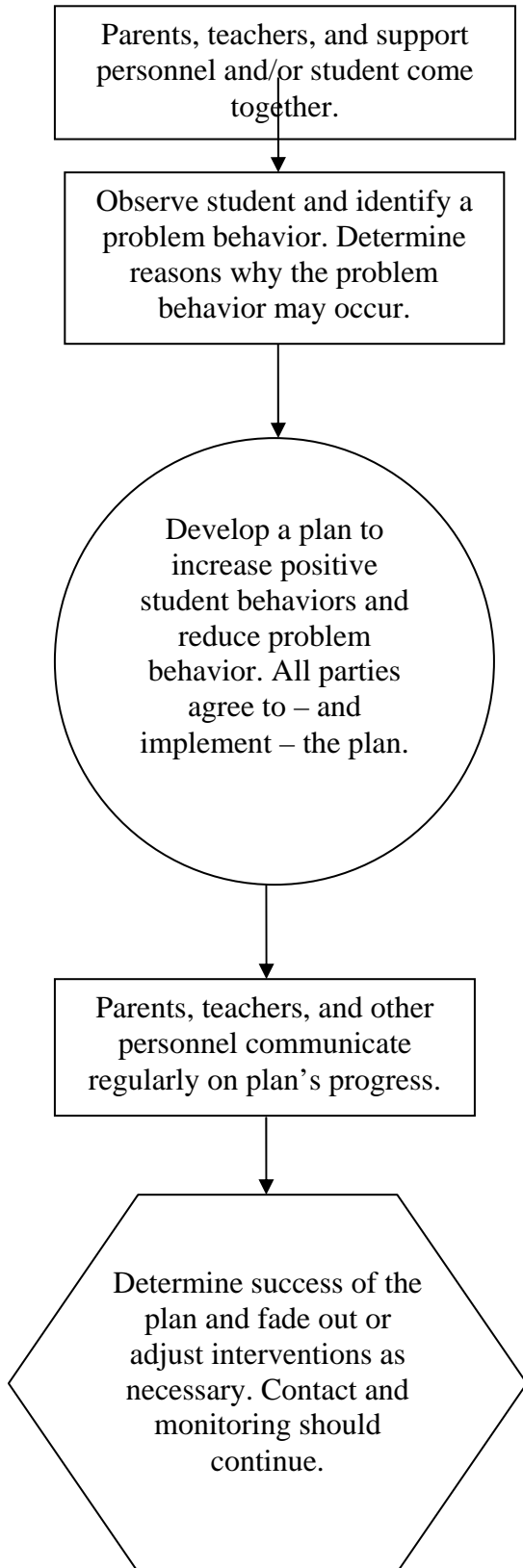
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Figure 1: The Steps to Positive Teacher and Parent Collaboration

Parents, teachers, and support personnel and/or student come together.

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Observe student and identify a problem behavior. Determine reasons why the problem behavior may occur.

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Develop a plan to increase positive student behaviors and reduce problem behavior. All parties agree to – and implement – the plan.

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Parents, teachers, and other personnel communicate regularly on plan's progress.

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Determine success of the plan and fade out or adjust interventions as necessary. Contact and monitoring should continue.

Figure 2: The Wraparound Process
(as stated in Quinn and Lee, 2007)

Explain the wraparound process with family and school personnel. Form the goals for the student collectively.

Develop a plan that acknowledges student's strengths, provides behavioral interventions, appropriate crisis plans, and arrangements for future meetings.

Transition the student from services to consultation status.

Implement the plan that was collaboratively developed. Make updates as necessary.