

Characteristics of Emotional and Behavioral Disorders of Children and Youth

Eleventh Edition

James M. Kauffman | Timothy J. Landrum



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ELEVENTH EDITION

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PREFACE

Like its earlier editions, this book is an introductory text about special education for children and youth with emotional or behavioral disorders (EBD). We use the acronym EBD throughout the book. EBD may be either singular or plural as we use it (we do not often refer to EBDs). The children and youth to whom we refer are identified in federal laws and regulations as having **emotional disturbance** (ED). We prefer EBD because it has become the dominant current term in the field in spite of federal language.

Because EBD is commonly observed in children and youth in all special education categories, the book will also be of value in courses dealing with the characteristics of intellectual and developmental disability (formerly called mental retardation), learning disabilities, or students in cross-categorical special education. Students in school psychology, educational psychology, or abnormal child psychology may also find the book useful.

Several comments are necessary to clarify our intentions in revising this book. First, developmental processes are important in our understanding of the problem of EBD. We have tried to integrate the most relevant parts of the vast and scattered literature on child development and show their relevance to understanding the children and youth who have these disorders. In struggling with this task, we have attempted not only to summarize what is known about why disorders occur but also to suggest how emotional and behavioral development can be influenced for the better, particularly by educators. Second, in concentrating primarily on research and theory grounded in reliable empirical data, we have revealed our bias toward social learning principles. We believe that if we examine the literature with a willingness to be swayed by empirical evidence rather than ideology, then a social learning bias is understandable. Third, this book is not, by any stretch of the imagination, a comprehensive treatment of the subject. An introductory book must leave much unsaid and many loose ends that need tying up. Unquestionably, the easiest thing about preparing this book was to let it fall short of saying everything, with the hope that readers will pursue the information in the works cited in the references and other reliable sources of information.

We have tried to address the interests and concerns of teachers and of students preparing to become teachers. Consequently, we have briefly described many interventions, particularly in the chapters in Part 3. However, we emphasize that the descriptions are cursory. This text does not provide the details of educational methods and behavioral interventions that are necessary for competent implementation by teachers. This is not *primarily* a methods or a how-to-do-it book.

NEW TO THIS EDITION

Our primary goal for this edition remains the same as for previous editions: to describe current research-based understandings of EBD in children and youth. This includes descriptions of the various ways that EBD may manifest, and an examination of historical trends and current best practice in the identification and professional response to EBD. Again, while this is not primarily a methods text, we also discuss research and resources that we hope prove helpful to professionals who work with children and youth with EBD and their families. Some of the significant changes we have made in the eleventh edition include:

New Content and Expanded Coverage

- Many new or updated citations are referenced in this edition including updated research findings that further support ideas and recommendations presented in various chapters. Please note that we have updated citations and information on many topics, but we have retained many citations of earlier, now classic research studies because newer findings have not refuted them.
- Several chapters have been reorganized and reordered to allow for a more logical and coherent presentation. For example, we have combined discussion of overt and covert forms of antisocial behavior into a single chapter on conduct disorder (Chapter 9). We also moved the discussion of our perspective on some basic assumptions we think teachers and others might find useful for teaching and working with children and youth with EBD to Chapter 1 (this was previously our closing chapter). We hope this provides greater context for the chapters that follow.
- The discussion of conceptual models has moved from Chapter 5 to Chapter 1, as we believe it is helpful and important for individuals to think about their own conceptual orientation to what EBD *is* as they consider the nature, causes, and appropriate responses to EBD that are discussed in subsequent chapters.
- Personal reflections in the chapters in Parts 1, 2, and 4 that do not directly involve instruction have been eliminated.
- The lengthy chapter on assessment presented in previous editions has been divided into two chapters to highlight the different purposes of assessment.

This edition is slightly shorter than the tenth. We have accomplished this reduction in overall length by striving to be comprehensive yet concise in coverage of topics, and reorganizing chapters and discussion. Most importantly, our text still urges readers to engage in self-questioning while reading. We hope this will make the reading more engaging and help students focus on important information without limiting the scope of the questions they might ask themselves or others.

