

CHAPTER ONE

Why FBA?

POLICY BACKGROUND

Federal law and public opinions regarding the quality of public school education have resulted in new pressures on teachers to be *accountable*. If the responsibility of educating a large group of other peoples' children does not make you feel accountable already, federal law emphasizes that teachers should be "highly qualified" to teach the material that they present in the classroom. President George W. Bush conferred his concern about education and the performance of educators to the nation with the statement, "Rarely is the question asked, 'Is our children learning?'" After a great deal of personal reflection and in the name of academic integrity, I am forced to admit that I have never heard that question asked.

Prime-time newscasts, in their capacity as the voice of a free democracy, assumed and broadened the President's education campaign, though less eloquently, on a daily basis unless more compelling news about Britney Spears demanded the nation's attention. Most teachers I have met very much feel their responsibility of teaching children; I don't think that educators' not taking the job seriously is a legitimate concern. As a person who teaches teachers and spends a good deal of time in schools, I have never met a teacher who did not believe that she should be accountable for competent job performance and highly qualified to teach her content area. I have met teachers who do not think that standardized test scores are a good reflection of their competence. This is good because the teachers who feel this way are correct.

However, the field of education, from college teacher education programs all the way to individual classrooms and students, has accommodated this legal requirement by apportioning a huge financial and intellectual investment toward ensuring that teachers are highly qualified. It is, after all, the law. As with most mandates, among the outcomes observed there were *unintended consequences* as well as *intended consequences*. One of the unintended consequences is that fewer intellectual and financial resources became available to help teachers with the issue of challenging classroom behavior. Not surprisingly, professionals working in schools, when expressing what they feel that they need help with, do not generally specify academic content. Between college teacher preparation programs, in-services, and other professional growth opportunities, most teachers express confidence about being prepared to effectively teach their content area. It is hard to graduate from a teacher education program to teach mathematics if you, for example, cannot add.

WHO IS REALLY AT FAULT IF THEY HATE SCHOOL?

Responsibility for children's negative attitudes concerning school rests entirely on our shoulders. In addition to the frequent public derision directed at schools and teachers mentioned above, we, through a variety of words and actions, sometimes convey the idea that children, frankly, just are not very bright—so they must need stricter curriculum requirements and more testing. Ironically, on television I recently saw a documentary that lasted for one entire hour (except for titillating commercial breaks), and this entire one-hour documentary was about how smart rats are getting.

If you missed this documentary, the basic message was that, at the rate at which rat intelligence is burgeoning, within weeks of this very day, your average roof rat will have an intelligence quotient (IQ) that makes Stuart Little look like Forrest Gump. Our children are getting dumber, but our rats are getting smarter? Many current messages, policies, and societal forces are creating an atmosphere that facilitates school disengagement. However, we can be the instruments of establishing school engagement with positive approaches to behavior management and by promoting the mental health of our students.

Though policy certainly affects behavior, it cannot trump the power of personal interaction and other things that you bring to your students. It is what you bring to the classroom that is most likely to engage (or disengage) your students with the school environment. The way that you teach will excite students or will bore them. You will infuse their interests in teaching, or the curriculum will be meaningless. You will say, do, and plan the things you do within the framework of promoting student mental health, or the school will become another risk factor for some students. Your approach to behavior change will promote learning and foster engagement, or it will favor some students over others.

ACADEMICS OR BEHAVIOR?

I hear teachers and administrators express a great deal of frustration about the difficult behaviors that they are seeing in schools, and they often articulate their need for assistance in dealing with student behavioral problems. This is not really surprising, considering that you, if you went through a teacher training program to become a math teacher, had many classes, not just in the subject matter, but also in what we often call “methods courses.” These courses are designed to prepare you to not simply know your content area but to provide you with sound strategies on how to best teach your content area. By contrast, my guess is that it is unlikely that you took more than one or two classes on how to most effectively deal with student behavioral issues, and there is a decent chance that these classes only covered general classroom management strategies. When you consider that each child is entirely different from every other student—and that therefore the range of behaviors that you may see in the classroom is virtually unlimited—these one or two classes in behavior management are almost certainly, over the course of a teaching career, going to prove inadequate.

The encouraging news is that there are extremely good research- and practice-based strategies available to effectively and unobtrusively address the majority of behavioral problems that will arise in the classroom. In fact, most of the time such problems will respond to positive strategies, and you will not need to resort to some common, punitive approaches seen in many schools. Because of a different federal law than the one alluded to above, the Individuals with

Disabilities Education Improvement Act of 2004, one of the techniques that we must use under certain circumstances when a child receives special education services and that we should use any time a child in our class has a behavioral problem not responding to our classroom behavior management plan is a data collection process known as “functional behavior assessment,” or FBA. From the information collected doing an FBA, we can then develop a function-based behavior intervention plan (BIP) with a very good chance of helping reduce or eliminate student problem behaviors. The purpose of this book is to provide you with an introduction into FBA and behavior intervention (also referred to frequently and interchangeably as “support”) planning.

