

Perceptions of Rural Elementary Classroom Teachers

Toward Behavioral Intervention Approaches

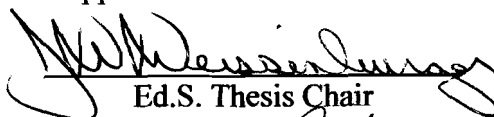
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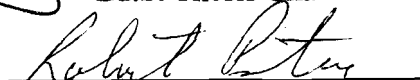
Robert Czech

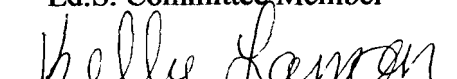
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Ed.S. Thesis Chair

  
Ed.S. Committee Member

  
Ed.S. Committee Member

The Graduate School

University of Wisconsin-Stout

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The Graduate School  
University of Wisconsin Stout  
Menomonie, WI 54751

ABSTRACT

Czech	Robert	M.
(Writer) (Last Name)	(First Name)	(Middle Initial)
Perceptions of Rural Elementary Classroom Teachers Toward Behavioral Intervention Approaches		
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Ed.S. School Psychology,	Dr. Jacalyn Weissenburger,	5/6/05, 73 Pages
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The purpose of this study was to determine the perceptions of rural elementary general education teachers regarding the effectiveness of the following behavioral intervention approaches: (a) teacher inservice training; (b) a combination of behavioral consultation and teacher inservice training; (c) classroom teacher directed social competence curriculums; and (d) a combination of small group social competence training and behavioral consultation. A survey designed for kindergarten through sixth grade general education teachers was delivered to 248 potential participants in 13 rural, west central Minnesota school districts. One hundred and twenty eight teachers voluntarily participated (a 52% response rate). Survey results indicated that participants

were receptive to the various behavioral intervention approaches, rating each intervention as effective. Other results suggest there may be differences in teacher perceptions according to gender toward the combined intervention of behavioral consultation and teacher inservice training.

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## CHAPTER I: INTRODUCTION

The U.S. Surgeon General has described violence among young people as a serious public health problem (U.S. Department of Health and Human Services, 2001). In a 2000 study, the U.S. Secret Service reported that of 37 school shootings since 1974, over two thirds were committed by children who had been “persecuted, bullied, threatened or injured” (Coloroso, 2003, p. 56). In a report of statistics from the 2001 school year, the National Center for Education Statistics (2003) cited a number of findings in regard to school safety. Between seven and nine percent of students reported being threatened or injured with a weapon such as a gun, knife, or club on school property in the preceding 12 months. Eight percent of 12 through 18 year olds reported being bullied on school property in the past six months. Seventy-one percent of schools reported one or more serious violent incidents such as rape, sexual assault, robbery and aggravated assault.

Trends in antisocial behavior prior to the 2001 school year also were described in the NCES report. Levels of serious violent incidents at school and away from school declined from 48 crimes per 1,000 students in 1992 to 28 crimes per 1,000 students in 2001; however, overall levels of bullying at school increased from 5% in 1999 to 8% in 2001 among 12 through 18 year olds (National Center for Education Statistics, 2003). The findings of the report are more descriptive in regard to older students, but data indicates there is enough antisocial behavior present among elementary aged children in our schools and throughout our culture to make prevention and intervention efforts a priority.

Reducing students' antisocial behaviors and developing prosocial behaviors have been growing subjects of professional discussion within the field of education. Punishment and zero tolerance strategies have been balanced against more preventive behavioral intervention approaches designed to teach students alternatives to antisocial behavior early in a child's social development. The general concern regarding punishment is that it is a reactive, limited response to negative behavior that does not, by itself, help students learn more appropriate behaviors (Brownell & Walther-Thomas, 2001). Punishment has been criticized due to over reliance on the approach, its haphazard application, and its tendency to reinforce negative behavior for the most difficult students (Maag, 2001). Reflecting Maag's concerns, Bloomquist and Schnell (2002) state that reprimands as a mild form of punishment can be effective, but lose their effectiveness when overused.

Given that punishment has been determined to be an incomplete strategy for establishing the school norms necessary for a safe school climate, more proactive strategies have been implemented to reduce antisocial behaviors and build positive student behaviors. Research has shown that skills programs that teach students social competencies without focusing on changing the environmental settings in which they function will produce limited benefits (Weissberg & Greenberg, 1998). In keeping with these findings, the state of Virginia has applied federal legislation (IDEA of 1997) toward the development of comprehensive behavioral intervention approaches within schools. In an evaluation of a functional behavioral assessment inservice training program, it was concluded that multitiered behavioral supports can be an effective way to develop the culture of a school and facilitate student success across settings (Gable et al., 2003). The



findings of Gable and his colleagues are consistent with other research that supports a multitiered approach to behavioral interventions within schools (Bloomquist & Schnell, 2002; Olweus, 1993, 2001). Gable and his colleagues identify the following three levels within a school structure from which behavioral interventions may be developed: pupil-specific, classroom and school-wide.

Pupil-specific interventions generally require an initial matter of fact description of an individual student's maladaptive behavior (e.g., location, time, intensity, antecedents, and consequences) (Bloomquist & Schnell, 2002). The description of the behavior is then considered in relation to child, school, peer and family factors. Next, an intervention plan is designed to target one or more of the factors with the purpose of reducing maladaptive behaviors and developing prosocial alternative behaviors.

Behavioral consultation and functional behavioral assessment, which are similar in philosophy, structure and application, are consistent with this process of pupil-specific interventions. Behavioral consultation requires collaborative problem solving between a teacher and another educational professional (Wilkinson, 2003). The goal of school-based consultation is to change pupil behavior, teacher behavior, or a combination of both (Lambert, 1974).

Individual or small group social competence training outside the classroom, usually conducted by a school social worker, school psychologist or school counselor, is another pupil-specific intervention approach. For example, students who require lessons on anger control and perspective taking often benefit from more repetitive and intensive instruction not always practical to implement within the classroom (Larson & Lochman, 2002). To encourage skill development in natural life settings, behavioral consultation

may be used to help generalize the skills learned through social competence training. Thus, consultation and social competence training may strengthen each other and enhance a child's chance for social success.

At the classroom level, the application of rules and procedures is a primary step for managing student behaviors (Bloomquist & Schnell, 2002). Especially critical are transition and seatwork times when negative behaviors frequently surface. Teachers may develop skills in applying classroom rules and procedures through sources such as continuing education courses, the professional literature, mentoring from an experienced colleague, and/or engaging in behavioral consultation.

Classroom instruction of students also can give meaning to and reinforce rules. Social competence curriculums are classroom lessons/interventions designed to teach students how to integrate their thoughts, feelings and behaviors in a manner that results in positive social interactions and relationships with others. In general, social competence curriculums have been put into place as part of an overall goal to prevent antisocial behavior from developing, teach prosocial skills and maintain the safety of school buildings (Aber, Brown, & Jones, 2003; Conduct Problems Prevention Research Group, 1999; Grossman et al., 1997).

School-wide programs also have been implemented to increase students' social competence and increase building safety (Flannery et al., 2003; Olweus, 2001). The programs generally include universal sets of expectations for adults and students applied throughout a school building and grounds. The expectations establish the social norms of a school through consistent support from administration and adherence on the part of staff and students. Classroom lessons relating to behavioral expectations within the

school setting are a common component of school-wide programs, but may not be as comprehensive as lessons provided through social competence curriculums.

Classroom teacher participation is important at each level of behavioral intervention. At the present time, teachers are increasingly expected to provide school interventions centered on students' social development. As intervention strategies are developed and used to complement each other at different levels within the school structure, it is important to gain teachers' input regarding their application. The more teachers are exposed to intervention practices and become knowledgeable about how practices work together at different levels, the more they can envision how those interventions may benefit the children in their classrooms. Since teachers tend to be responsible for the implementation of behavioral strategies, their understanding and receptivity are crucial to the success of interventions.

#### *Statement of Purpose*

Given that 1) personnel in our nation's schools are increasingly called upon to develop interventions to address student behavioral difficulties, 2) numerous research-based intervention strategies have been developed for a variety of behavioral difficulties presented by our school-age children, and 3) teacher receptivity is necessary to ensure the successful implementation of any school-based intervention, a need exists to examine the perceptions of teachers regarding a variety of behavioral intervention approaches.

Therefore, this study was implemented to determine the perceptions of rural elementary classroom teachers regarding the effectiveness of the following behavioral intervention approaches: (a) teacher inservice training; (b) a combination of behavioral consultation and teacher inservice training; (c) classroom teacher directed social competence

curriculums; and (d) a combination of small group social competence training and behavioral consultation.

*Research Questions:*

1. Are elementary general education teachers receptive to a variety of intervention approaches designed to address the behavioral problems of students?
2. Are elementary general education teachers receptive to teaching social competence curriculums?

To guide the reader, the following definitions of key terms are provided:

**Behavioral Intervention:** A plan to reduce or eliminate maladaptive behaviors and develop more adaptive and prosocial alternate behaviors.

**Behavioral Prevention:** Stopping maladaptive behavior before it begins. Behavioral prevention programs may co-occur with behavioral intervention strategies. For purposes of this paper, behavioral prevention is considered an intervention approach.

**Multitiered Behavioral Supports:** Pupil specific, classroom and school-wide levels that comprise a school structure and from which behavioral interventions and related teacher training are implemented (Gable et al., 2003).

**Behavioral Intervention Strategies:** Strategies used to develop, communicate and/or implement intervention plans at one or more of the three levels of behavioral support.

**Inservice Training:** Instructional training, in the form of information and/or a direct focus on skill development, provided by a colleague or supervisor and designed to increase an educator's sense of competence in professional abilities. Inservice

training may take the form of peer mentorship, informational workshops offered by a colleague, or task and goal directed supervision with a focus on professional skill development.

**Behavioral Consultation:** “A collaborative problem-solving process in which a consultant (support professional) delivers a service to a client (student) indirectly through a consultee (teacher)” (Wilkinson, 2003, p. 100). The goal of consultation is to (a) change the student’s behavior, (b) change the teacher’s behavior, or (c) a combination of both (Lambert, 1974).

**Elementary Teacher:** A kindergarten through 6th grade classroom teacher.

**General Education teacher:** A teacher, generally at one grade level, who is assigned a classroom of general education students. For purposes of this paper, general education teachers also may be referred to as classroom teachers.

**Teacher Efficacy:** “The extent to which a teacher believes he or she has the capacity to produce an effect on the learning of students” (Armor et. al, 1976, p. 23).

