

Addressing Antisocial Behavior in the Schools: A Call for Action

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Abstract

Due to the co-occurrence of externalizing behaviors and academic deficits, children with or at-risk for antisocial behavior are among the most difficult children to teach. Therefore, it is important for general and special educators alike to become more familiar with strategies for identifying and intervening with these children. The intent of this article is to (a) describe the behavioral and academic characteristics of children with antisocial behavior, (b) discuss the challenges of educating these children, and (c) provide suggests for identifying and serving children with or at-risk for antisocial behavior.

The rate of violent, antisocial acts committed by children is alarming. Approximately 2.6 million juvenile arrests were made in 1998 (Office of Juvenile Justice and Delinquency Prevention, 1999) with 17% of all violent crimes being perpetrated by juveniles. Although boys tend to exhibit more behavior problems relative to girls, antisocial behavior demonstrated by females is increasing and the behaviors are becoming more violent in nature (OJJDP, 1999). Thus, the number of children demonstrating antisocial behavior patterns is staggering, and the problem is not specific to males. However, these circumstances are not surprising given that youngsters who demonstrate behaviors predictive of antisocial behavior are currently ignored until their behavior becomes explosive.

Antisocial behavior refers to persistent violations of socially acceptable behavior patterns (Walker, Colvin, & Ramsey, 1995). Children with antisocial behavior exhibit a range of aggressive and coercive behaviors some of which include: physical aggression, caustic verbalizations, noncompliance, and criminality. Children with antisocial behavior also demonstrate impulsivity, poor interpersonal skills, ineffective cognitive-problem solving skills, and academic deficiencies that negatively impact teacher- and peer-related adjustment. In fact, antisocial behavior is the number one reason cited for referring a youngster to mental health services. The prevalence of conduct disorder, which stems from antisocial behavior, amongst children ranges from 2-6% of the general population – 1.3 to 3.8 million cases – with dramatic increases in adolescence (Frick, 1998).

Although it is possible that children with antisocial behavior may, at some point, qualify for special education, it is important to note that the label of antisocial behavior does not qualify children for special education services. Many of these children begin their educational careers in the general education setting. Consequently, they are educated by general educators who report feeling ill equipped to manage the challenging behaviors exhibited by some of their students (Schumm & Vaughn, 1995). Thus, it is critical that general educators and administrators become familiarized with the characteristics of this population and strategies for better serving them in general education classrooms. Accordingly, the intent of this article is three fold. First, the

behavioral and academic characteristics of children with antisocial behavior will be discussed. Second, the challenges of educating these children will be addressed. Third, suggestions for better serving this population will be provided.

Behavioral and Academic Concerns

Antisocial behavior includes both externalizing (e.g., aggression, delinquency) and internalizing (anxiety, depression, withdrawal) behaviors (Achenbach, 1991). Externalizing behavior, which is typical of the majority of students with antisocial behaviors, tends to be more stable over time, more resistant to intervention, and, consequently, is challenged by a worse prognosis for remediation relative to internalizing behavior (Hinshaw, 1992). Children with externalizing behavior patterns also tend to function at a lower level in cognitive, social, and academic areas – especially in reading skills, and are more likely to attract teacher attention than children with internalizing behaviors. Namely, in addition to the aggressive behaviors previously mentioned, children with antisocial behavior are also characterized by subaverage academic performance, acquisition deficits in academic areas, and low rates of academic engaged time (Coie & Jacobs, 1993).

General education teachers are faced with the responsibility of managing problems that occur while delivery instruction (Colvin, 2001). Although many teachers are adept at maintaining the dual functions of instructor and disciplinarians, others struggle with these tasks. Because children with externalizing behaviors are amongst the most challenging children to work with, these youngsters are more often referred to prereferral intervention teams and to the disciplinary agents at the school site (O'Shaughnessy, Lane, Gresham, & Beebe-Frankenberger, in press).

There is evidence that the co-occurrence of learning and behavioral behaviors is apparent during the pre-school years and is predictive of a host of negative outcomes. To alter these pejorative outcomes, early intervention is a necessity and has been the focus of recent efforts in the research community (Conduct Problems Prevention Research Group, 1999). In order to serve these children more effectively, intervention needs to occur early in a child's schooling when he or she is most amenable to treatment and when less intensive interventions are more likely to produce the desired changes in a student's academic and behavioral performance (Kazdin, 1987).