FBA is a term that you have probably heard if you are a teacher or if you work with children in any capacity in which their behavior is an issue. Behavior is usually thought of as anything observable and measurable that a person does. Using this definition, any place that we find children, we are likely concerned about their behavior, because a lack of behavior would suggest that the youths we are working with are not, say, breathing. As a teacher, as a child mental health worker in numerous settings, and as a school consultant for students with severe behavior problems, I have conducted and reviewed numerous approaches to assessment and to intervention planning for children with an almost unbelievable array of behavioral issues. I prefer FBA to all other types of assessment because the focus and outcome of data collection directly lead to developing a BIP with a high probability of successfully addressing the behavior problem we observe.

COMMON SCHOOL ASSESSMENT DATA

If you are familiar with typical psychological assessments such as those sometimes found in a child's school record, you know this evaluation is a document that discusses tests and testing techniques, which takes up numerous typewritten pages before summarizing the interpretation of results. Suppose, for example, that Peanut (who has the perfect kid's name) is in your classroom, but that he engages in a high rate of out-of-seat behavior and verbal calling out. These undesirable behaviors have not been eliminated by your classroom management plan, and you need to formulate a new strategy. Wanting

information that could prove helpful to this process, you review Peanut's psychological evaluation, and the summary looks something like:

Axis 1: Attention deficit hyperactivity disorder (ADHD). Rule out oppositional defiant disorder.

Axis 2: None.

Axis 3: Highly allergic to peanuts (note the irony).

Axis 4: Recent parental separation.

Axis 5: Global Assessment of Functioning (GAF) 70.

Full-scale IQ 113.

The question that I have, and that you most likely share, is, "What does this information provide that will help me develop a successful plan for reducing Peanut's out-of-seat and calling-out behaviors in my classroom?" You might be enticed into responding, "Well, Peanut has a diagnosis of ADHD, so he needs to be on medication." Maybe Peanut does. However, just knowing that Peanut has a diagnosis of ADHD is not nearly enough information to be confident that medication is the answer to his behavioral issues in your classroom. In fact, medication may be more helpful for students with ADHD in the area of executive functioning than it is in the area of reducing problem behaviors. Executive functioning refers to higher order thinking skills (such as organizational skills or goal-attainment strategies) that can provide challenges to students diagnosed with ADHD—even if they are being treated with medication.

For example, I taught a student who had been diagnosed with ADHD and was being treated with medication who did not just have deficits in organizational skills—he completely lacked them. As a result and by necessity, every morning when he arrived at school, we would clean out and organize his book bag. The array of contents we culled daily would have amazed you. His book bag would slenderize from the preclean size of a fully grown tom turkey to being a mesh container that could be slid under the noise tolerance level of most principals. Every afternoon we would have to do the exact same thing again. Because he had been on school grounds all day rather than having the opportunity to free range, the diversity of contents in

his book bag was dramatically reduced, even if the mass was comparable. Only on one afternoon did I find a creature that was either living or had once been alive. Instead, his overflowing afternoon book bag contained primarily papers, broken pencils, the tops of dry-erase markers, and the occasional wad of chewed gum (and I never sought the owner, fearing it would not be his).

Beyond these limitations to the efficacy of medication on the impact of symptoms often associated with ADHD is that, unless you are a school teacher who also happens to be a licensed physician, you can't write prescriptions anyway. If you can write prescriptions, you are undoubtedly popular in the teachers lounge.

The psychological data provided in the report also encourage us to rule out oppositional defiant disorder. Is that your job as a teacher? How do you go about ruling out oppositional defiant disorder? Is that even associated with out-of-seat behavior? You have no idea? This brings us back to square one. Going down the diagnostic summary further, and assuming that an allergy to peanuts is not affecting his ability to maintain in-seat behavior, we see that Peanut comes from a home that is experiencing marital stress and parental separation. Poor Peanut is obviously calling out in class in an unconscious effort to call out to the missing caregiver. He is probably jumping out of his seat in a subconscious effort to go to the missing caregiver. So here is a question: even if this interpretation of his behavior is true—and I'm not remotely implying that it is—what possible help does the information provide in helping with useful intervention planning for out-of-seat or calling-out behaviors? Maybe you should simply be sympathetic to poor Peanut and his recent family loss—whatever loss that is. Maybe right now Peanut (Mr. Peanut to acquaintances) just needs compassion, and our compassionate inner voice tells us that we should ignore his disruptive behavior.

CAUTION: CONJECTURE AHEAD!

Maybe. But such conclusions involve our making a lot of assumptions about Peanut and his family. We don't even know the circumstances of the parental separation. It could simply be a time-limited, work-related separation. And if we extend our compassion to Peanut as a primary intervention, what do we do if Peanut's classroom behavior doesn't change or if it begins to worsen? What if he starts

tearing up school property? Do we still use compassion as our intervention, maybe just give more compassion? Or does tearing up school property concern us or annoy us enough to override our sympathy? I think that compassion is an emotional response we should experience when any of our students is having difficulties—but compassion is not an intervention.

Several years ago, I was asked to consult in the case of a fourth-grade girl who had hit a classmate toward the end of the school year. She was very bright and was known as a good student, and she had a history of excellent behavior at school. Extremely important and of significant concern to some of the school personnel was that two years previously, this girl had been in bed with her mother when a former boyfriend of the mother opened the bedroom window and shot her mother to death as the poor girl watched. The people at the school were quite attuned to awaiting the behavioral problems that this girl would surely have—and here they were. The trauma of the terrible event finally presented itself in the form of this fourth-grade child hitting a classmate.