**General Teaching Efficacy:** A teacher’s general belief about the power of teaching to overcome external obstacles (e.g., home environment, socio-economic status, a particular child’s emotional needs) and reach difficult children. This belief extends beyond the capabilities of the particular teacher to teachers in general (Hoy & Woolfolk, 1993; Tschannen-Moran, Hoy, & Hoy, 1998).

**Personal Teaching Efficacy:** A teacher’s individual belief that he or she can overcome external obstacles and motivate even the most difficult students (Hoy & Woolfolk, 1993; Tschannen-Moran, Hoy, & Hoy, 1998).

**Risk Factor:** “A characteristic within an individual (e.g., ADHD) or a circumstance (e.g., poverty) that increases the probability of a maladjusted developmental outcome” (Bloomquist & Schnell, 2002, p. 36).

**Protective Factor:** “A characteristic within an individual (e.g., intelligence) or a resource (e.g., effective parent) that buffers the effect of risk and increases the probability of a resilient developmental outcome” (Bloomquist & Schnell, 2002, p. 36).

**Social Competence:** “The capacity to integrate cognition, affect and behavior to achieve specified social tasks and positive developmental outcomes” (Conduct Problems Prevention Research Group, 1999, p. 649; Waters & Sroufe, 1983).

**Modifiable Personal Resource:** Internal traits of elementary school children that can be developed through social competence training (Weissberg & Greenberg, 1998).

**Reactive Aggression:** “An unplanned responsive aggressive behavior to an evoking stimulus. The stimulus may be real or perceived. When the stimulus is present, the individual has the expectation of a negative outcome (e.g., that self will be harmed if not for an aggressive response), becomes physiologically aroused, and responds aggressively” (Bloomquist & Schnell, 2002, p. 10).

**Proactive Aggression:** “When aggressive action is planned with a goal in mind. The individual who engages in this type of aggression is typically calm (not physiologically aroused), has high self-confidence, and has positive expectations for the result of aggression” (Bloomquist & Schnell, 2002, p. 10).

**Relational Aggression:** The intentional actions of one child toward another that are designed to harm through manipulation and damage to relational status (Crick, 1995). The aggressor withdraws or threatens to withdraw affiliation from another child and excludes that child from a friendship group (Crick & Grotpeter, 1995).

**Bullying:** “A person is bullied when he or she is exposed, repeatedly and over time, to negative actions on the part of one or more other persons” (Olweus, 2001, p. 11).

**Curriculum:** A series of classroom lessons structured to build upon prior learning.

**School-Wide Program:** An intervention universal to a school building and grounds, supported by classroom management and activities, that provides a common direction for staff and related day-to-day guidelines for staff and students (e.g., a positive interest and involvement on the part of adults, consistent limits for unacceptable behavior, and consistent use of non-hostile consequences) (Garrity, Jens, Porter, Sager, & Short-Camilli, 2000; Olweus, 2001).

**Social Reasoning Skills:** Perceptual and problem solving skills that influence behavioral skill development and originate from a combination of cognitive and affective processes.

## CHAPTER II: LITERATURE REVIEW

This literature review will focus on elementary teachers' perceptions toward various behavioral intervention approaches. These strategies will include teacher inservice training, behavioral consultation, classroom teacher directed social competence curriculums, and small group social competence training occurring outside the classroom.

Reduction of aggression and violence is a common goal of the intervention approaches addressed within this study. Research has indicated it is not just one factor, but a number of risk factors working together in an accumulative manner which moves a person to violence. Bloomquist and Schnell (2002) identified 19 factors that may contribute to the early onset of aggression and conduct problems in children. Some of the identified factors include genetic predisposition, coercive parenting styles, violent media, community violence, rejection by prosocial peers, and social information-processing deficiencies and distortions. Although it is common to attribute one cause as the source of a specific act of aggression, Bloomquist and Schnell state: "Simple linear cause-and-effect relationships among variables and child outcomes cannot be assumed. These variables likely interact and cumulate in their association with the development of aggression and conduct problems in children" (p. 60). Thus, it is difficult to isolate a single reason why a child becomes aggressive, but the potential for aggression appears to grow as the risk factors add up.

Bloomquist and Schnell (2002) also identified 18 protective factors that can offset risk factors and can keep a child from turning to aggression. Protective factors include academic skills and success, a close relationship with a parental figure, adaptive parent-child interactions, self regulation capacities and skills, adaptive social interaction skills,



an association with prosocial peers, prosocial media influences, effective schools, and a bond with prosocial school and community institutions.

Elementary classroom teachers are in a position to provide lessons and fulfill a supportive role in a student's social development. Teachers are influential; each day, teachers are allowed various vantage points from which to intervene and build protective factors within children. Interventions that may have a beneficial impact on a child's social development may be as simple as a teacher responding to a situation with information and/or skills gained through various forms of training (e.g., staff inservice training, continuing education courses or reading the professional literature).

### *Teachers' Perceptions of Inservice Training*

In 1997, the United States Congress passed the Individuals with Disabilities Education Act Amendments of 1997 (Public Law 105-17). One section of the law states that general educators must be included in training programs designed for those serving students with disabilities:

Each State improvement plan shall describe the strategies the State will use to address ... the identified needs for in-service and pre-service preparation to ensure that all personnel who work with children with disabilities have the skills and knowledge necessary to meet the needs of children with disabilities, including a description of how the State will prepare general and special education personnel with the content knowledge and collaborative skills needed to meet the needs of children with disabilities. (Section 653(c)(3)(D)(I))

Consistent with a series of legislative efforts beginning with the All Handicapped Children Act of 1975 (P.L., 94-142), the revised IDEA legislation (1997) encourages a

more active service delivery role for general educators when programming for students with disabilities (Asmus, Vollmer, & Borrero, 2002). Because teachers are instrumental in selecting and delivering interventions based on inservice and preservice training, a review of teacher perceptions of inservice training is needed.

A review of 28 investigations between 1958 and 1995 addressed teachers' acceptance of mainstreaming (Scruggs & Mastropieri, 1996). In their review, Scruggs and Mastropieri reported no pattern in teachers' perceptions based on geography or the publication dates of the studies. In one of the studies reviewed, Berryman and Berryman (1981) found that 86.9% of 2,549 teachers supported mainstreaming students with mild physical, sensory and medical disabilities who required little or no teacher assistance, but only 31.2% supported mainstreaming students with more serious behavioral, intellectual or physical disabilities. In general, the Berryman and Berryman results were representative of the information gathered throughout the 28 studies.

Scruggs and Mastropieri (1996) also addressed general education teachers' perceptions toward inservice training. In a review of ten studies completed between 1975 and 1994, the authors reported that 847 of 2,900 respondents (29.2 %) agreed that general education teachers had sufficient expertise or training for mainstreaming students with disabilities (9 of 10 surveys ranged from 9.3 % to 41.8 %). In part, teacher's reactions within the ten studies appeared to be related to how the questions were phrased. The greater the level of teacher responsibility implied within the survey questions, the more hesitant the respondents were in endorsing the value of inservice training. In a 1989 survey (Coates, 1989), 16 of 94 general education teachers (17 %) agreed that "given further preparation and training" they would be able to effectively meet the educational

needs of those students currently served by resource room programs (p. 534). In response to a survey question reflecting a less demanding role for teachers (Hudson, Graham, & Warner, 1979), 103 of 151 general education teachers (68%) agreed that “preservice and inservice training would ‘aid’ them in their own classrooms” (p. 61).

Scruggs and Mastropieri (1996) provided the following summary points related to inservice training:

1. Teachers are more willing to include students with mild disabilities than students with more severe disabilities, apparently because of teachers’ perceived ability to carry on their teaching mission for the entire classroom.
2. Teachers need systematic, intensive training, either as part of their certification programs, as intensive and well-planned inservices, or as an ongoing process with consultants. (p. 72)

Scruggs and Mastropieri’s (1996) literature review suggests that while legislation between 1975 and 1994 provided conceptual support for the education of students with disabilities, teachers’ perceptions toward inservice training remained relatively constant. In short, teachers believed they needed more training to meet the needs of students they felt unprepared to teach.

As service delivery for disabled students has become more inclusive and the idea of training general education teachers to address the needs of disabled students has evolved into a practical concern, studies measuring general education teachers’ potential needs for inservice training have extended to include more variables (Buell, Hallam, Gamel-McCormick, & Scheer, 1999; Ebmeier, 2003; Hoy & Woolfolk, 1993). One study (Buell et al., 1999) measured teachers’ perceptions toward inservice training within

a broader context to include factors of teacher efficacy. The theoretical basis for teacher efficacy was originally grounded in Rotter's social learning theory of internal versus external control (Armor et al., 1976; Bergman, McLaughlin, Bass, Pauly, & Zellman, 1977; Rotter, 1966). Rotter (1966) summarizes the constructs of external and internal control in this manner:

When a reinforcement is perceived by the subject ... as under the control of powerful others, or as unpredictable because of the great complexity of the forces surrounding him ... we have labeled this a belief in external control.

If the person perceives that the event is contingent upon his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control. (p. 1)

The factors of general teaching efficacy (an approximation of external control) and personal teaching efficacy (an approximation of internal control) originated from two Rand Corporation evaluations of educational programs (Armor et al., 1976; Bergman, et al., 1977; Hoy & Woolfolk, 1993). Teacher efficacy was determined by computing a total score from responses to two, five-point Likert scale items (Armor, et al., 1976):

1. When it comes right down to it, a teacher really can't do much – most of a student's motivation and performance depends on his or her home environment.
2. If I really try hard, I can get through to even the most difficult or unmotivated student. (p. 73)

Further teacher efficacy studies indicated the original Armor et al. (1976) survey items were two independent factors (Gibson & Dembo, 1984; Woolfolk & Hoy, 1990). General teaching efficacy was the factor produced by the first negatively phrased

statement (Hoy & Woolfolk, 1993). Personal teaching efficacy was the factor produced by the second positively phrased statement (Hoy & Woolfolk, 1993).

Buell et al. (1999) measured teachers' perceptions of inservice training needs in respect to inclusive education. Two hundred and two general education teachers (50%) and 87 special education teachers (82%) responded to the survey for a 53% return rate. In addition to inservice training needs, the study measured teachers' perceptions and beliefs regarding the following factors: a) their success in working with students with disabilities; b) their understanding of inclusion; c) their ability to get through to difficult students (personal teaching efficacy); and d) their motivation depending on home environment (general teaching efficacy).

