

## Disruptive Behavior: School Based Interventions

### In a Nutshell

There are nearly as many types of disruptive behavior as there are students to exhibit them. Most group interventions are helpful to create a climate of productive behavior, but the most serious types of misbehavior require individual interventions, sometimes with additional community resources. However, improving the overall behavioral climate of the school also reduces the incidence and severity of more serious violations.

More and more young people from troubled, chaotic homes are bringing well-developed patterns of antisocial behavior to school. According to Walker, Ramsey and Gresham, (Winter, 2004), “as these students get older, they wreak havoc on schools. Their aggressive, disruptive, and defiant behavior wastes teaching time, disrupts the learning of all students, threatens safety, overwhelms teachers—and ruins their own chances for successful schooling and a successful life.

In a poll of AFT teachers, 17 percent said they lost four or more hours of teaching time per week thanks to disruptive student behavior; another 19 percent said they lost two or three hours. In urban areas, fully 21 percent said they lost four or more hours per week. And in urban secondary schools, the percentage is 24. It's hard to see how academic achievement can rise significantly in the face of so much lost teaching time, not to mention the anxiety that is produced by the constant disruption (and by the implied safety threat), which must also take a toll on learning.”

But schools can, in fact, make things better. Most of the worst disruption is caused by a relatively small number of students, usually just a few in each class – students who are, clinically speaking, anti-social. Before planning interventions, though, it is important to understand the nature of seriously disruptive behavior, it's causes, and how it is manifested in schools. While all bad behavior may look the same – and have the same disruptive effects – in fact, there are subtle differences in the types of misbehavior that give clues to its causes and to effective interventions for correcting it.

### **Risk and Protective Factors**

According to the Center for Mental Health of the U.S. Department of Health and Human Services, several key risk factors are associated with poor school behavior:

- Poverty
- Abuse and neglect
- Harsh and inconsistent parenting
- Drug and alcohol use by caregivers
- Emotional and physical or sexual abuse
- Modeling of aggression
- Media violence
- Negative attitude toward school
- Family transitions (death or divorce)
- Parent criminality



On the other side of the equation, there are also factors associated with productive behavior – what the report calls “protective factors” that can reduce the risk of anti-social and disruptive behavior. These include:

### **Individual Domain**

High IQ  
 Female gender  
 A positive social orientation

### **Family domain**

A warm supportive relationship with parents or older adults  
 Parental monitoring or supervision activities

### **School domain**

Extracurricular activities  
 Encouragement from teachers toward their future

### **Peer domain**

Having friends who behave conventionally  
 Associating with peers who disapprove of violence

So, while the school has little control over many of these variables, it can, in fact, adjust practices to mediate the effect of risk factors and enhance the protective factors to have a positive impact on student behavior in the school environment.

### **Classification of Antisocial Behavior**

The *Diagnostic and Statistical Manual (DSM)* of the American Psychiatric Association actually distinguishes between two types of serious disruptive behavior: Oppositional Defiant Disorder (ODD) and Conduct Disorder (CD). Both are made up of a complex mix of psychological, environmental and, perhaps, even biological forces, so understanding these disorders is an important first step in addressing them in schools.

***Oppositional Defiant Disorder (ODD):*** A pattern of negativistic, hostile, and defiant behavior lasting at least 6 months, during which four (or more) of the following are present:

1. Often loses temper
2. Often argues with adults
3. Often actively defies or refuses to comply with adults’ requests or rules
4. Often deliberately annoys people
5. Often blames others for his or her mistakes or misbehaviors
6. Is often touchy or easily annoyed by others
7. Is often angry and resentful
8. Is often spiteful or vindictive

Note: Consider a criterion met only if the behavior occurs more frequently than is typically observed in individuals of comparable age and developmental level. The disturbance in behavior causes significant clinical impairment in social, academic, or occupational functioning.

***Conduct Disorder (CD):*** A repetitive and persistent pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of three (or more) of the following criteria in the past 12 months, with at least one criterion present in the past 6 months.