I observed the classroom and talked to both students—the alleged hitter and the alleged hittee. I talked to the teachers who knew both girls. The picture that emerged was one of a year-long verbal back-and-forth that had escalated to both girls hitting each other in the classroom, but with only one getting caught. It was the terrible trauma the girl had experienced that some in the school had seized upon to explain seemingly meaningless and unprovoked aggression. I recommended that the teacher change the seating arrangement so that the two girls could no longer needle (or reach) one another. The school personnel were highly skeptical of this suggestion but finally consented to give it a try. There were no more problems reported between the girls during the school year.

I am not for a moment suggesting that the girl had not experienced a horrible, traumatic event. My point is that the trauma she had experienced may have borne no relationship whatsoever to her hitting another child in class. In fact, expecting and probing for a deep mental health explanation for every behavior problem we see is like a dentist probing for cavities with a power drill—you might cause more pain and trouble than you alleviate. This leaves us with two options: we can start probing this girl and other students like a dentist with a drill, attempting to

find sensitive areas of the child's psyche that we can use to explain any undesirable behavior—maybe creating such sensitive areas where they didn't previously exist—or we can start with simple solutions first. Actually, we only have one choice because it is not a teacher's job to try to provide psychotherapy for severe psychological trauma. Am I suggesting that the girl in the case above had not experienced an unimaginably terrible event? Absolutely not. Am I suggesting that the girl had not, did not, or would never need specialized help to deal with a horrible trauma that most of us could never imagine? Absolutely not. I am, however, suggesting that the problem seen in the classroom may not have been related to the terrible event at all, and sometimes the simplest solution is the best—and maybe the only—option we have for helping in our students.

Moving yet further down the diagnostic list, we see that Peanut has a GAF of 70. However, we have no clue what a GAF is, let alone whether 70 is a good GAF or a bad GAF, so this information doesn't help at all. Finally, we see that Peanut has an IQ of 113. This tells us that Peanut is a rather bright young man, and that with his level of intelligence, he should certainly be able to understand verbal instructions. However, we have already been telling Peanut to sit down and to raise his hand before speaking, and these strategies do not seem to have helped at all. Peanut is smart enough to understand what we have told him but he still hasn't followed our directions—so maybe—make that probably, Peanut is just bad, manipulative, or noncompliant. He is flawed in some way that perhaps special education services—or maybe the juvenile justice system—can help.

Your review of the psychological information may have been slightly different than the one discussed above but, my guess is, not by much. The data have coaxed us to make assumptions about Peanut that may or may not be correct. We have a diagnosis—ADHD—that could give us the supposition that we understand why Peanut is calling out in class and doesn't remain in his seat, but we have no way of knowing at this point if our assumptions are remotely correct. Our options for intervention planning with the data available from typical assessments seem to be limited to compassion, medication, or acquisition of special education services; all of these options are based on assumptions. Two of the three are even beyond our ability to determine. In other words, any intervention plan that

we develop at this point is something that we, in essence, pull out of the air. FBA provides information that is much more useful for intervention planning than typical assessment data.

CAVEAT EMPTOR: MY ASSUMPTION

Before moving forward, it is only fair that I tell you my assumption because I just urged you to make none. If you are going to be involved in the lives of children, particularly if you are going to be trying to influence their lives, you must work with them. You can't read a book to or baby-sit your niece a few times each month and expect to understand children and their needs. You must spend time with them—lots of it. Banish the myth of quality time from your vocabulary. You have to play with them, work with them, wipe their noses, and clean up their messes. When beginning my professional experience working with children, I used to be asked occasionally by parents, "So, uh, doc, do you have children?" And that question really annoyed me. Do they think their physician needs to have the flu in order to treat someone else's?

I understand their question now—especially because now I do have children. In a classroom one morning, a kindergarten girl with a moderate level of cognitive impairment looked up from an art activity that had held her attention for the past several minutes and said, "Well damn! I done pissed my pants." Then she went right back to the activity. What would you do and assume if this occurred in your room? Would you think she needed toilet training? What other thoughts do you have? What kind of intervention is needed?

My thought is that this girl, like any child might do, became so occupied with what she was doing that she didn't respond to the cues her body sent her regarding her need to toilet. My thought about intervention is that the teacher may want to be careful to program bathroom breaks for her class, but nothing else (except, of course, helping the girl get cleaned up and not drawing the attention of other students to the accident—AND wishing that this girl was not exposed to words like "damn"). Do not take this as the suggestion to go forth and procreate, unless of course you were already planning to. Keep in mind, though, that FBA and BIP are advanced stuff, and undertaking them assumes that you already have a good background working with children.

WHAT'S NOT TO LIKE? REASONS I LIKE FBA

FBA Is Not Diagnostic

When thinking about student behavior and student behavior problems, educators function beneath two broad identifying categories: *labels* and *diagnoses*. A child, as a result of various data sources and professional decisions and opinions, may be given a school label based on federal or state criteria that connote a disability category negatively impacting a student's learning. Labels such as *emotional/behavior disorder* and *other health impairment* may apply to students who meet specific eligibility criteria. These labels then—if determined by an interdisciplinary team, including the child's caregiver, to adversely affect learning—may qualify a student for an *individualized educational plan (IEP)*, in which modifications and accommodations to the learning environment and to curricular materials are described. The stipulations of an IEP essentially constitute a contractual agreement and are legally binding between adult caregivers and a school system about accommodations and modifications that a child will receive to address educational needs impairing a student from academically progressing.