In regard to inservice training, general education teachers expressed significantly higher training needs than special education teachers (Buell et al., 1999). Through a comprehensive set of items, teachers were asked if they needed additional training in 11 proposed areas judged to be helpful in facilitating inclusion. The following areas were considered and rated: program modification, collaboration with team members, assessing academic progress, assessing social interaction, general knowledge, communication with parents, history of inclusion, adapting curriculum, managing behavior problems, developing Individual Education Plans and using assistive technology. A five point Likert-type scale was used to measure teachers' perceptions of inservice training needs. General education teachers agreed they needed further training in all areas with the exception of communication with parents and collaboration with team members.

In the Buell et al. (1999) study, the majority of general education teachers agreed with the statement that they understood inclusion ( $M = 4.03$  on a five point Likert

instrument), and teachers' understanding of inclusion correlated positively ( $p < .01$ ) with their perceived ability to get through to difficult students.

In addition, Buell and colleagues found a negative correlation ( $p < .05$ ) between general education teachers' understanding of inclusion and the belief that "not much can be done to counteract home environment" (p. 149). Finally, a negative correlation ( $p < .01$ ) was found between general education teachers' perceptions of their ability to get through to difficult students and the belief that "not much can be done to counteract home environment" (p. 149).

Results of the Buell et al. (1999) study show that a large group of general education teachers believed they understood inclusion and were in need of inservice training. In disagreeing "that not much could be done to counteract home environment," teachers reported confidence in the general power of teaching to reach difficult students, thus indicating a high sense of general teaching efficacy. Combined, these results suggest that the majority of general education teachers responding to the survey believed difficult children could be reached and they wished to develop additional skills to increase their effectiveness in working with that group of students.

Studies of school organizational climate and teacher supervision also have been addressed through examining the factors of personal teaching efficacy and general teaching efficacy. The combined results of two studies (Ebmeier, 2003; Hoy & Woolfolk, 1993) suggest that inservice training, conducted with an instructional focus and in a task and goal directed manner, may create positive teacher perceptions regarding their own competence and further inservice training. As summarized by Hoy and Woolfolk (1993), "We suspect the relationship between efficacy and organization is

reciprocal; climate effects a sense of efficacy, and efficacy effects perceptions of climate” (p. 365).

A study of 179 teachers from 37 elementary schools in New Jersey investigated personal teaching efficacy and general teaching efficacy in relation to school organizational variables (Hoy & Woolfolk, 1993). The study found two aspects of an educational organization that predicted personal teaching efficacy: principal influence and academic emphasis.

In one of the more surprising findings of the Hoy and Woolfolk (1993) study, feelings of trust, confidence, friendship, cohesiveness and warmth between colleagues and building leadership did not have a direct influence on personal teaching efficacy. The authors stated that “environments that are warm and supportive interpersonally may make teachers more satisfied with their jobs or less stressed, but they appear to have little effect on a teacher’s confidence about reaching difficult students” (p. 367).

The finding that positive interpersonal relationships, when separated from other variables, did not influence personal teaching efficacy prompted Hoy and Woolfolk (1993) to consider the implications for school organizations. Through a discussion of their own findings and the findings of Newmann, Rutter, and Smith (1989), Hoy and Woolfolk hypothesized that personal teaching efficacy was most impacted when leader initiated interactions a) were task and goal directed and b) had an instructional and classroom management focus that helped teachers succeed with students (p. 367).

Ebmeier (2003) conducted a multiple variable study of K-12 teachers’ perceptions relative to how teacher supervision influences teacher efficacy. The study consisted of two separate samples: a 222 respondent calibration set and a 332 respondent validation

set. Results from the study indicated that the paths between teacher supervision and personal teaching efficacy can be complex and indirect. In describing the positive indirect effect of supervision on personal teaching efficacy, Ebmeier asserted, "This influence is transmitted through the teacher's belief in the principal's support of teaching and is a significant influence" (p. 140). Of the principal's support of teaching, the author stated, "Teachers' belief in the importance principals attached to teachers' instructional activities seemed to be of great value in predicting teacher efficacy" (p.110).

Ebmeier (2003) provided the following examples of how principals may influence personal teaching efficacy: offering improvement assistance through coaching and praise, conferencing in a manner that clarifies teaching goals and provides substantive feedback, providing opportunities for teachers to observe other teachers or videotapes of best practice, increasing a teacher's sense of control over classroom processes, and increasing a teacher's sense of control over staff development opportunities.

Ebmeier's (2003) results complement the findings of Hoy and Woolfolk (1993) by showing how school organizational variables can relate to a teacher's sense of personal teaching efficacy in working with difficult children. Additionally, findings from the above studies support the results of previous studies that determined personal teaching efficacy and general teaching efficacy were independent factors (Gibson & Dembo, 1984; Tschannen-Moran et al., 1998; Woolfolk & Hoy, 1990).

In contrast to personal teaching efficacy, general teaching efficacy does not appear to be related to factors such as supervisory support (Ebmeier, 2003; Hoy & Woolfolk, 1993). General teaching efficacy appears to be a perspective developed in ways less subject to the influence of changing variables within school buildings. The



authors of both studies have various interpretations of the factor of general teaching efficacy, and more knowledge about this construct and how it relates to other variables may be refined as teacher efficacy research continues.

Overall, the studies reviewed within this section indicate that teachers believe there is a need for inservice training for the purpose of improving their competence in working with students who are disabled. Prior to IDEA 1997, general education teachers reported a belief that students would benefit from inclusive services, but also reported concerns about having insufficient expertise and training to serve disabled populations (Scruggs & Mastropieri, 1996). One study (Buell, et al., 1999) showed the majority of general education teachers surveyed believed they understood inclusion and that difficult students could be reached, but the same respondents also believed they needed additional inservice training to be effective. In addition, results of teacher efficacy studies showed that organizational variables can affect teachers' sense of competence in working with difficult children. Specifically, Hoy and Woolfolk (1993) hypothesized that personal teaching efficacy was impacted most when leader initiated interactions a) were task and goal directed and b) had an instructional and classroom management focus that helped teachers succeed with students. This hypothesis was generally supported by another study that found a predictive relationship between a building principal's interest in teachers' instructional activities and personal teaching efficacy (Ebmeier, 2003).

#### *Teachers' Perceptions of Behavioral Consultation*

Teachers' perceptions of behavioral consultation have historically existed against a backdrop of changing laws and corresponding educational reforms. The Education for All Handicapped Children Act of 1975 (P.L. 94-142) was the first federal law addressing

the needs of students with disabilities (Asmus, Vollmer, & Borrero, 2002). It was later reauthorized as the Individuals with Disabilities Education act of 1990 (IDEA) (P.L. 101-476). This law ensured all children with disabilities the right to a free public education in the least restrictive environment. IDEA legislation was updated again in 1997 (P.L. 105-17).

As with inservice education, the role of behavioral consultation within schools has been impacted by changes made to the Individuals with Disabilities Education Act. Specifically, IDEA of 1997 required that a Functional Behavior Assessment (FBA) be conducted for students with disabilities when (a) the student has engaged in a safe school violation (e.g., drugs, weapons, or dangerous behaviors); (b) the student has been suspended for more than 10 days; (c) the student has been subject to expulsion or a change in educational placement; or (d) the student's problematic behavior is a direct manifestation of their disability (Drasgow, Yell, Bradley, & Shriner, 1999; Olympia, Heathfield, Jenson, & Clark, 2002).

In a practical sense, the stages of behavioral consultation parallel the stages of a Functional Behavior Assessment (Wilczynski, Mandal, & Fusilier, 2000). With a clear description of situations that require an FBA, IDEA legislation provides guidelines for when an FBA, or the steps that reflect the beginning of the behavioral consultation process, should be implemented. In particular, both FBA's and behavioral consultation begin with a problem identification stage, the foundation for many of the remaining decisions made in developing a student's educational plan.

As described above, teachers' exposure to behavioral consultation has been influenced by the development and implementation of IDEA legislation. In general,

consultant interpersonal communication skills (MacLeod, Jones, Somers, & Havey, 2001), consultant knowledge (Noell, Gansle, & Allison, 1999), and agreement between consultant and consultee (Conoley, Conoley, Ivey, & Scheel, 1991; Erchul, Hughes, Meyers, Hickman, & Braden, 1992) have been perceived by teachers to be related to positive consultation outcomes.

In a 2001 study, fifty four percent of 80 survey respondents were female and taught grades K-3 (MacLeod, et al., 2001). Consultant skill level (identified as interpersonal skills, problem solving skills, consultation process and application skills, and ethical and professional practice skills) was perceived by consultees as the predominant factor in effecting positive consultation outcomes.

Noell et al. (1999) paired 74 school psychologists and 74 teachers in a study which included sixty four elementary students, eight middle school students and two high school students. Fifty-eight students were boys and 16 students were girls. Results of the study indicated that teachers' ratings of behavior change and satisfaction with intervention outcomes were positively related to their perceptions of the psychologist's (consultant's) knowledge.

In an early 1990's study, the consultants consisted of 61 advanced graduate students and 61 school-based professionals (i.e., 35 regular education teachers, 20 special education teachers, 4 school counselors and 2 unspecified) (Erchul et al., 1992). Student ages ranged from 3 to 18 years ( $M = 9.9$ ;  $SD = 3.8$ ). Results of the study indicated that shared perceptions between consultant and consultee were related to more favorable consultee perceptions of consultation outcomes.

In an analogue study which examined the perceptions of 37 elementary and secondary teachers (Conoley et al., 1991), findings indicated that respondents were more agreeable to interventions when the rationales provided for implementation matched their beliefs. In considering the various beliefs among people, the authors suggested that consultants should be able to explain interventions from many different perspectives. Through establishing a sense of agreement and cooperation in the problem solving stages of consultation, the authors theorized that the relationship would carry through to the successful implementation of an intervention.

In a study of 122 teachers, Alderman and Gimpel (1996) found that consultees were most likely to seek assistance outside the classroom for aggressive behavior problems. The same teachers reported that they were most likely to handle inattentiveness, disruptive non-aggressive behaviors, and excessive talking on their own. The findings of this study suggest that teachers may be more receptive to accepting case centered consultation when students in their classrooms are showing aggressive behaviors. They may be less receptive to accepting assistance from others for non-aggressive behaviors.