### **Aggression to people and animals**

1. Often bullies, threatens, or intimidates others
2. Often initiates physical fights
3. Has used a weapon that can cause serious physical harm to others (for example, a bat, brick, broken bottle, knife, gun)
4. Has been physically cruel to people
5. Has been physically cruel to animals
6. Has stolen while confronting a victim (for example, mugging, purse snatching, extortion, armed robbery)
7. Has forced someone into sexual activity

### **Destruction of property**

1. Has deliberately engaged in fire setting with the intention of causing serious damage
2. Has deliberately destroyed others' property (other than by fire setting)

### **Deceitfulness or theft**

1. Has broken into someone else's house, building, or car
2. Often lies to obtain goods or favors or avoid obligations (that is, "cons" others)
3. Has stolen items of nontrivial value without confronting a victim (for example, shoplifting, but without breaking and entering; forgery)

### **Serious violations of rules**

1. Often stays out at night despite parental prohibitions, beginning before age 13 years
2. Has run away from home overnight at least twice while living in parental or parental surrogate home (or once without returning for a lengthy period)
3. Often truant from school, beginning before age 13 years
4. Disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning

### **School Interventions**

The National Dissemination Center for Children with Disabilities summarized research on school-based interventions and practices that either help prevent disruptive behavior or exacerbate such behavior. A more complete description of each intervention can be found by following the links in the original article.

### **Classroom management and teaching strategies**

Punishing, threatening, blaming, and criticizing students as a way of influencing their behavior only works in the short term. What research shows is that effective teachers tend to rely instead on proactive strategies for preventing behavior problems. They reinforce appropriate behavior and teach social problem solving. For students with chronically disruptive behavior, teachers use point or token systems, time-out, contingent reinforcement, and response cost.

### **Adapting instruction and curriculum**

Instruction and curriculum need to be adapted to meet the individual needs of students. When they are not, disruptive behavior can result. Therefore, any investigation of the student's behavior needs to look closely at what adaptations may need to be made.

### **Teaching social problem solving**

The direct teaching of social problem solving is now a common feature of programs for preventing and resolving discipline problems, as well as for treating students with the most serious antisocial behavior. Although these interventions vary in the strategies emphasized, they share a common focus on teaching thinking skills that students can use to avoid and resolve interpersonal conflicts, resist peer pressure, and cope with emotions and stress. The most effective are those that include "a range of social competency skills...and that are delivered over a long period of time to continually reinforce skills"

### **Schoolwide and districtwide programs**

To build a climate that views appropriate behavior as an essential precondition for learning, some programs have been implemented throughout the school or district. School rules are established, communicated clearly to staff and students, and consistently enforced. Staff are trained to teach students alternatives to vandalism and disruptive behavior. These programs have yielded promising results.

**Parent involvement**

Overall, research indicates that successful intervention programs almost always include a home-school component. Parent management training and family therapy are two approaches that show considerable promise for affecting student behavior. In parent management training, parents are taught such techniques as strategic use of praise, rewards, time out, response cost, and contingency contracting. They have opportunities to discuss, practice, and review these techniques. Ongoing consultation with the parent is also provided. Family therapy seeks to address family conflict. A primary goal is to empower parents with skills and resources necessary to solve their own family problems. This approach has been shown to be effective in reducing a range of delinquent behaviors. Although parent management training and/or family therapy may be a necessary component of programs for students with a chronic history of antisocial behavior, less intensive interventions involving parents would be sufficient for most children.

**Alternative education programs and schools**

Alternative education programs and schools are designed to create a more positive learning environment through low teacher-to-student ratios, less structured classrooms, and individualized and self-paced instruction. The strongest and most consistent improvement for students enrolled in such a program or school was their attitude *toward* school. Research results regarding their effectiveness, however, have been inconsistent and difficult to interpret, primarily because such programs tend to vary greatly in their interventions, students served, structure, and program goals.

**Individual counseling**

There are hundreds of different techniques used by counselors and therapists, the majority of which have not been evaluated through research. This makes it difficult to assess the impact of individual counseling as an intervention for chronic behavior problems. It would appear that, *when used alone* (i.e., when not coupled with other interventions or strategies), programs that provide students with individual counseling tend to be ineffective in decreasing antisocial behavior, especially when such behavior is chronic. The same is generally true of programs in which adults lead discussions with students about their behavior, attitudes, and values.