Diagnoses, on the other hand, relate to mental health categories and specific mental illness conditions that a person may experience. Diagnoses are made by qualified mental health professionals such as clinical social workers, psychologists, and psychiatrists (physicians who specialize in mental health) and sometimes by physicians in general, internal, and pediatric practice. The most common diagnostic reference tool used in the United States for mental health issues is the *Diagnostic and Statistical Manual of Mental Health Disorders, Fourth Edition, Text Revision (DSM-IV-TR)*. As a highly trained mental health professional, diagnoses are helpful to me for the following reasons:

1. Diagnoses provide a frame of reference, such that if I am told that a child is experiencing major depressive disorder, I know that the child is experiencing five of nine symptoms outlined for major depressive disorder by the DSM-IV-TR and that these symptoms have been present for at least two weeks. This gives me an intellectual short cut in conceptualization and treatment planning and can be useful shorthand for research purposes.
2. If I diagnose a child with a specific disorder from the DSM-IV-TR, then I can bill the child's medical insurance for treatment (if she has any).

These advantages of labels and diagnoses (and let's not understate the whole "bill insurance" thing), however, must be weighed against several known disadvantages. First and foremost, it is absolutely clear that labeling or diagnosing children can have a negative impact resulting from the stigma often associated with these very labels and diagnoses. This is not just one of those statements that are popped off commonly for fun—abundant research has been consistent on identifying the negative impact of labeling and diagnosing children. What's more, if you identify a child as a behavior problem in kindergarten, there will be people who tend to regard that student as a behavior problem years later, regardless of how she behaves.

Assigning labels and diagnoses can also lead people to infer that they understand a child, even though they do not. Considering the example of major depressive disorder listed above, can you name the nine symptoms? If not, then you may have a mental image of what depression is. Unfortunately that image may well be incorrect because the way that depression manifests in children can dramatically differ from what we usually think of as depression as seen in adults. If you can name the nine symptoms, you probably need to broaden your social horizons dramatically or find a comforting hobby. I can name them, by the way, which should tell you a great deal about me. It is vital to remember at all times that a person is more than the sum of their labels and diagnoses. I have *never* read a child's chart and felt like I knew or understood her. In fact, on several occasions I have been told horror stories about a child that was going to be coming to my class or that I was going to be working with, and then I never had any trouble with her. I am sure that you have either had a similar situation or you will have a similar situation. I like to refer all rumor mongers about a new student to Waller's First Rule of Child Behavior Management: *You don't know until they show.*

So there tends to be a lot of bias, stigma, and misinformation surrounding labels and diagnoses. My oldest daughter came home from school one day in a state of emotional arousal that I can best describe with the term tizzy (as of her 13th birthday, she comes home MOST days in a tizzy). I asked her why she was in said tizzy, and she told me that she had passed a church sign that really bothered her. We rode over to take a look and took a picture of it.

She wanted to write a letter to the editor of our local newspaper and to the pastor of the church expressing her dismay at



Source: Sarah E. Waller.

what the sign implied. Although I discouraged her from pursuing that course of action, I could see her point. If you consider the slogan for a minute, you may or may not see the implication's relation to depression—but at least contemplate the irony that descriptions of depression go back at least as far as—and are actually described in—the Bible. She intuitively has a sense of Waller's Second Rule of Child Behavior Management: *If it walks like a duck and quacks like a duck, it's not abnormal just because it's a parakeet.*

Respect and Dignity

Related to the issue of stigma associated with labels is yet another reason that I am preferential to FBA. FBA is a respectful process to a child. Undesirable behaviors, from the standpoint of doing an FBA, are understood to serve a specific function (or purpose). In other words, behaviors occur because they work for a student in some way

or in some setting. Think about it—if you engaged in a behavior that served no purpose, you would stop doing that behavior. Conceptually then, our goal in doing an FBA is to gather information that will help us develop a hypothesis about a targeted behavior of concern, from which we can develop an intervention to

- change the circumstances associated with an undesirable behavior, and/or
- teach a desirable alternate behavior that can provide the outcome of the undesired behavior, thereby
- eliminating the temptation to think of a child as bad or flawed in some way.

In fact, it seems to me that sometimes we use labels as a means to avoid intervening, rather than to help us with effective intervention planning, as represented by exchanges like:

“How could he possibly have stolen her pencil?”

“He’s conduct disordered.”

“How do you know he’s conduct disordered?”

“Because conduct disordered kids steal.”

“Ohhhhh.”