Facing the Challenge:

Educating Students with Externalizing Behavior and Academic Deficits

Schools are challenged by the task of educating children with externalizing behaviors and academic deficits. Lane (1999) delineates current practices that contribute to this challenge.

First, many schools subscribe to a reactive approach to addressing problem behaviors. Namely, many students who begin school with behavior problems typically do not receive services until such time that a disability (e.g., learning disability, emotional disturbance) is diagnosed or significant academic underachievement is apparent (Forness, Kavale, & Lopez, 1993). Until that diagnosis is made, schools often rely on punitive procedures (e.g., office referrals, suspensions) to control the behavior of these students. Unfortunately, most research would suggest that these tactics are ineffectual in meeting the needs of this group of children (Lewis & Daniels, 2000).

Second, this population becomes increasingly resistant to intervention efforts over time. If comprehensive interventions are implemented prior third-grade, it is possible to prevent the development of antisocial behavior. However, after such time, the behavior

patterns are relatively stable. This is not to suggest that interventions after third-grade are a mute issue. It is possible to work with children at any time, however, after third-grade, the nature of the intervention shifts from prevention to remediation (Bullis & Walker, 1994). Further, interventions implemented after third-grade would require greater intensity and be more ideographic in nature – such as functional assessment-based interventions (FABI) – relative to those interventions implemented earlier in a child's educational career. While FABI have been quite successful with children with behavior disorders (Lane, Umbreit, & Beebe-Frankenberger, 1999), such interventions are often time and labor intensive which necessarily limits the number of students who can receive such assistance. Accordingly, proactive efforts such as early detection and early intervention are essential for serving these students.

Third, if the schools do not develop a plan for addressing antisocial behaviors, children with these behavior patterns are at a heightened risk for a number of pejorative outcomes such as academic failure, school dropout, substance abuse, criminality, and welfare services (Walker et al., 1995). When one considers the potential costs to society as a whole and the individual students, the need for proactive interventions is clear. The question remains: What steps can schools take to better serve children at-risk for antisocial behavior?

Suggestions: Proactive Steps to Addressing Antisocial Behavior

As previously discussed, children with or at-risk for antisocial behavior most often begin their educational experiences in the general education setting. In light of the challenges these children pose to school faculty and staff, it is essential that (a) effective, efficient universal screening procedures be implemented to identify these children before problems become more salient, (b) general and special education teachers be empowered with additional strategies to work with these children, and (c) the interventions generated by the SST be refined to include components that will enhance the intended outcomes.

Universal screening

Given that antisocial behavior can be identified as early as three and that the window of opportunity for preventing antisocial behavior essentially closes at age eight, it is imperative that schools adopt universal screening procedures to actively search for children with or at-risk for antisocial behavior. A variety of universal screening tools and procedures are available such as the Student Risk Screening Scale (SRSS, Drummond, 1994) and the Systematic Screening for Behavior Disorders (SSBD, Walker & Severson, 1992).

The SRSS is a seven-item mass screening instrument designed to detect elementary age students who are at-risk for antisocial behavior. Teachers rate each student in their classroom on the following seven items: steals, lies, cheats, sneaks, behavior problems, peer rejection, low achievement, negative attitude, and aggressive behavior. Each item is rated using a four point Likert scale ranging from frequently, (3), sometimes (2), occasionally (1), to never (0). Total scores range from 0 to 21 and are used to determine level of risk: Low Risk (range: 0 to 3), Moderate Risk (range: 4 to 8), and High Risk (9 or more). The SRSS is a reliable, cost effective, psychometrically sound procedure for distinguishing between students who do and do not show early warning signs of antisocial behavior (Severson & Walker, 2001).

The SSBD is a three-stage process used to screen all general education students to determine the extent to which they are at-risk for externalizing and internalizing behavior disorders. The system moves from a broad assessment that evaluates all

students using teacher judgment to direct observation of a target group of students in the classroom and on the playground. For example, in Stage 1, teachers are asked to systematically evaluate each student in their class in terms of internalizing and externalizing behaviors using nomination and ranking procedures. The three students who receive the highest ranking in each dimension pass through the first gate to Stage 2. The teacher then completes two ranking measures, the Critical Events Index (CEI) and the Combined Frequency Index (CFI), on these six students to evaluate both adaptive and maladaptive behavior patterns. Students who exceed normative criteria on these measures pass through the next gate to Stage 3. In this final stage, students are observed in the classroom and playground settings by a different school professional (e.g., school psychologist). Students who exceed normative criteria in Stage 3 can be referred to a prereferral intervention team for subsequent assessment to determine an appropriate intervention. The SSBD is an effective tool in differentiating between externalizing, internalizing, and control students.