ORGANIZATION OF THE TEXT

The organization of this book differs noticeably from that of most other texts. Our emphasis is on a clear description of EBD and an interpretation of research on the factors implicated in their development. We did not organize this book around theoretical models or psychiatric classifications but around basic concepts: 1) a personal statement or beginning point for teaching youngsters with EBD, along with the nature, extent, and history of the problem and conceptual approaches to it; 2) major causal factors; 3) the many facets of disordered emotions and behavior; and 4) assessment. We hope this organization encourages students to become not just good teachers but critical thinkers and problem solvers.

Part 1 begins with our perspective on where teachers of students with EBD need to start—the basic assumptions they need for their work. We also introduce the major conceptual models scholars have used to guide thinking about EBD, and we offer a description of the conceptual model that underlies the orientation of this book. Chapter 2 introduces major concepts related to definition and prevalence of EBD and historical antecedents of contemporary special education for children and youth with EBD. Chapter 3 traces the development of the field—how it grew from the disciplines of psychology, psychiatry, and public education—and summarizes major current trends.

Part 2 examines the origins of disordered behavior, with attention to the implications of causal factors for special educators. Chapter 4 discusses biological factors, Chapter 5 cultural factors, Chapter 6 the role of the family, and Chapter 7 the influence of the school. Each chapter integrates current research findings that may help us understand why children and youth acquire EBD and what preventive actions might be taken.

Types of disorders are discussed in Part 3, Chapters 8 through 13. The six chapters are organized around major behavioral dimensions derived from factor analyses of behavioral ratings by teachers and parents. Although no categorical scheme produces unambiguous groupings of all disorders, the chapters are devoted to the behavioral dimensions emerging most consistently from empirical research. Each chapter emphasizes issues germane to special education, including definitions and interventions.

Part 4 deals with procedures and problems in assessing EBD in more detail. Chapter 14 reviews the problems associated with screening student populations for risk of EBD, as well as evaluation procedures used to determine whether students are eligible for special education. Chapter 15 discusses assessment for instructional purposes and concludes with a discussion of the difficulty of assessment for the purpose of classifying disorders in ways that allow parents, educators, and other professionals to talk about EBD with a common language and understanding of the nature of the disorder.

INSTRUCTOR'S SUPPLEMENT

Instructor's Manual with Test Items

Each chapter in the Instructor's Manual contains the following: chapter focus questions, a list of key terms, test questions, learning activities, and case-based activities.

ACKNOWLEDGMENTS

Any shortcomings of this book are our responsibility alone, but its worth has been enhanced substantially by others who have assisted us in a variety of ways. We are especially grateful to education editors Ann and Kevin Davis, Linda Bishop, and others at Pearson Education who provided guidance and technical services for this revision. We thank the reviewers of the tenth edition, who offered advance suggestions for the eleventh edition. The perceptive suggestions of Doug Carothers, Florida Gulf Coast University; Julienne Cuccio-Slichko, State University of New York at Albany; Louis Lanunziata, University of North Carolina at Wilmington; Holly Menzies, California State University, Los Angeles; and Carl R. Smith, Iowa State University resulted in substantial improvements in our work. We are also grateful to the contributors of the Personal Reflections in Part 2 for their willingness to share their knowledge and views on important questions about teaching students with various kinds of EBD. Many users of the book, both students and instructors, have given us helpful feedback over the years. We encourage those who are willing to share their comments on the book to write or call us with their suggestions.

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PART 1 Point of Departure

INTRODUCTION

This book is about children and youth most people don't like. They're youngsters whose behavior arouses negative feelings in most of us and makes us want to respond with our own negative behavior or get away from them as fast as we can. In fact, the typical reaction of others, regardless of their age, is to get angry, give up, or simply withdraw to avoid unnecessary conflicts. These kids aren't usually described in sanitized language. They're more likely than most students to be described with disgust and foul language.

So, why would anyone want to teach these students? Makes you wonder! Thank goodness some people do. They care about these children and youth enough to want to work with them. They see these students' potential and want to teach them well.

These children and youth don't learn acceptable behavior unless somebody helps them. Part of the reason they don't learn without help is because of other people's reactions. These kids typically end up not only displeasing others but also making their own situations worse. They don't have many opportunities to learn or to redeem themselves in the eyes of their well-behaved peers, their parents, or their teachers because other individuals don't want to interact with them.