Solid Grounding in Research

FBA and function-based intervention planning is not an educational fad—these approaches are undergirded by solid research that has been accumulating for decades. It seems that periodically, in the field of education, some new plan, strategy, or theory becomes popular and is marketed in such a way as to imply that this plan or strategy is *the* answer to whatever problems we might be seeing in schools, despite the truth of Waller’s Third Rule of Child Behavior Management: *When talking about human behavior, NO strategy works all of the time or for every student, and anyone that tells you otherwise is probably trying to sell you something.*

There are, however, hundreds and hundreds of published accounts of successful intervention plans based on FBAs available in the professional literature. I teach a graduate-level class on FBA in

which the primary requirement is that my students conduct an FBA, develop a function-based intervention, and implement the plan. I have supervised more than a hundred teachers who have conducted FBAs on target behaviors ranging from self-injurious head strikes, to masturbation, to simple talking out in class, and I can recall only one intervention that did not result in substantial, if not total, resolution of the problem behavior. In my class, I do not grade on whether or not the intervention works, only on the process of doing the FBA, the logic of the intervention plan, and the way the plan was implemented. I want my graduate students to be willing to try to target challenging behaviors, not pick simple problems just because they have a good chance of developing an intervention plan that works. People may be skeptics about FBA when they begin the course, but I haven't seen a teacher yet that was a skeptic 16 weeks later, because they then understand Waller's Fourth Rule of Child Behavior Management: *Your best intentions can never replace your best efforts, the usefulness of which depend on the information directing these efforts.*

The Focus of Change

Finally, I prefer FBA to other assessment methods for addressing undesirable classroom behavior because the data are directly applicable to intervention planning and the focus of the intervention is *what we do differently* rather than *what we do to a child*. That is not in any way intended to imply that we try to find something that was done wrong by somebody, such as another teacher or a parent. Blame assignment is a popular method often used when problematic school behaviors or national debates occur, even though I have never seen blame assignment resolve even the simplest behavior issue.

The goal of support planning based on FBA is to strategize about what can be done differently to increase the odds of seeing desirable behavior. There are some people who see behavior intervention planning as a sequence of things we do to a student in order to make them do what we want, typically by punishing them for things that they do that we don't want them to do. Such an approach often involves a hierarchy or sequence of things we do to children that are designed to get more unpleasant with successive occurrences of undesirable behavior. In fact, I have seen documents called BIPs that looked something like this:

<p>River Styx Primary School Behavior Intervention Plan</p> <p>Progressive Corrective Action Form Please note the behavior demonstrated and the corrective action applied. Include any further information below.</p> <p>Student Name: _____ Date: _____</p>	
<ul style="list-style-type: none"> <input type="radio"/> Verbal Reprimand <input type="radio"/> Punch License <input type="radio"/> Time Out/Letter Home <input type="radio"/> Office Referral 	<ul style="list-style-type: none"> <input type="radio"/> Detention <input type="radio"/> In-School Suspension <input type="radio"/> Corporal Punishment <input type="radio"/> Out-of-School Suspension
<p>NOTES:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Teacher Name: _____</p> <p>Teacher Signature: _____ Date: _____</p> <p>Administrator Signature: _____ Date: _____</p>	

Do yourself a favor: if your school has a BIP that looks remotely similar to this, don't bother doing an FBA. It will be a complete waste of time because forms like this do not constitute a BIP, nor are they conducive to doing a BIP. This is just a list of increasingly objectionable things that you will do to a student who doesn't do what you desire. If we feel tempted to do unpleasant things to children because they deserve it, we do need to face a hard truth, however, that doing something to a student frequently has no positive effect and can easily make things worse than they were before. At the very least, when

attempting to intervention plan, have perspective enough to think in terms of cause and effect. If your attempts to punish away undesirable behavior have not worked, it's time to consider a different approach.

REASONS YOU WILL LIKE FBA

Avoid Failing at Social Control

It is worth your time to reflect deeply on personal philosophy relating to your thoughts regarding the purpose of the school experience in the lives of children and to think about your role in the school community. A lot of adults, including some teachers, perceive their role in the lives of children, at least as it pertains to behavioral issues, as agents of social control. In other words, some people impose, or try to impose, their will onto students—sometimes on other adults, too. We sometimes are tempted to think that our role as a teacher (or administrator), combined with our adulthood, instills us with authority that must be respected by our students. We don't need no stinking badges—your authority is obvious to all by virtue of the fact that you have a faculty parking spot and are wearing an old tie.

In fact, this is only partially true—the tie is somewhat dated. We do, nonetheless, have authority and you are the adult and your tie was last in fashion when the artistic style preferred by the popular culture was called hieroglyphics. However, you only have *coercive* authority as long as your students allow you to have it, and using coercive authority is contrary to acquisition of academic content and to promoting a positive learning environment. Coercive authority relates to the idea that children will, by golly, do what you tell them to do because you, by cracky, told them to do it.

Fortunately for disciplinarians who prefer coercive approaches like threats and punishment, many students, actually most of them, will allow you to have coercive authority, at least to an extent. Most students will roll with the flow and make an effort to do what you ask. Some number of additional students will pretend to let you have authority, but will be sneaking around doing things that you would prefer that they not do. In fact, this gives children a good opportunity to hone their “sneaking around doing stuff behind your back” skills so that by the time they are in third grade they are bringing cake to you in the morning and putting wads of chewed cafeteria chicken product in your purse in the afternoon—without ever getting caught.

A smaller group of students will blatantly resist or defy direct coercive authority. I was observing a third-grade classroom, and a girl was giving the teacher fits. She seemed to know every button to push and was defying verbal instructions. Finally, the teacher called the office and asked for assistance. The assistant principal, a coach-looking guy who was new to the school, walked over to the student and said in a stern voice while flashing “the eye of the tiger” at the girl, “Get up and come with me.” The little girl looked at the hulking assistant principal sweetly and said, “Kiss my ass.” I will remember the look on his face for the rest of my life.