In an analogue study of 102 elementary teacher volunteers (Deforest & Hughes, 1992), 68 participants with personal teaching efficacy ratings at the high and low ends of the original group were selected to continue with the study. Of the 68 teachers, 60 followed through to completion. After viewing a video of a consultation session, the perceptions of the 30 teachers with high personal teaching efficacy scores were compared to the perceptions of the 30 teachers with low personal teaching efficacy scores. Teachers who reported a high sense of personal teaching efficacy found the consultant

more effective and the intervention more acceptable when compared to the group of participants who reported lower personal teaching efficacy.

Whether or not affected by internal perceptions such as teacher efficacy and/or external factors such as school building norms, agreement between consultant and consultee can be an important part of a behavioral intervention. Though agreement between consultant and consultee has been questioned as a necessary component of behavioral interventions (Witt, Gresham, & Noell, 1996), a sense of agreement when working toward a goal is a component of successful human interactions and is likely to have a practical role in the future of behavioral consultation.

In a related topic, a consultant's ability to create agreement, or use social influence to gain a consultee's acceptance of an intervention, has been ethically reviewed. Caplan, Caplan and Erchul (1995), in constructing a more collaborative, school-based adaptation of Caplan's original Mental Health Consultation model (Caplan, 1963), stated:

Manipulation in consultation may be used ethically to avoid forcing consultees to become aware of thoughts and feelings against which they are unconsciously defending themselves. This action results in neither personal advantage to the consultant nor disadvantage to the consultee, as both parties are seen to benefit equally. Manipulation for the express purpose of subjugating the consultee has no place in mental health consultation. (p. 27)

Studies examining the perceptions of teachers toward behavioral consultation found interpersonal communication skills, consultant knowledge, and agreement between consultant and consultee to be related to consultees' perceptions of positive consultation outcomes (Conoley et al., 1991; Erchul et al., 1992; MacLeod et al., 2001; Noell et al.,

1999). The ethical use of consultant influence to establish agreement between consultant and consultee when developing behavioral interventions also was discussed.

Teachers' perceptions have received less emphasis in recent consultation research. Single subject designs, which allow for direct, observable measures of student outcomes have furthered our knowledge of what makes consultation effective. This shift in research design has resulted from criticism regarding consultation's ineffectiveness (Witt et al., 1996) and recommendations to use more direct measures to increase the internal validity of studies (Sheridan, Welch, & Orme, 1996).

Recent research using single subject designs has focused on the effect of consultant feedback provided to consultees. For example, a study investigating interventions for disruptive elementary students found that when consultants followed through to ensure interventions were implemented as designed, teachers were more likely to follow through as well (Noell, Duhon, Gatti, & Connel, 2002). This research implies that even when consultation relationships are positively influenced by variables such as interpersonal communication, professional knowledge and agreement, they may not be fully appreciated without follow through from the consultant after the intervention has been implemented.

#### *Teachers' Perceptions of Social Competence Curriculum*

Since 1995, the U.S. Department of Education has provided an accumulative total of 27 million dollars in grants to promote character education (Gilbert, 2003). For example, the states of Minnesota and Wisconsin each received one million dollars in character education grants between 1998 and 2002 (U.S. Department of Education, 2004a, 2004b). On its website, the Character Education Partnership (2004), a private

organization, recommends two research based programs for implementation within schools: a) the Resolving Conflict Creatively Program (RCCP), and b) the Second Step Violence Prevention Program. If present funding practices continue, research based social competence curriculums may become a more prominent intervention within our nation's schools.

In recent years, social competence has been applied as an overarching construct toward the implementation and evaluation of research based violence prevention curriculums, including the Resolving Conflict Creatively Program (Aber et al., 2003), the Second Step Violence Prevention Program (Frey, Hirschstein, & Guzza, 2000), and the Promoting Alternative Thinking Strategies (PATHS) curriculum (Conduct Problems Prevention Research Group, 1999). Waters and Sroufe (1983) provided the definition of social competence as it has been applied to the research and the development of classroom centered interventions. In a concise paraphrase of Waters and Sroufe's definition, the Conduct Problems Prevention Research Group (1999) identifies social competence as "the capacity to integrate cognition, affect and behavior to achieve specified social tasks and positive developmental outcomes" (p. 649).

Weissberg and Greenberg (1998) built upon the work of Waters and Sroufe (1983) when constructing a developmental and intervention model that describes social competence in four stages: the early years, the elementary school years, the middle school years and the high school years. A central focus of the elementary school stage is teaching children to make use of personal resources to achieve prosocial goals (Weissberg & Greenberg, 1998, p. 890).

Weissberg and Greenberg (1998) provide a comprehensive description of modifiable personal resources. Their description includes social attitudes (e.g., using classroom rules and management to shape classroom norms, teach children constructive social interactions, and reinforce alternatives to problem behaviors) and personal capacities. Personal capacities include the following skills: to control impulses and manage affect when solving social problems; to perceive the feelings and perspectives of others in social situations; and to access or generate goal directed problem solving alternatives and link them with realistic consequences. These modifiable traits of cognition, affect and behavior reflect the content of research based social competence curriculums (Aber et al., 2003; Conduct Problems Prevention Research Group, 1999; Frey et al., 2000; Grossman et al., 1997).

The Promoting Alternative Thinking Strategies (PATHS) curriculum, the Resolving Conflict Creatively Program (RCCP) and the Second Step Violence Prevention Program have been identified as among the most promising curriculums for building social and emotional skills and conflict resolution skills (Bloomquist & Schnell, 2002). Because they have been the subject of large scale, carefully designed studies, it is important to examine teachers' perceptions of these social competence curriculums.

A 1999 PATHS curriculum evaluation included 6,715 students, 198 intervention classrooms and 180 randomized comparison classrooms from neighborhoods with greater than average crime in small to moderate size U.S. cities or rural towns (Conduct Problems Prevention Research Group, 1999). The perceptions of 1st grade teachers were measured prior to and after completing a "57 lesson social competence intervention focused on self control, emotional awareness, peer relations, and problem solving" (p.



648). Social competence lessons were taught two to three times a week for 20 to 30 minutes, from mid September to May. No significant effects were found between the before and after ratings according to teacher perceptions; however, significant effects were found according to student peer ratings of aggression and hyperactive-disruptive behavior, and observer ratings of classroom atmosphere. No major differences in the intervention effects were found as a function of rural versus urban school location, percentage of children below the poverty level, or ethnic composition of classrooms.

For the purpose of maintaining external validity, intervention group teachers from the PATHS study (Conduct Problems Prevention Research Group, 1999) were not dropped from participation due to poor quality implementation, high resistance or providing a low dosage of lessons. Within the intervention group, evidence also indicated some participants were more successful at employing the curriculum than others. Positive ratings by intervention coordinators of how well teachers understood concepts, generalized skills outside curriculum time, and managed their classrooms were significantly related to decreases in classroom aggression (based on teachers' mean ratings of classroom aggression as well as observers' ratings of classroom atmosphere). Although external factors, such as positive working relationships, may have affected intervention coordinators' ratings of individual participants, the findings suggest teachers' adaptability to the curriculum and ability to apply lessons to student interactions outside the classroom may have contributed to intervention success. The coordinators spent an average of one to one and a half hours per week in each classroom observing, demonstrating or team teaching the curriculum.

In a two year study of 11,160 first through sixth grade elementary school students, the course of developmental trajectories toward violence were measured over middle childhood (Aber et al., 2003). The New York City classroom teacher participants volunteered to teach lessons from the Resolving Conflict Creatively Program, and they independently decided how much classroom instruction to implement over time. Three hundred and seventy five teachers participated in year one, and 371 in year two. As part of the evaluation, teachers' perceptions of prosocial student behavior were measured through the Social Competence Scale (Conduct Problems Prevention Research Group, 1991), and aggressive student behaviors were measured through the Teacher Checklist (Dodge & Coie, 1987). According to teacher perceptions, the first through sixth grade students who received a high level of lessons (28-80 lessons in year one; and 22-115 lessons in year two) increased their prosocial skills and decreased their levels of aggression as compared to groups of students not yet exposed to the RCCP program.

In further analysis of information gathered through the Aber et al. (2003) study, the authors asked the following question: "Why do children's self reported social-cognitive processes appear to increase in risk after age 8.5, whereas teachers' perceptions of children's aggressive and prosocial behaviors decline in risk in the same risk period?" (p. 343). The authors suggested there may be a sensitive period in middle childhood that may particularly benefit from intervention, yet teachers may not be aware of children's internal processes through daily observations. The authors further suggested that if teachers do not notice this sensitive period in children's social-cognitive development, they may be less apt to see an immediacy for addressing it through their teaching. The above analysis is an example of how teachers' perceptions in conjunction with other

information may play an important role in the evaluation and future implementation of an intervention.

Grossman et al. (1997), in a randomized controlled trial including six matched pairs of urban and suburban schools, 49 classrooms and 790 second and third grade students, measured teachers' perceptions before and after implementation of the Second Step Violence Prevention Curriculum. Fifty-three percent of the students were male, and 79% were white. Thirty specific classroom lessons relating to anger management, impulse control, and empathy were delivered over a four to five month period. The Achenbach Teacher Report Form (Achenbach, 1991) and the School Social Behavioral Scale (Merrell, 1993) were used to measure teacher ratings of students' aggressive and prosocial behaviors. Similar to the findings reported from the previously discussed PATHS curriculum study, the before and after teacher ratings did not differ significantly between the intervention and control groups; however, behavioral observations two weeks after completion of the curriculum showed significant decreases in physical aggression and significant increases in neutral/prosocial behaviors from autumn to spring within the intervention schools. Observed changes were greatest in low structured areas such as playgrounds and lunchrooms. In addition, significant reductions in physical aggression were observed in the classroom. Significant levels of reduced physical aggression across settings and increased neutral/prosocial behaviors in low structured areas were maintained in observations at the six month follow up.

In reference to the lack of change in teachers' perceptions after implementation of the Second Step Violence Prevention Curriculum, Grossman et al. (1997) theorized that small changes in students' social behavior may not be readily apparent to teachers in the

context of observing a whole classroom over the length of a school year. Further, the authors suggested that teachers may be unaware of aggressive behavior that takes place outside of the classroom because they may not be present to observe it. A lack of teacher awareness of aggression outside the classroom may have impacted both pre and post intervention ratings within the study. This interpretation supports the discussion of Aber et al. (2003) suggesting that teachers may not be aware of a sensitive period of social-cognitive development beginning at approximately 8.5 years. In addition, a PATHS curriculum evaluation noted that teachers' awareness of accumulative factors appeared to influence the intervention's effectiveness (Conduct Problems Prevention Research Group, 1999). PATHS curriculum coordinators' ratings showed that teachers who understood the concepts of lessons, generalized skills outside curriculum time, and managed their classrooms were more likely to have significant reductions of aggression in their classrooms. These studies suggest that classroom teachers may benefit from a greater awareness of social-cognitive developmental stages and behaviors outside the classroom when implementing and evaluating social competence curriculums.