Thus, universal, proactive approaches to early detection such as the SSRS and SSBD enable at-risk students to be identified early on so that interventions can be designed and implemented when these students are more amenable to treatment. Secondly, such procedures provide a more systematic method of identifying those students at-risk for antisocial behavior relative to the rather subjective nature of the current pre-referral intervention process (Walker & Severson, 2001).

Empowering teachers

In the short time we have been conducting school-based intervention research to prevent the development of antisocial behavior (Lane, 1999; Lane & Menzies, 2001; Lane, O'Shaughnessy, Lambros, Gresham, & Beebe-Frankenberger, in press), one message has echoed consistently: teachers reported feeling ill equipped to effectively instruct those children who exhibit acting out behaviors. Therefore, in an effort to empower teachers to meet the daily challenge of educating children with varying degrees of social and behavioral competencies, it is essential that general and special education teachers receive training from universities, district personnel, or consultants to better serve children with or at-risk for antisocial behavior. Specifically, teachers need to receive more explicit training to (a) recognize early indicators of antisocial behavior, (b) implement class-wide and school-wide screening procedures (Walker et al., 1995), (c) understand the acting out cycle (Colvin, 1992), (d) utilize proactive approaches (e.g., well constructed lesson plans, physical layout of the classroom, group contingency plans) to prevent problem behaviors from occurring during instruction (Colvin, 2001), and (e) implement a variety of reactive strategies (e.g., differential reinforcement, response cost, positive practice, nonexclusionary time-out) to manage problem behaviors that do occur (Elliott & Gresham, 1991).

Refine the prereferral intervention process

The first line of defense in assisting teachers to better serve children whose behavioral and academic performance deviates substantially from teacher expectations is the prereferral intervention team (PIT; Lane, Mahdavi, & Borthwick-Duffy, 2001). The intent of the prereferral intervention process is to decrease inappropriate referrals to special education by generating interventions specific to the child's particular areas of concern. Because children with antisocial behavior are not particularly amenable to intervention, it is essential that the interventions generated by the PIT contain key elements such as social validity, treatment integrity, and generalization and maintenance, which enhance outcomes (See Lane, Beebe-Frankenberger, Lambros, & Pierson, 2001 for a detail review).

Socially valid interventions are those interventions that address socially significant problems, utilize socially acceptable treatment procedures, and results in important outcomes (Gresham & Lopez, 1996). Second, the extent to which the intervention is implemented as designed – treatment integrity (Gresham, 1989) - needs to be assessed, not assumed when implementing interventions generated by the PIT. If steps are not taken to document the degree of implementation, then it is difficult to make accurate conclusions about the intervention effectiveness. Since interventions for children with antisocial behavior often fail to produce lasting changes that generalize to novel conditions (i.e., across settings, people, and behaviors) and continue over time, it is important that the issues of generalization and maintenance be considered at the onset of the intervention. One approach to generalization is to focus on functional generalization. Namely, in order to ensure that they newly acquired behavior generalizes and maintains, the new behavior must be more efficient and reliable than the former maladaptive behavior (DuPaul & Eckert, 1994).

Conclusion

Children with or at-risk for antisocial behavior are among the most difficult children to teach. The externalizing behaviors and academic deficits characteristic of these children pose major challenges for teachers and administrators alike. In this article we provide three suggestions to better serve these challenging children. First, school need to implement universal screening procedures to identify these children before problems become more salient and more intensive interventions become necessary. Second, general and special education teachers alike need to be empowered with additional strategies to work with these children. Finally, interventions generated by the prereferral intervention teams could be improved by incorporating the components of social validity, treatment integrity, and generalization and maintenance which will collectively improve intervention outcomes.

Our suggestions are meant to serve as guidelines for schools and may require additional resources. We acknowledge that many school systems are stretched in terms of financial and personnel resources. Yet, when one looks at the pejorative outcomes facing these children and society as a whole if we do not intervene (e.g., mental health services, special education services, and adjudication), the more important question becomes, How can we afford not to identify and serve these youngsters? By committing both human and financial resources to the proactive model we have described, the problem of antisocial behavior in schools may be diminished, allowing for more academic and social opportunities for these children.

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