Whenever you begin to use coercive authority as a mechanism of behavior change, you immediately start to descend a slippery slope. If you enter into a power struggle with a student having behavioral problems, the odds are about 50/50 that you will lose (and about 80% that both of you will lose). If you forcefully tell a student to stop talking and the student begins to sing a pop song, what are you going to do? Now you have a noncompliant student and the repulsive prospect of listening to a song that is not at least 25 years old. Furthermore, getting into coercive exchanges or power struggles has been shown to directly cause some problems—a good example being the oppositional defiant disorder that was mentioned earlier.

If you demand that a student goes to timeout and the student gets up and sits in your chair, what are you going to do? Making demands on students only works if the student allows it to work or if you have the will and the means to oblige your will upon the student. As the associate principal described above found out, the hint of threat suggested by a burly, strapping school administrator with a predatory look and a crew cut is, by itself, sometimes insufficient to resolve a behavior problem. He wound up being one of three adults that it took to physically remove this third-grade student from the classroom. The end result was that the entire class lost more than 30 minutes of instruction as the drama played itself out, four other students in the classroom started to cry because the episode scared them so badly, and the little girl came back one hour later, placed her head on her desk, and left it there for the rest of the day.

You Can Do This

Teachers are working more than they ever have in the past. I will not lie to you by saying that there is no time involved in the process of doing an FBA. When schools call me and request that I do an FBA

on a consultative basis, it usually takes me 20 to 25 hours. But, as a consultant, I have to be extremely thorough and write a report that is usually about 10 pages long and those 20 hours include attending (sometimes contentious) IEP meetings. In fact, it was during one such meeting that I clearly articulated in my mind the definition of a good day: If you are in a roomful of people, at least 20% of whom are attorneys, and one person leaves the room without crying and that one person is you, then you have had a good day.

Also, schools don't call me when Peanut is annoyingly tapping his pencil on his desk. I usually get called when there are serious behavior problems. My consultation work literally began when a school administrator that I didn't know called me out of the blue and asked if I would come to her school and help with a particularly problematic behavior. This experience gave me some idea of the level of need that exists in helping students with behavior problems. Schools need you to have the skills to do this. Successfully resolving the majority of behavior problems seen in schools is easily within the purview of a skill set that any teacher can acquire with a little help. Besides the professional obligation to maintain classroom behavior conducive to learning, many of us find that successful intervention planning for a student with challenging behavior—particularly a student with a history of challenging behavior—has the personal effect of instilling in us a level of satisfaction and excitement that we otherwise experience exclusively in response to undergoing videotaped exploratory medical procedures. Life simply gets no better. The professional contribution you have made in that student's life at least competes with the contribution of any academic content you will teach him.

There is an important point about people like me consulting in schools, though, and it is this: *every dollar spent on me as a consultant is a dollar that is NOT being spent on other students* (and please don't tell anybody I told you this because I'm sure it's a violation of the Consultant's Creed or something, but I have that whole "full-time job thing" as a financial buffer). Most FBAs could be done by you and could be done in much less time than it takes me to do it for reasons that I already touched on and some reasons that will become obvious in subsequent chapters. I promise you—even pinky promise—that you can do an FBA.

I also do training for schools on child mental health issues, behavior management, FBA, and talking about where FBA fits into the response to intervention (RTI) paradigm (and please don't tell

anyone else how to do an FBA because training comes out of a different budget that schools are required to spend exclusively on training, so I don't feel guilty at all about getting paid for doing training), but an FBA and subsequent BIP can and should be done long before special education services (the point at which FBA can be required by law) are even considered. In other words, more and more of this is going to be done in the general classroom. Don't blame me—it's not my fault. Don't hate the player, hate the game. And even though there is a time investment needed up front, the student will benefit tremendously.

I hope that supports are put in place to help you with FBA from a variety of sources such as paraeducators, other teachers, administrators, school social workers, school psychologists, and school counselors. But keep this in mind: every hour you invest in doing an FBA and function-based BIP now will ultimately save a lot of time that you won't be spending by dealing with behavior problems later. Trust me on this. However, you need to never forget Waller's Fifth Rule of Child Behavior Management: "*Congressman*" is a job: *Working with children is a commitment and lifestyle that means never counting the hours you invest.*

ADDRESSING MY LIE

I know that the title of this book includes the word *concise* and hints that the book is, among other things, nontechnical. That is a lie. There are actually a couple of technical terms that will be of assistance, maybe even be indispensable, in understanding the FBA process. The first such term is *reinforcement*. We hear the word frequently in the school setting, but there is often some confusion about what it means. Reinforcement, by definition, is something that increases a *target behavior* (another term you need to know).

The Good, the Bad, and the Not-So-Punishing

For discussion purposes, let's say you are working with a student who is frequently out of his seat rather than engaging in the academic tasks that you want him to be focusing on. Each time the student (Peanut) gets out of his seat (the target behavior), you give him a stern warning (an attempt to reduce or punish the target

behavior). You notice, because you carefully observe the order in which things happen (cause and effect) that after you started giving Peanut stern reprimands for getting out of his seat, he seemed to start getting out of his seat more often. Even though your goal and intention was to reduce Peanut's out-of-seat behavior, your intervention increased his out-of-seat behavior. In other words, your warnings and reprimands *reinforced* his out-of-seat behavior. This may not seem intuitive. After all, you don't like stern reprimands, so it is reasonable to think that Peanut will stop getting out of his seat if you reprimand him.