*Teachers' Perceptions of Small Group and Individual Social Competence Training*

Dodge's (Dodge, 1993; Dodge, Pettit, McClaskey, & Brown, 1986) information processing model has provided an influential base for social cognition research with aggressive children (Lochman & Lenhart, 1993). A revised version of the model defines six sequential steps within the social cognition process: (a) encoding social cues; (b) making accurate interpretations and attributions about the social event; (c) identifying social goals; (d) generating a variety of adaptive solutions to the perceived problem; (e)

deciding which of these solutions to enact based, in part, on the strategies' consequences; and (f) skillfully enacting the chosen strategy (Crick & Dodge, 1994).

The content of small group and individual social competence training can be generally determined through a review of the six steps described by Crick and Dodge (1994) and matching a child's information processing deficiencies and/or distortions with a related intervention. In a review of social competence training for children with aggression and conduct problems, Bloomquist and Schnell (2002) identified the following intervention content areas: social communication and behavior skills, affective education, social perspective taking, attribution retraining, self monitoring and self-evaluation, verbal self instruction, social problem solving skills, and anger management.

Bloomquist and Schnell (2002) suggest that pre-school and early elementary-age children with aggression and conduct problems will benefit from intervention in all the content areas, but will profit most from social behavior and affective skills training. In addition, the authors assert that older children with aggression and conduct problems will benefit from the same training and can further improve their functioning through training that emphasizes more cognitively sophisticated skills such as attribution retraining, verbal self instruction and social problem solving.

In a search for effective treatments for preschool through adolescent conduct problems, Brestan and Eyberg (1998) reviewed 82 controlled studies. Webster-Stratton's use of video tapes to model effective parenting (Spaccarelli, Cotler, & Penman, 1992; Webster-Stratton, 1994) was one of two programs which met the stringent criteria for

well-established treatments. Designed for four to eight year old children, the program has since been supplemented by a child training component that has been rated positively by teachers (Webster-Stratton & Hammond, 1997; Webster-Stratton, Reid, & Hammond, 2004). The following criteria were outlined for well-established treatments (Brestan and Eyberg, 1998):

1. The identification of two good between-group design studies demonstrating efficacy by being: superior to pill or psychological placebo or another treatment, or equivalent to an already-established treatment in studies that have adequate statistical power.
2. A replication study must be conducted by independent investigators or investigatory teams.
3. Use of a treatment manual to guide treatment and clear specification of the participant characteristics. (p. 183-184)

Brestan and Eyberg (1998) also identified ten treatments as likely to be efficacious. These programs met a less demanding set of research requirements. Of the ten programs identified, Problem Solving Skills Training (Kazdin, Esveldt-Dawson, French, & Unis, 1987; Kazdin, Siegel, & Bass, 1992) and the Anger Coping program (Lochman, Burch, Curry, & Lampron, 1984; Lochman, Lampron, Gemmer, Harris, & Wyckoff, 1989) were determined to be effective with school age children.

Both Problem Solving Skills Training and the Anger Coping program were child centered interventions and met the criteria for well-established treatments. However, these results were based on a replication by the same researchers rather than by an

independent investigator (Brestan and Eyberg, 1998). Of the two interventions, only the Anger Coping program was school-based.

The Anger Coping intervention addresses the majority of the social information processing steps described by Crick and Dodge (1994) and the social competence content areas described by Bloomquist and Schnell (2002). The eighteen sessions of the Anger Coping intervention are composed of the following steps: (a) establishing group rules and contingent reinforcements; (b) using self-statements to inhibit impulsive behavior; (c) identifying problems and social perspective-taking with pictured and actual social problem situations; (d) generating alternative solutions and considering their consequences to social problems; (e) modeling videotapes of children becoming aware of physiological arousal when angry, using self statements (e.g., "Stop! Think! What should I do?"), and practicing the complete set of problem solving skills with social problems; (f) planning and making a group videotape of inhibitory self-statements and social problem solving with a problem of their own choice; and (g) dialoguing, discussion, and role playing to implement social problem solving skills with children's current anger arousal problems (Lochman et al., 1989, p. 181-182).

The Anger Coping studies (Lochman et al., 1984; Lochman et al., 1989) cited as part of Brestan and Eyberg's (1998) review were comprised of boys between the ages of 9 and 13 who showed above average aggression in comparison to their classmates. In the first study (Lochman et al., 1984), significant changes were not evident in teachers' perceptions of the treatment groups; however, parents' perceptions indicated that there were significant reductions in aggression through a comparison of pre and post treatment ratings. Of the study's 76 participants, 53% were African American students and 47%

were white students. In a later study conducted exclusively in a school setting (Lochman et al., 1989), teachers' tendency to perceive reductions in aggressive behavior ( $p < .10$ ) was significantly correlated with independent observations ( $p < .04$ ) which showed the same reduction effect. Of the study's 32 participants, 32.5% were African American students and 67.5 % were white students.

After Brestan and Eyberg's (1998) review, Lochman adjusted the child component of the Anger Coping intervention from 18 to 33 group sessions and added a parent training component of 16 group sessions (Lochman & Wells, 2003, 2004). Lochman described his revised program as following a contextual social-cognitive model and named it the Coping Power program (Lochman & Wells, 2003). In general, the child training component of the updated program reflects the structure and content of the original Anger Coping program, but is extended in length.

The parent training component of the Coping Power program addresses the following parenting and stress management skills: (a) identifying prosocial and disruptive child behaviors in operational terms, (b) rewarding appropriate behaviors, (c) giving effective instructions and establishing age-appropriate rules and expectations for children in the home, (d) applying effective consequences to negative behaviors, (e) managing child behavior outside the home, and (f) establishing ongoing family communication structures in the home (p. 502).

The Coping Power program, like the original Anger Coping program, is school centered. A 2003 Coping Power study addressed the program's effectiveness over the middle school transition years (throughout fifth grade and into sixth grade) (Lochman & Wells, 2003). According to teachers' perceptions, boys in the three intervention groups



showed significant reductions in aggression ( $p < .04$ ) one year following the study. Of the 245 participants assigned to three intervention groups and one control group, 75% or more were African American children.

In a change from earlier evaluations of the Anger Coping program, the above Coping Power study included a population of aggressive girls as well as aggressive boys (Lochman & Wells, 2003). The overall sample was comprised of a 2 to 1 boys-to-girls ratio which was reflected in the composition of the intervention and control groups. Significant reductions ( $p < .10$ ) in teacher rated aggression one year following the study were reported for a Coping Power intervention group that included a further focus on middle school transition. Preventive effects on delinquency and substance abuse for older and moderate risk children participating in the Coping Power groups also were found at the one year follow up according to parent ratings and child self reports.

In another controlled study (Lochman & Wells, 2004), 183 at-risk preadolescent boys took part in a 15 month Coping Power intervention that began with 4<sup>th</sup> and 5<sup>th</sup> grade students in the spring of the year and continued through 5<sup>th</sup> and 6<sup>th</sup> grade. Sixty-one percent of the students were African American, 38% were white, and 1% from other backgrounds. Comparing the two intervention groups to a control group at the one year follow up, teacher reports showed improvement in student behavior ( $p < .01$ ), parent reports showed lower substance-use rates ( $p < .03$ ), and student self reports showed preventive effects on covert delinquency ( $p < .04$ ). Behavioral improvement effects appeared to be primarily influenced by the 33 session Coping Power child component, derived from the 18 session Anger Coping program.

Larson and Lochman (2002) emphasized that reactive aggressive children are more likely to display social-cognitive difficulties throughout the full array of social information processing steps. In respect to this observation, an examination of the multiple gating procedures developed to screen and select Anger Coping participants suggests that reactive aggressive children are often the most adaptable to the intervention. A detailed description of the student screening process recommended for the Anger Coping program can be found in *Helping School Children Cope with Anger* (Larson & Lochman, 2002).

Reactive aggressive children are oversensitive to hostile cues, have higher rates of hostile attributional biases and react without thinking (Larson & Lochman, 2002). These characteristics are different than those shown by proactive aggressive children who are generally calm and act with a goal in mind (Bloomquist and Schnell, 2002). Although distinct, both forms of aggression are seen in some children.

Proactive aggressive children generally have higher self confidence and positive expectations for the result of aggression (Bloomquist and Schnell, 2002) and have little motivation to change (Larson & Lochman, 2002). A school-wide bully prevention program (Olweus, 1993, 2001) that establishes social norms in school buildings, connects school social/behavioral expectations with classroom management and lessons, and involves parents may be more appropriately designed to address the behaviors of proactive aggressive children.

Relational aggression, also unlike reactive aggression, is a more manipulative and less observable form of planned aggression designed to harm a child's relational status and exclude individual children from friendship groups (e.g., a student tries to keep

certain people from being in their group during activity or play time) (Crick, 1995; Crick & Grotpeter, 1995). As with overt demonstrations of proactive aggression (e.g., open physical or verbal attacks), a school-wide bully prevention program (Olweus 1993, 2001) may be better designed to address the behaviors of children identified with relational aggression.

On a continuum similar to the Anger Coping/Coping Power program, Problem Solving Skills Training also has shown a progression toward emphasizing the role of parents (Kazdin et al., 1987; Kazdin et al., 1992; Kazdin & Whitley, 2003). Problem Solving Skills Training studies, centered in both inpatient and out patient psychiatric settings, have shown highly significant effects according to teachers' perceptions and/or in terms of other evaluation sources (e.g., parent ratings, child ratings, therapists ratings) (Kazdin et al., 1987; Kazdin et al, 1992; Kazdin & Whitley, 2003). The studies referenced above included oppositional, aggressive, antisocial boys and girls from ages six to fourteen, the ratio of boys to girls being approximately 4:1. Participants were provided 20-25 individually administered problem solving skills training sessions. Though not school centered, Problem Solving Skills Training serves as an example of an effective social competence training intervention.

In addition to the Anger Coping/Coping Power program, other small group, school-based social competence training interventions have been perceived positively by elementary teachers and have shown successful post intervention outcomes. They include the following programs: Peer Coping Skills (PCS) training (Prinz, Blechman, & Dumas, 1994), Attribution Retraining (Hudley et al., 1998; Hudley & Graham, 1993), and Social Skills Training (Bierman, Miller & Stabb, 1987).