**Peer involvement**

There is no denying that peers can have a profound influence on a student's behavior. Peer-oriented interventions are designed to capitalize on the potentially positive influence of peers in bringing about improvements in behavior. However, two such approaches (peer counseling and peer-led information groups) may actually be counterproductive in that the least disruptive students in the group may be negatively influenced. Some researchers caution that peer tutoring, cooperative learning, and peer collaboration tasks may be too demanding for many antisocial children.

**Recreation and community activities**

Many schools and communities offer recreational, enrichment, or leisure activities such as after school sports or midnight basketball as alternatives to more dangerous activities. Evaluation results show that acts of delinquency and substance abuse decrease only while students are directly supervised. These programs are more likely to be effective in reducing such behaviors if they are secondary components to programs that directly teach social competency skills.

**Fear arousal, moral appeal, and affective education**

Programs that are designed to reduce substance abuse or improve behavior by disseminating information, arousing students' fears, appealing to their concepts of right and wrong, or improving self-esteem generally have not been found to be effective. Approaches that include resistance-skills training (where students learn about the social influences that can lead to substance use, as well as specific skills for resisting these pressures) have been shown to reduce substance use in the short-term. However, without continued instruction, positive effects of these programs are short-lived.

**Heading Off Disruptive Behavior**

By far, the most effective programs seek to prevent disruptive behavior rather than respond to it after the fact. According to Walker and his colleagues (Winter, 2004), it is useful to start with an understanding of where disruptive behavior comes from and what kind of social and institutional actions help to sustain it.

“One of the most powerful principles used to explain how behavior is learned is known as the Matching Law (Herrnstein, 1974). In his original formulation, Herrnstein stated, for example, if aggressive behavior is reinforced once every three times it occurs (e.g., by a parent giving in to a temper tantrum) and prosocial behavior is reinforced once every 15 times it occurs (e.g., by a parent praising a polite request), then the Matching Law would predict that, on average, aggressive behavior will be chosen five times more frequently than prosocial behavior. Research has consistently shown that behavior does, in fact, closely follow the Matching Law. Therefore, how parents (and later, teachers) react to aggressive, defiant, and other bad behavior is extremely important. The Matching Law applies to all children; it indicates that antisocial behavior is learned—and, at least at a young enough age, can be unlearned.”

In schools, this Matching Law can be put into practice as well – helping to assure that an over-emphasis on punishing undesirable behavior does not overwhelm any other efforts to promote prosocial behavior.

### What Can Schools Do?

Walker and his colleagues continue, “schools are not the source of children's antisocial behavior, and they cannot completely eliminate it. But schools do have substantial power to prevent it in some children and greatly reduce it in others.

First, and in some ways most importantly, schools can help by being academically effective. The fact is, academic achievement and good behavior reinforce each other: Experiencing some success academically is related to decreases in acting out; conversely, learning positive behaviors is related to doing better academically.

Second, schools can, to a large and surprising extent, affect the level of aggression in boys just by the orderliness of their classrooms.” Most disruptive behavior in classrooms occurs during transitions from one activity to another – “breaks in the conceptual action” of the class. By managing classes more efficiently and effectively, teachers can help reduce the opportunity for disruption substantially. (That’s a huge topic in itself, and is the subject of another *Research Into Practice* brief.)

### Three Levels of Intervention

Research has shown that the best way to prevent antisocial behavior is actually to start with an inexpensive schoolwide intervention and then add on more intensive interventions for the most troubled kids. Building on work done by the U.S. Public Health Service, Walker and his colleagues developed a model with three progressively more intensive levels of intervention to address challenging behavior within school. The three levels of intervention are known as “**universal**,” “**selected**,” and “**indicated**.” Each is briefly described by Walker below.

“Universal” interventions are school or classroom practices that affect all students. Examples of universal interventions relevant to behavior are classwide social skills training and well-enforced school discipline codes. (Outside of education, the polio vaccination is an example of a “universal intervention.”)