Unreasonable though it may seem, your reprimands *reinforced* Peanut's out-of-seat behavior, even if he found them unpleasant. Your disapproval may have reduced Peanut to crying like a monkey eating a red onion, but your reprimands nonetheless reinforced (increased) the target behavior. You intended to reduce it (or punish it), but it is very important that you realize that behavior may not seem reasonable or intuitive. If you doubt this, pay attention during your next faculty meeting.

Not only is human behavior often illogical, reinforcement is *not an intuitive term, it is a behavioral term*. Thus, something is reinforcing if it increases a target behavior. In Peanut's case, he may have found the reprimands unpleasant, but they still increased the target behavior. The point of this is that you cannot rationally, reasonably, and with common sense identify reinforcers (or things that will increase an identified target behavior) for a given student. Reinforcers are determined on the basis of the *impact that they have on a target behavior*, not on how pleasant or even how desirable the reinforcer may seem. Similarly, reinforcers used effectively for your other students are in no way guaranteed to work for Peanut.

It may also help to understand the seeming contradiction that reprimands resulted in more of the target behavior to know another idea associated with reinforcement: you don't reinforce a person, you reinforce a behavior. Even if your reprimands were unpleasant to Peanut, they reinforced out-of-seat behavior. This explains why the offer of watching a movie on Friday based on good behavior all week is often completely insufficient in promoting the various behaviors you desire. This is an attempt, at least in behavioral terms, to reinforce a week-long repertoire of innumerable behaviors with one potential reinforcer. Reinforcement is not accomplished by picking untold numbers of behaviors, lumping them together so that

they are as unattractive as homemade soup, and providing one reinforcer for successfully engaging in the behavioral package. Much behavior, especially undesirable behavior—especially in children—must be reinforced far more frequently than once a week anyway. Offering a large weekly reinforcer contingent on desired behavioral goals that a student does not already possess with mastery is literally setting him up to fail every week, week after week.

You may have noted above, for example, that I mentioned a school administrator calling me out of the blue because of the need for help with a particularly problematic behavior, not a particularly problematic child. The path to developing problematic behavior is very similar for any child, and any child is susceptible to acquiring undesirable behavior under the right circumstances as surely as she can develop desirable behavior. The good news associated with this is that, just as any child can acquire undesirable behavior, any child can acquire new, more desirable behavior if the classroom supports change in the right direction.

Target Behaviors

The idea of a *target behavior* is that you get very specific about a behavior that you want to change. For example, saying that your boss is annoying is not providing a description that is observable and that we can monitor in a meaningful way, because we don't know what you mean by annoying. A common behavior of concern in school is sometimes called unmotivated. My definition of unmotivated is the refusal to don trousers during the 48-hour period often referred to as “weekend.” Your definition might be different, though if it is not, that really could be a big problem at school. Spend a couple of minutes thinking about how you might give a good, specific, clear definition of what you mean when you say unmotivated. This definition should be so clear and descriptive that, if it were being counted, would result in another person counting it just like you counted it by just their reading the definition. Write the definition below in a clear, observable, countable way:

Now think about whether or not your definition, sometimes referred to as an *operational definition*, is clear enough so that anyone walking into the room would count the behavior and get the same result you that you obtained if you counted it at the same time. See the difference in your definition and the information typically communicated by just using terms like unmotivated?

It is important to clearly define your target behavior so that everyone will be working on the same goal. You are working with Peanut to teach him an alternative, more desirable behavior than calling out in class. He has this problem of calling out in all of his classes. As part of your intervention plan, Peanut is on a simple point system allowing him to earn some extra computer time at the end of the day. This point system is used by each of Peanut's teachers, but the plan is one you designed based on results of an FBA. Having a clearly defined target behavior is necessary in order to keep the plan on track. Otherwise, some of Peanut's teachers, perhaps not as versed in effective behavior management as you, may count it against Peanut if engages in minor undesired behavior that is unrelated to calling out.

For example, a teacher may hold him accountable on his point sheet if he is seen leaning over and whispering to a classmate. I would not say that this type of data collection challenge occurs a lot of the time. In my personal experience, it happens almost every time you are working with several other teachers. If such unrepresentative data collection happens, it has the effect of masking evidence that your intervention is working (or not working). Holding against him things that were not part of your regular deal is also totally unfair to Peanut, and he knows it. I know Peanut well enough to tell you that, when he knows (or even suspects) he is being treated unfairly, no good is going to come of it. Knowing that such inaccuracy is likely to occur is your first step in monitoring the data; then, identifying these occurrences and working with your colleagues to repair any procedural problems is usually all that is needed to keep the intervention in place and the data collection consistent and meaningful.

A clear operational definition of the target behavior is important because you cannot keep an accurate count of the behavior otherwise. Remember the cardinal rule: the definition needs to be so clear that I could walk into your classroom, count the target behavior at the same time you do, and when finished counting for both of us to have the same number. Beyond the issue of effectiveness of the

intervention, you need good data for progress monitoring purposes, particularly if your school operates within an RTI framework. RTI will be discussed in somewhat more detail later.