For children age four to eight, Webster-Stratton and Hammond (1997) supplemented an established parent training intervention (Spaccarelli, Cotler, & Penman, 1992; Webster-Stratton, 1994) with a child training component. The study included 97 children (72 boys and 25 girls), three intervention groups (i.e., parent training, child training, and parent and child training) and a control group. Instructed by a therapist, groups of five to six children participated in 22 child training sessions that included modeling more than 100 videotaped vignettes depicting children in a variety of situations and settings (e.g., at home with parents, in the classroom, and on the playground). The two hour sessions included approximately 10-12 one to two minute vignettes with each scenario followed by a therapist led discussion of the social interactions. Similar to other Webster-Stratton videotape modeling studies (Webster-Stratton, 1994; Webster-Stratton et al., 2004), the therapist led parent training component included over 20 sessions that focused on modeling videotaped parenting scenarios (Webster-Stratton & Hammond, 1997).

Teachers participating in the study reported significant improvements ( $p < .01$ ) in a one year follow up for a subsample of 54 child participants who, prior to entering an intervention group, showed Preschool Behavior Questionnaire (Behar, 1977) ratings in the abnormal range (Webster-Stratton & Hammond, 1997). Further, one year following the intervention findings determined that the parent and child training treatment group produced the most improvements in child behavior.

In a study that included 179 children age four to eight with oppositional defiant disorder, Webster-Stratton, Reid and Hammond (2004) added a teacher training (TT) component to the parent training (PT) and child training (CT) components addressed in

the previous study (Webster-Stratton & Hammond, 1997). Between the three training variables, five combinations of treatment conditions were established (PT; PT + TT; CT, CT + TT; and PT + TT + CT). The teacher training group did not have its own treatment condition and was used only as a complement to the other conditions. According to teacher reports, all five treatment conditions showed clinically significant improvements in children's behavior when compared to a control group following treatment. Teachers' perceptions were consistent with significant findings from other measures of the study.

According to teachers' perceptions one year following the intervention, improvements in children's school behavior were maintained across the five treatment conditions. Further analyses of data at the one year follow up suggested that working directly with children maintains treatment effects over time.

Small group and individual social competence training has evolved over the past twenty years. Through observing the development of interventions, it appears that well structured child training sessions, combined with a parent training component, are the most likely to show positive long term effects (Kazdin et al., 1992; Kazdin & Whitley, 2003; Lochman & Wells, 2003, 2004; Webster-Stratton & Hammond, 1997; Webster-Stratton et al., 2004).

In summary, this literature review has examined teachers' perceptions toward inservice training, behavioral consultation, social competence curriculums, and small group and individual social competence training. It has outlined some of the variables affecting teachers' acceptance of these intervention approaches. In addition, the review has briefly discussed behavioral interventions within the context of federal law, in

particular the Individuals with Disabilities Act of 1997 and federal grants provided to states since 1995 for character education within schools.

In general, studies of inservice training and behavioral consultation have shown that teachers' perceptions of behavioral intervention approaches often are influenced by their perceptions of their own capabilities (Buell et al., 1999; Deforest & Hughes, 1992; Ebmeier, 2003) and their perceptions of the attributes and beliefs of professional collaborators (Conoley et al., 1991; Ebmeier, 2003; Erchul et al., 1992; MacLeod et al., 2001; Noell et al., 1999). Perceptions toward social competence curriculums appear to be evolving as teachers become more exposed to new practices (Conduct Problems Prevention Research Group, 1989; Grossman, et al., 1997). Overall, teachers have shown positive perceptions of small group and individual social competence training (Bierman et al., 1987; Hudley et al., 1998; Hudley & Graham, 1993; Kazdin et al., 1987; Kazdin et al., 1992; Lochman et al., 1989; Lochman & Wells, 2003, 2004; Prinz et al., 1994; Webster-Stratton & Hammond, 1997; Webster-Stratton et al., 2004).

### CHAPTER III: METHODOLOGY

This chapter will describe the participants and settings of this study. Research procedures, the survey instrument and data analyses procedures also will be addressed.

#### *Participants and Settings*

A survey (see Appendix B) designed for kindergarten through sixth grade general education teachers was delivered to 249 potential participants in 13 rural, west central Minnesota school districts. One hundred and twenty nine teachers voluntarily participated. The study included the entire population of kindergarten through sixth grade general education teachers within the 13 rural districts.

After the majority of questionnaires had been returned, a review of the survey population by the researcher revealed that three surveys had been sent out erroneously; one was sent to an eighth grade teacher, one to a title one teacher and one to a special education teacher. The eighth grade teacher's returned questionnaire was identified and removed from the study's population. When contacted by telephone, the title one teacher and special education teacher confirmed they also had responded to the survey. The title one and special education teachers' surveys were not identified and were not removed from the respondent questionnaires prior to the data analysis. Both teachers were female so were naturally included in that demographic group.

A population of 248 kindergarten through sixth grade teachers remained. The 128 responses were comprised of the following: 126 classroom teachers, one special education teacher, and one title one teacher. The response rate for this population of 248 teachers was 52%.

The participants were comprised of 99 (77%) females, 28 (22 %) males and one omission (1%). This ratio was reflective of the overall survey population which consisted of 191 (77%) females and 57 (23%) males. (See Tables 1 and 2 for a summary of gender demographics). Prior to the survey's completion, an interview of the school psychologists working within the 13 school districts indicated there were no general education teachers with ethnic minority status within the proposed survey population; therefore, a demographic question regarding teacher ethnicity was not developed.

Forty one participants (32%) had 1 to 14 years teaching experience; 38 (30%) had 15 to 24 years teaching experience; and 45 (35%) had 25 + years teaching experience. Four participants (3%) did not indicate years of teaching experience. Sixty eight participants (53%) taught grades kindergarten through three; 57 (45%) taught grades four through six; and 2 (2%) taught both levels. Twenty participants (16%) reported teaching in a middle school setting. (See Table 1 for complete information about the research sample.)

### *Procedures*

Through internal school mailing systems, 248 kindergarten through sixth grade teachers were provided an informed consent form, a survey questionnaire, and a stamped return envelope. Participants were informed that the demographic information and their responses would remain confidential. Surveys were returned to the researcher through the U.S. mail. There was no method built into the study to identify individuals who chose not to participate. Fourteen days after the initial distribution of the survey, through the same internal school mailing systems, a short reminder was distributed encouraging survey recipients to respond to the survey.



Table 1

*Demographics of Participants*

	<i>n</i>	%
Gender		
Female	99	77
Male	28	22
Years of Experience		
1-14	41	32
15-24	38	30
25+	45	35
Grade Level		
k-3	68	53
4-6	57	45
both levels	2	2
Middle School Teachers		
Yes	20	16
No	97	76
Size of School District		
1-500	37	29
500-1000	54	42
1000+	33	26
Rural elem. schools in cities apart from central offices		
1-250 students per building	18	14
251-500 students per building	1	1
Highest Degree Held		
Bachelors	85	66
Masters/Ed.S.	41	32
Schools with Latino Student Population		
Yes	60	47
No	67	52
School Percentage of Latino Students		
20-30%	11	9
10-20%	6	5
5-10%	2	2
2-5%	8	6
under 2 %	31	24
Schools with Other Ethnic Minority Student Population		
Yes	70	55
No	55	43
School Percentage of Other Ethnic Minority Students		
2-5%	8	6
under 2%	61	48

Table 2

*Gender Demographics*

Level		Female	Male
K to 3rd grade			
Population	<i>n</i> = 140	125 (89%)	15 (11%)
Respondents	<i>n</i> = 68	60 (88%)	8 (12%)
4th to 6th grade			
Population	<i>n</i> = 106	65 (61%)	41 (39 %)
Respondents	<i>n</i> = 57	37 (65%)	20 (35 %)
K to 6th grade			
Population	<i>n</i> = 2	1 (50%)	1 (50%)
Respondents	<i>n</i> = 2	2 (100%)	0 (0 %)

Note. One respondent did not identify gender and grade level. One female respondent's report of teaching both grade levels was unexpected.

*Instrumentation*

Through a survey designed by the investigator, participants were asked to rate the potential effectiveness of the following behavioral intervention approaches: (a) teacher inservice training; (b) a combination of behavioral consultation and teacher inservice training; (c) classroom teacher directed social competence curriculums; and (d) a combination of small group social competence training and behavioral consultation. The questionnaire contained descriptions of four interventions which required various levels of participation from general education teachers. A four point Likert scale (1 = Very Ineffective and 4 = Very Effective) was used to rate the respondents' perceptions of each intervention. Following the quantified portion of the instrument,

respondents were provided an opportunity to comment on an additional behavioral intervention approach that they believed would be effective. Demographic data were obtained through a group of questions addressing characteristics such as gender, years of experience and highest college degree (see Appendix A for questionnaire instrument).

### *Data Analysis*

The survey data were analyzed using frequency counts and percentages. Means and standard deviations were calculated to allow for comparisons between the four intervention approaches. In addition, independent t-test analyses were conducted to determine if demographic group variables (e.g., according to gender, grade level taught, years of experience and highest degree earned) appeared to influence teachers' acceptance of the respective intervention approaches. In conclusion, qualitative responses were summarized.

## CHAPTER IV: RESULTS

This study was implemented to determine the perceptions of rural elementary classroom teachers regarding the effectiveness of the following behavioral intervention approaches: (a) teacher inservice training; (b) a combination of behavioral consultation and teacher inservice training; (c) classroom teacher directed social competence curriculums; and (d) a combination of small group social competence training and behavioral consultation. One hundred twenty eight teachers (52 %) of the 248 survey population responded to the survey questionnaire. This chapter presents the results of the study in relation to each research question.

### *Research Question One*

Are elementary general education teachers receptive to a variety of intervention approaches designed to address the behavioral problems of students? Survey results indicated that participants were receptive to the various behavioral intervention approaches as each intervention received a mean score higher than three (3 = Effective). (See Tables 3 and 4 for complete information about teachers' behavioral intervention ratings.)