It may seem odd to implement a program for all students when most teachers can easily identify children who have, or are developing, antisocial behavior. But schoolwide programs accomplish three things. *First, they improve almost all students' behavior*—and most students, even if they don't qualify as troublemakers, still need some practice being well-behaved. *Second, universal interventions have their greatest impact among students who “are on the margins”*—those students who are just beginning to be aggressive or defiant. Sometimes, systematic exposure to a universal intervention will be sufficient to tip them in the right direction. *Third, the universal intervention offers a foundation that supports the antisocial students throughout the day by reinforcing what they are learning in their more intensive selected and indicated interventions*; these latter interventions are more efficient and have a greater impact when they are applied in the context of a prior, well-implemented, universal intervention.

“Approximately 80 to 90 percent of all students will respond successfully to a well-implemented universal intervention. Once the school environment is orderly, the antisocial students pop up like corks in water. These students have “selected” themselves out as needing more powerful “selected” interventions that employ much more expensive and labor-intensive techniques. The goal with these students is to decrease the frequency of their problem behaviors, instill appropriate behaviors, and make the children more responsive to universal interventions. While selected interventions typically are based in the school, to be their most effective they often require parental involvement. Nevertheless, even when parents refuse to participate, selected interventions still have positive effects and are well worth the effort.

The vast majority of antisocial students will start behaving better after being involved in universal and selected interventions, but schools can expect that a very small percentage of antisocial students (about one to five percent of the total youth population) will not. These are the most severe cases—the most troubled children from the most chaotic homes—and they require extremely intensive, individualized, and expensive interventions. These interventions, called “indicated,” are typically family focused, with participation and support from mental health, juvenile justice, and social service agencies, as well as schools. Most non-specialized schools will find that running such an intervention is beyond their capacity. It’s for such students that alternative education settings are necessary.

### **The Bottom Line**

Once school personnel have a solid understanding of the causes, manifestations and promising interventions for disruptive behavior, they are better prepared to select or develop specific programs to meet the needs of their students and community. The resources that follow present a number of these programs that may be considered “research based” best practices.

### **References and Resources**

National Association of School Psychologists. *Fact Sheet — Fair and Effective Discipline for All Students: Best Practice Strategies for Educators*. Bethesda, MD: Author. Retrieved from: [http://www.naspcenter.org/factsheets/effdiscip\\_fs.html](http://www.naspcenter.org/factsheets/effdiscip_fs.html).

Outstanding summary of research on the causes of disruptive behavior and effective practices for dealing with it. Brief and to the point.

Bear, G. (2005). *Discipline: Effective School Practices*. Handout. National Association of School Psychologists. Retrieved from: [http://www.nasponline.org/resources/handouts/Effective\\_School\\_Discipline\\_18-1\\_S4-18.pdf](http://www.nasponline.org/resources/handouts/Effective_School_Discipline_18-1_S4-18.pdf).

A succinct summary of research on effective school practices for high schools.

National Dissemination Center for Children With Disabilities. *Interventions for Chronic Behavior Problems*. Washington, DC: Author. Retrieved from: [http://www.education.com/reference/article/Ref\\_Interventions/](http://www.education.com/reference/article/Ref_Interventions/)

Although written for kids with disabilities, this has great suggestions for others with severe behavior problems.

Rosen, L. (2005). *School Discipline: Best Practices for Administrators*. Thousand Oaks, CA: Sage.

Based on input from 1000+ administrators, this book provides good, workable solutions for school discipline. It’s worth buying.

Substance Abuse and Mental Health Services Administration. (2011). *Interventions for Disruptive Behavior Disorders: Characteristics and Needs of Children with Disruptive Behavior Disorders and Their Families*. HHS Pub. No. SMA-11-4634, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2011. <http://store.samhsa.gov/shin/content/SMA11-4634CD-DVD/CharacteristicsAndNeeds-IDBD.pdf>.

A formidable title, but this is actually an “evidence-based practice kit” for mental health and education professionals. It is clearly written and very comprehensive.

Walker, H., Ramsey, E. and Gresham, F. (Winter, 2004). *Heading Off Disruptive Behavior*. *American Educator*. Retrieved from: <http://www.aft.org/newspubs/periodicals/ae/winter0304/walker.cfm>.

An outstanding article — one of three on the subject — based on research by the authors and many others. This is a must-read for school leaders dealing with disruptive students.