Accuracy is paramount, and monitoring Peanut's progress will leave you unsatisfied, not to mention potentially unsuccessful, if you don't know the true measure of what is going on. For example, how many times have you found yourself right in the middle of a major, potentially life-changing situation such as taking the SAT or watching *The Price Is Right* when unwanted and unbidden it occurs to you that you don't know how many licks it takes to get to the Tootsie Roll center of a Tootsie Pop? Pretty unsatisfying, isn't it? Fortunately, you need never get lost in the middle of calculating the values of prizes shown during the showcase showdown again. The answer, based on the results of a group of university students who built a licking machine that was designed to accurately replicate the licking power of a human tongue just to break the cultural ennui that holds us by the prostration imposed by this quandary is 364 (licks, that is, to get to the center of a Tootsie Pop). If you can tolerate a brief falter into vanity I admit to you that it is exactly this level of commitment and sacrifice to resolving the challenges facing our world that makes me proud to work in higher education.

Your Humble but Invariably Correct Perceptions

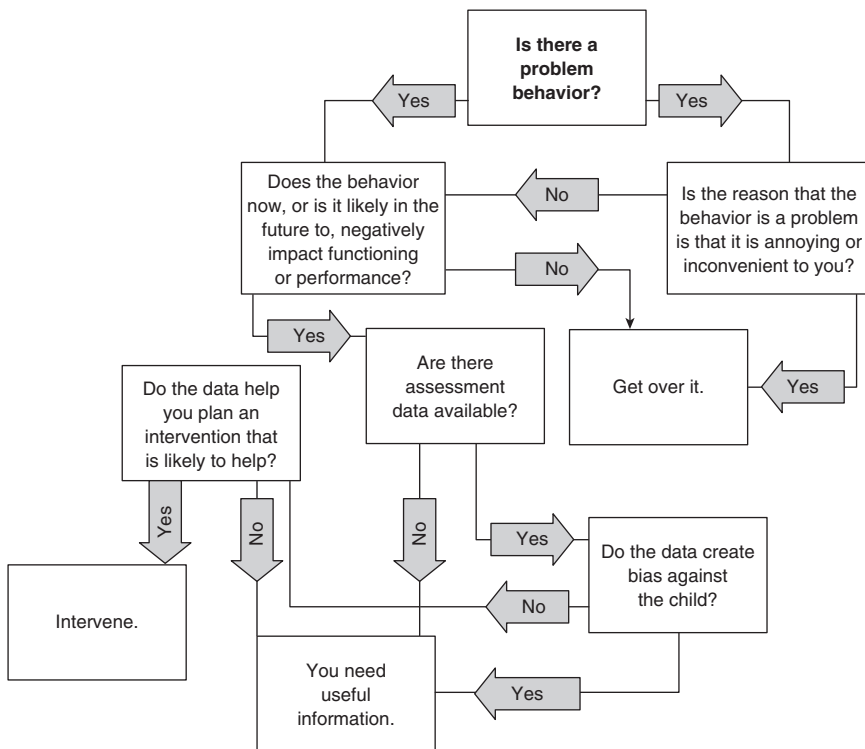
A final reason that it's important to track Peanut's progress is a point that I have learned through working with human behavior—people often do not see behavioral issues in shades of gray, only in terms of black and white. Repeatedly I find that you must teach people to see the shades of gray. If Peanut is frequently calling out in your classroom, it is annoying, distracting, and disruptive. After you conducted an FBA and developed and implemented a good function-based support plan, your data collection clearly showed a trend in reduction of the calling out. In other words, the intervention was working. However, another of Peanut's teachers comes to you a week after implementing the support plan in her room and says that the plan is not working and something drastic needs to be done.

Understandably, because calling out is so disrupting and annoying to your colleague, it is easy for her to perceive that things have not improved if Peanut is calling out in her classroom at all. This moment was made in heaven exclusively for you to whip out your data. You

spend the next few minutes teaching your colleague to see behavior in shades of gray by showing your coworker the data and explaining that even though the behavior has not stopped, it is getting better, expressing your gratitude for her implementing the plan with such fidelity, conveying empathetic understanding of how disruptive calling out can be, and encouraging her to give the plan some more time. She is not antagonistic toward your plan or toward helping Peanut. She simply didn’t see the gray point, which is that things are improving. Behavior is not switched off and on like a light switch. Behavior change occurs as new behaviors and skills are learned, practiced, and mastered.

When you are considering your options for whether and how to intervene with student behavior, the decision tree in Figure 1.1 is a

Figure 1.1 Response to Undesirable Behavior Decision Tree



good place to begin. If you decided that you need useful information in order to proceed with developing a BIP with a high probability of success, the methods of going about collecting the type of information with the best chance of moving you toward that effective BIP are described in the following chapter.

CHAPTER NOTES

Anyone with an interest in school activities, policies, and methods that promote student mental health may be interested in a brand-new journal that is being published:

Advances in School Mental Health Promotion: Training and Practice, Research and Policy. The Clifford Beers Foundation and the University of Maryland.

I would very much like to thank Maribeth Hood for her help and her knowledge.