Further analyses examined teachers' acceptance of behavioral intervention approaches with respect to the demographic data. Using independent t-test analyses a significant difference at the .05 level ( $t = 2.254$ ) was shown between genders for the *Teacher Training: Behavioral Management Skills* intervention. Female teachers ( $M = 3.44$ ;  $SD = .703$ ) showed more acceptance for the intervention than male teachers ( $M = 3.11$ ;  $SD = .685$ ). These results should be reviewed in consideration of the low number of males (28) in comparison to females (99) who participated in the study. For further

consideration, male responses were more representative of grades four to six (20 participants) in comparison to grades kindergarten to three (8 participants). (See Table 2 for complete information about gender demographics). No additional significant differences according to demographic variables were found (i.e., gender, grade level taught, years of experience, district size, level of education and ethnicity of student populations).

Table 3

*Item Response Means and Standard Deviations*

	<i>M</i>	<i>SD</i>
Teacher Education: Background on Where Behavior Begins	3.17 ( <i>n</i> = 127)	.710
Teacher Training: Behavior Management Skills	3.37 ( <i>n</i> = 128)	.708
Student Education: Social Reasoning Skills Curriculums	3.16 ( <i>n</i> = 127)	.648
Student Training: More Intensive Social Reasoning and Behavior Skills Training	3.35 ( <i>n</i> = 127)	.637

*Note.* 1 = Very Ineffective; 2 = Ineffective; 3 = Effective; and 4 = Very Effective

*Research Question Two*

Are elementary general education teachers receptive to teaching social competence curriculums? As shown in table 3, elementary general education teachers rated the *Student Education: Social Reasoning Skills Curriculums* intervention above 3. A review of means and standard deviations indicates that teachers' acceptance of social competence curriculum interventions, according to the participants of this study, was roughly consistent with their acceptance of other behavioral intervention approaches.

Table 4

*Item Response Frequencies and Percentages*

	<i>n</i>	%
<b>Teacher Education: Background on Where Behavior Begins</b>		
Very ineffective	2	1.6
Ineffective	17	13.3
Effective	66	51.6
Very Effective	42	32.8
Omit	1	.8
<b>Teacher Training: Behavior Management Skills</b>		
Very ineffective	2	1.6
Ineffective	11	8.6
Effective	53	41.4
Very Effective	62	48.4
<b>Student Education: Social Reasoning Skills Curriculums</b>		
Very ineffective	2	1.6
Ineffective	12	9.4
Effective	77	60.6
Very Effective	36	28.3
Omit	1	.8
<b>Student Training: More Intensive Social Reasoning and Behavior Skills Training</b>		
Very ineffective	2	1.6
Ineffective	5	3.9
Effective	66	51.6
Very Effective	54	42.2
Omit	1	.8

(See Table 3 for mean and standard deviation comparisons of teachers' behavioral intervention ratings. See Table 4 for frequency and percentage comparisons).

### *Qualitative Responses*

In the open ended section of the questionnaire, participants were given the opportunity to provide written descriptions of behavioral intervention approaches they would like to implement beyond those specified in the quantitative portion of the instrument. In general, most of the qualitative responses were relative to research question one: Are elementary general education teachers receptive to a variety of intervention approaches designed to address the behavioral problems of students?

Thirty eight teachers provided responses to the open ended section of the survey. The most common intervention endorsed by the respondents was parent education and/or training (addressed by 15 participants). Other suggested interventions included: school to home/home to school communication; behavioral management consistency between home and school; family counseling; early intervention for children and parents prior to elementary school years; teacher support meetings where questions could be asked and discussed relating to students directly or indirectly affected by behavioral concerns; and school-wide training of all school personnel (including bus drivers, custodians, cooks) to address student behavioral difficulties across school settings. The suggested interventions included further examples of student programs, teacher training, and development and/or use of resources: peer mediation/ conflict mediation programs for students; circle of friends groups; improvements in programs and staffing ratios for special needs students; one to one concentrated therapy for disruptive children who can not function in a classroom; observations of teachers working in other districts,

specifically an urban district where more skills in behavioral management may be required; developing a library that contains both literature and videos to help parents, teachers and students develop skills; and observing videos of teachers working through behavioral management scenarios.

Four teachers specifically commented on the merits of social competence type curriculum interventions, but reported that time demands related to academic curriculums, such as math and reading, prevented the implementation of additional curriculums. One participant reported having implemented a curriculum and viewing it as effective, but also reported discontinuing it after being unable to maintain the 20-40 minute lessons two to three times per week.

One participant praised the work of a behavioral intervention specialist within her building, while another was critical of specialists because they tended to disregard her opinions and ideas. A participant summarized her overall concerns about children's social development and how behavioral interventions often oversimplify the needs of children. Her comments were made in the context of discussing both home and school behavioral interventions, particularly for children from unstructured homes:

Only when all individuals involved with this child are acting consistently and are "on the same page" can we hope to affect change. Children ... behave in a very complex way and on some level their behavior is working for them. As an educator, the most frustrating part in dealing with these children is how we continually treat the symptoms and never touch the illness. We absolutely must do more if we expect these children to be productive citizens and lead peace filled adult lives.



## CHAPTER V: DISCUSSION

This study was implemented to determine the perceptions of rural elementary classroom teachers regarding the effectiveness of various behavioral intervention approaches. The participants in this study were kindergarten through sixth grade general education teachers from rural west central Minnesota. One hundred twenty eight teachers (52%) of the 248 survey population responded to the survey questionnaire. Overall, there were a total of 99 female and 28 male participants. One participant did not declare gender. Through a four point Likert type instrument designed by the investigator, participants were asked to rate the potential effectiveness of four behavioral interventions which required various levels and types of participation from general education teachers.

The following research questions were addressed:

1. Are elementary general education teachers receptive to a variety of intervention approaches designed to address the behavioral problems of students?
2. Are elementary general education teachers receptive to teaching social competence curriculums?

Results of the study indicated that the majority of participants were receptive to the following behavioral intervention approaches: (a) teacher inservice training; (b) a combination of behavioral consultation and teacher inservice training; (c) classroom teacher directed social competence curriculums; and (d) a combination of small group social competence training and behavioral consultation. Results also indicated that the female participants showed more acceptance of the *Teacher Training: Behavior Management Skills* intervention than the male participants. One possible interpretation of this finding is that the male teachers were less comfortable with accepting ideas from

other educators and/or engaging in collaborative problem solving in a small, more contained setting. This interpretation may encourage further discussion; however, when reviewing the results it is important to consider the low representation of males in the study. No additional significant differences according to demographic variables were found (i.e., gender, grade level taught, years of experience, district size, level of education and ethnicity of student populations).

Participant receptivity to teacher led social competence curriculums was roughly consistent with their acceptance of other behavioral intervention approaches. On a qualitative portion of the survey, parent education and/or training was the most frequently suggested intervention when participants were asked to name potentially effective interventions beyond those specified by the quantified portion of the instrument.

### *Limitations*

A number of limitations existed within this study. Approximately half of the population surveyed responded (128 of 248 teachers; 52% response rate). Teachers who did not respond may not have had the same perceptions as those who participated. Further, the study also took place in a specific, rural region of the state of Minnesota. Demographic variables such as community size, availability of school and community mental health services, and social economic status were specific to the area studied and may not be comparable to other areas of the state and the country. For this reason, this study's findings may not be applicable to other regions with differing demographics.

In addition to the above limitations, the instrument itself was specifically developed for this study. Although it has face validity, it has not been tested for reliability or validity, making the findings difficult to generalize, even to groups with

similar demographic characteristics. Another limitation of this type of survey is that the findings are dependent upon teachers' perceptions of hypothetical situations, and the same participants may think and behave differently when placed in true life situations.

### *Implications for Future Research*

Similar to many of the studies described in the literature review, the teachers who participated in this investigation showed positive perceptions toward different behavioral intervention approaches. To examine a finding specific to this study, future research might address the role of gender in relation to how teachers perceive collaboration with other educators in small, more contained settings. Particularly, the behavioral intervention approach of case centered behavioral consultation with a teacher training focus on behavior management skills showed some potential for additional investigation.

Future research also might address how different behavioral interventions complement each other. Gable et al.'s (2003) examination of multitiered behavioral supports is an example of how different school-based behavioral interventions could be studied to determine their accumulative effect. Interventions involving parents, as shown by Lochman and Wells (2003, 2004), Webster-Stratton and Hammond (1997) and Webster-Stratton, Reid and Hammond (2004), also could be factored into a broader analysis of how combined interventions may more efficiently address student behaviors.

In considering the use of different behavioral interventions in efforts to impact the most students, an examination of aggression subtypes is warranted. As has been addressed, the behavior problems presented by students who exhibit reactive, proactive and relational aggression can differ. As was discussed, Larson and Lochman (2002)

indicated that reactive aggressive children are often the best candidates for the Anger Coping program.

In Norway, behaviors consistent with proactive and relational aggression (i.e., direct and indirect bullying) have been reduced by a school-wide program that builds and reinforces behavioral norms in school buildings (Olweus, 1993, 2001). Role playing and regular class meetings, designed to build understanding and empathy for bullied students and to reinforce building rules and norms, are recommended for most successful implementation (Olweus, 2001). The model also recommends individual meetings with students and parents to address specific cases of bullying. Further validation of models that reflect Olweus' Core Program Against Bullying and Antisocial Behavior may assist educators in treating proactive and relational aggression in this culture.

The PeaceBuilders Universal School-Based Violence Prevention Program, a school-wide elementary school program implemented in Pima County, Arizona, is one intervention that reflects the structure of Olweus' model (Flannery et al., 2003). In a summary of the program's goals, the authors state, "A dual focus on reducing aggression and increasing social skills and competence is important because the prognosis for children with a combination of low social competence, aggressiveness, and poor emotional preparation is poor" (p. 294). By beginning with school-wide violence prevention programs, perhaps an efficient multitiered model can be arrived at through research that applies to all aggression subtypes.

Future research of multitiered school interventions (i.e., pupil specific, classroom and school-wide) might also consider the observation of Aber et al. (2003) regarding the possibility of a sensitive period of social-cognitive development in middle childhood.

Aber et al.'s findings suggested that at approximately 8.5 years children's social-cognitive processes may enter an at-risk period where interventions could become more meaningful. Because Aber et al. was one investigation that addressed urban children, additional studies in other environments would be needed to confirm the study's findings. Intervention approaches designed to reduce aggression and increase social competence could be addressed in the course of this research.

### *Implications for Practice*

In respect to the survey population, teacher training that addresses the interventions outlined in this study would appear reasonable. Receptivity to the interventions, however, does not mean there will be time or resources available for follow through. With mandatory state testing emphasizing academic learning, support from school administrators would be crucial to implement a new curriculum and provide inservice training. School-wide violence prevention programs, often well supported by administrators, may be the most practical immediate option for addressing general behavioral concerns in school buildings. Consistent with the models developed by Olweus (1993, 2001) and Flannery et al. (2003), classroom lessons connected with school-wide behavioral expectations for students could be used to support the overall intervention.

When used judiciously, short topical inservice presentations to staff and as a part of the behavioral consultation process also could be applied within the structure of existing school schedules. In regard to the Anger Coping/Coping Power intervention, specialists' availability and willingness to learn how to implement the program would be a predominant concern.

Social competence curriculums may be the most challenging intervention to implement. Social competence curriculums require more classroom instructional time, oversight from consultative staff, and teacher training. In respect to the potential availability of federal funds through character education grants, social competence curriculums may offer a practical opportunity for schools in at-risk cities and regions to teach prosocial alternatives to aggressive and violent behavior from a developmental perspective. In communities where children lack role models and/or violent behavior often serves as a model, a social competence curriculum that builds from year to year upon previously learned curriculum components may have the greatest benefit.

Throughout the course of this paper, much of the focus has been on teaching social thinking skills and related social behaviors through interventions in public schools. It is important to acknowledge that parental support is crucial. Providing parents with information is an important step. Before implementing a larger intervention, such as a school-wide and/or a curriculum centered violence prevention program, it may be advisable for school districts to review information on the development, evaluation and content of the intervention with parents and the community so its purpose is understood.

In regard to a school's decisions to implement a school-wide program to combat bullying, Olweus (1993) states, "parents need to be informed of this decision and invited to participate" (p.76). Olweus recommends a PTA meeting as a place to provide parents information about bullying and to discuss a plan of action to counteract bullying. Afterward, he recommends that meeting minutes and information about the plan of action against bullying be sent out to all parents. For smaller or individual interventions,

smaller meetings may be held to provide information to parents and involve them in the decision making process.

One intervention recommended from the qualitative portion of this study was for elementary schools to develop libraries that contain both literature and videos to help teachers, parents and students develop awareness and skills relative to their roles in schools and family settings. A similar intervention could be implemented in conjunction with a public library with schools sharing in the development of a resource section and selection of materials. In rural areas, an approach like this might provide schools with the resources needed to make reliable, primary level interventions (interventions for early stages of behavioral problems) more accessible to teachers, parents and students.

### *Summary*

The purpose of this study was to determine the perceptions of rural elementary general education teachers regarding the effectiveness of the following behavioral intervention approaches: (a) teacher inservice training; (b) a combination of behavioral consultation and teacher inservice training; (c) classroom teacher directed social competence curriculums; and (d) a combination of small group social competence training and behavioral consultation. A survey designed for kindergarten through sixth grade general education teachers was delivered to 248 potential participants in 13 rural, west central Minnesota school districts. One hundred and twenty eight teachers voluntarily participated (a 52% response rate). Survey results indicated that participants were receptive to the various behavioral intervention approaches, rating each intervention as effective. Other results suggest there may be differences in teacher perceptions

according to gender toward the combined intervention of behavioral consultation and teacher inservice training.



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## Appendix A

4/28/03

Dear K-6 Classroom Teacher,

My name is Bob Czech and I am a school psychologist employed by the Freshwater Education District. Attached is a survey form for a specialist thesis paper I am presently working on through the University of Wisconsin - Stout. The survey is being provided to K-6 general education teachers within area school districts and is designed to determine the perceptions of rural classroom teachers toward interventions for addressing students' behavioral difficulties. This research is not connected with our employers and will not have a direct impact on curriculum or consultation practices within your building. Its purpose is to encourage a larger discussion on how educators can best complement each other in their present positions to provide effective instruction for children.

Your responses to this survey will be confidential; no individual will be identified with his or her responses. Identities of individual teachers will remain anonymous to the researcher. With the exception of the researcher, no one familiar with the Freshwater Education District or the schools being surveyed will be involved in the review and organization of data.

Your response is very important to the success of this study. Your impressions will be a valuable contribution to the discussion among educators concerning how to best approach students' behavioral difficulties in school. Completing the questionnaire should require no more than 20 minutes. I would very much appreciate your completing and returning the questionnaire by May 28, 2003, in the attached postage paid envelope. Many schools have outgoing mail in their offices which would be a convenient place to drop the survey.

Thank you for your time. I will be very grateful if you decide to participate in this study.

Sincerely,

Bob Czech  
School Psychologist  
Freshwater Education District

### ***Informed Consent:***

*I understand that by returning this questionnaire, I am giving my informed consent as a participating volunteer in this study. I understand the basic nature of the study and agree that any potential risks are exceedingly small. I also understand the potential benefits that might be realized from the successful completion of this study. I am aware that the information is being sought in a specific manner so that only minimal identifiers are necessary and so that confidentiality is guaranteed. I realize that I have the right to refuse to participate and that my right to withdraw from participation at any time during the study will be respected with no coercion or prejudice.*

*Questions about the research study should be addressed to Bob Czech, the researcher, or Dr. Jacalyn Weissenburger, the research advisor. Questions about the rights of research subjects can be addressed to Sue Foxwell, Human Protections Administrator, UW-Stout Institutional Review Board for the Protection of Human Subjects in Research, 11 Harvey Hall, Menomonie, WI, 54751.*

## Appendix B

### Behavioral Intervention Survey

- 4 = Very Effective  
 3 = Effective  
 2 = Ineffective  
 1 = Very Ineffective

**Teachers:** Please rate the following interventions on a scale of 1 to 4 as you perceive their potential effectiveness in addressing students' behavioral difficulties in school. **Thank you.**

\_\_\_\_ **Teacher Education:** Background on Where Behavior Begins

Short informational inservices (about 20-30 minutes each) provided to classroom teachers by a school psychologist or other educational consultant on the sources of behavioral difficulties exhibited by children. A number of inservices would be needed to deliver this information. Individual presentations would address different behaviors as they can occur within an educational disability (e.g., Attention Deficit Disorder or autism spectrum disorders); or individual presentations would address behaviors as observed (e.g., aggression, attention seeking, power struggles or social withdrawal).

\_\_\_\_ **Teacher Training:** Behavior Management Skills

In individual or small group settings, building school psychologist or other educational consultant teaches prevention and intervention strategies for dealing directly with student behavioral difficulties. Standard approach would be short, interactive teacher training sessions applied to individual student cases with the goal of improving teacher skills and teacher - student interactions. Time of meetings would range from 10-20 minutes with follow up as needed. Problems addressed would reflect common behavioral concerns (e.g., ADD behaviors, autism spectrum behaviors, aggression, attention seeking, power struggles, social withdrawal).

\_\_\_\_ **Student Education:** Social Reasoning Skills Curriculums

Classroom teachers teach grade level lessons on topics such as the following: self control (e.g., stop and think strategies); recognition of feelings; expression and management of feelings; empathy for others; decision making; and strategies for resolving conflicts. Programs are often identified with preventing violence and conflict and make development of social thinking and problem solving skills their focus.

\*A typical program includes lessons that are taught from once to three times a week. Some programs have more frequent lessons at the beginning of the year with fewer lessons as the year progresses; some programs or aspects of programs may fit within existing curriculums. Ongoing support from licensed professionals (a school psychologist, school social worker and/or school counselor) would be provided. At least one teacher training day would be an initial component.

\_\_\_\_ **Student Training:** More Intensive Social Reasoning and Behavior Skills Training

\*\*Training of more anger prone and aggressive students (ages 8-12) through more structured experiential approaches. Groups of 4 to 7 students meet once weekly for 18 or more sessions with periodic booster sessions after the program has been completed. Thinking and reasoning skills are taught with repetition and support from group leaders to develop and strengthen accurate social perceptions, impulse control and awareness of options for social problem solving (non-aggressive solutions). Group interactions, visual curriculum materials and group made video recordings (from script ideas to taping) would be central to the learning process. School psychologists, school counselors, school social workers and/or special education teachers would act as group leaders and co-leaders and teach sessions outside of the classroom. Ongoing consultation between classroom teachers and group leaders to promote generalization of students' developing skills to the classroom and other school settings would be an important part of this intervention.

\*Bloomquist, M. & Schnell, S. (2002). *Helping Children with Aggression and Conduct Problems*. New York: Guilford Press.

\*\* Larson, J. & Lochman, J. (2002). *Helping Schoolchildren Cope with Anger*. New York: Guilford Press.

Your highest degree:

☐ B.A./B.S.  
☐ M.A./M.S.  
☐ Ed.S.  
☐ Other: \_\_\_\_\_

Is there a population of Hispanic/Latino students within your district? ☐ yes  
☐ no

If yes, about what percentage within the building you work?

☐ 20-30%  
☐ 10-20%  
☐ 5-10%  
☐ 2-5%  
☐ under 2%

Are there additional ethnic minority student populations -- not including previously identified Hispanic/Latino populations -- within your school district? (African American, Asian, Native American, Russian immigrants and/or other backgrounds)

☐ yes  
☐ no

If yes, about what percentage within the building you work?

☐ 5-10%  
☐ 2- 5%  
☐ under 2 %

**Thank you. Your participation in this survey is greatly appreciated.**

Comments:

4 = Very Effective  
 3 = Effective  
 2 = Ineffective  
 1 = Very Ineffective

\_\_\_\_\_ **Other** (If applicable, please indicate below your intervention recommendation that may have promise for addressing behavioral problems exhibited by elementary children, and rate its value according to the descriptors above):

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### Demographics

What grade level do you teach? (please check) \_\_\_\_\_ k-3  
 \_\_\_\_\_ 4-6

What is your gender? \_\_\_\_\_ Female  
 \_\_\_\_\_ Male

Number of years teaching experience: \_\_\_\_\_

Number of years in current position: \_\_\_\_\_

Size of school district (check entire k-12 population of your district):

\_\_\_\_\_ 1 -500 students  
 \_\_\_\_\_ 500 -1000 students  
 \_\_\_\_\_ 1000 or more students

Do you teach in a middle school? \_\_\_\_\_ yes  
 \_\_\_\_\_ no

If yes, please skip to "your highest degree" on next page.

Do you teach in an elementary school where the district's main offices are located in another city?

\_\_\_\_\_ yes  
 \_\_\_\_\_ no

If yes, please check elementary population within your building:

\_\_\_\_\_ 1-250 students  
 \_\_\_\_\_ 250-500 students  
 \_\_\_\_\_ 500 or more students