Emotional and behavioral problems of all types are interrelated, and few of the youngsters we're describing have just one kind of difficulty. They tend to have multiple problems. They have a real talent for getting under other people's skin, and they're skilled at lots of different ways of doing it. Some of the children and youth we're talking about are socially withdrawn, but most of them are too aggressive and have a history of being "in your face." Typically, they experience academic failure in addition to social rejection or alienation. They aren't usually popular or leaders of their peers—unless it's their antisocial peers, and then usually they're popular with their fellow misfits *because* of their antisocial behavior. Some of them are bullies, and some of them are popular *because* of their bullying. Some of them make friends initially but don't know how to keep friends.

Most of the children and youth with emotional or behavioral disorders (EBD—an abbreviation we use throughout the remainder of this book) are boys. However, an increasing percentage of them are girls.

Many of the youngsters we're considering *can* be identified in the primary grades or even before they start school, but most of them aren't. Most aren't identified for special education until they've exhibited very serious behavioral and academic problems in school for quite a while—usually for several years. Often, their problems are labeled something else for years before their EBD is recognized as such. For example, they might be called hyperactive or be said to have attention deficit–hyperactivity disorder (ADHD) before they're considered to have EBD.

Most adults choose to avoid these children and youth as much as possible because their behavior is so persistently irritating to authority figures

that they seem to be asking for trouble and punishment. They're usually failures even in their own eyes. They don't get much gratification from life, and they repeatedly fall short of their aspirations. They just don't seem to understand what they need to do to get what they want *except* by acting in ways that drive other people crazy. They have disabilities, which means that their options in important aspects of daily living are highly restricted. Their behavior costs them many opportunities for gratifying social interaction and self-fulfillment.

A lot of people seem to assume that these are youngsters who should be referred to psychologists, psychiatrists, social workers, or professionals trained in mental health. Such referral may be desirable, but that's not what this book is about. What we educators have to ask about students with EBD are questions like these:

- How do we know one when we see one?
- What can teachers do to help them?
- What basic assumptions should we have about teaching and managing them?
- What teaching and management strategies are most likely to be successful?
- What should special education teachers expect as outcomes of their own work?

Thinking about EBD requires asking many questions about the way people think and behave. Imagination is required. That is, you must ask yourself questions and try out various answers—a kind of fantasy. One of the most effective strategies for learning about any topic is to make yourself try to answer the questions you ask. Once you begin asking questions, you're likely to find that the answers aren't as simple as they seemed at first.

Much of our thinking about our professional work is an internal dialogue. We imagine ourselves being asked questions about things we're supposed to know or expected to learn about. But many of the questions we can ask ourselves have no definitive answers. In some cases, we just have to say, "I don't know." Sometimes we have to be satisfied with educated guesses or personal opinions.

We begin the first chapter by summarizing some of the major ways scholars have explained both strange and commonplace behavior. These ideas guide us when we ask what basic concepts can help us most in working with students who exhibit unacceptable behavior. The way we think about things—how we go about analyzing problems and testing solutions—will have a profound effect on what we do with students. Then we give you *our* basic assumptions or concepts. However, we want you to understand that ours isn't the only way of looking at things. We just think it's the most useful one for us, at least.

Our purpose in the first chapter is to sketch out some basic assumptions and to say what we think are the most basic assumptions we need in educating children and youth with EBD. We briefly summarize four conceptual models and then a social-cognitive framework that provides the basis for our views about teaching and a view of interrelationships among causes, types of behavior, assessment, and intervention that we want you to keep in mind as you read the rest of the chapters. To the extent that our suggestions are useful, you will understand our views of good teaching as you read the rest of the chapters.

We suggest that you begin thinking about teaching students with EBD by examining expectations—not just expectations of students but also of your expectations of yourself as a

teacher. Within the context of expectations, teachers must try to make sense of causal factors and their possible role in them. Professional educators also have an obligation to accomplish these tasks:

- Define and measure each student’s behavior precisely enough to monitor progress and communicate that progress clearly to others.
- Design appropriate and corrective experiences for students.
- Communicate effectively with students about their behavior.
- Teach students self-control through modeling and direct instruction.
- Teach students to respect and value cultural differences.
- Focus on instruction, which is the most important business of special education.
- Remember that students are people, in many ways like us.

We offer a synopsis of our views on teaching in the first chapter because we feel it’s important that every educator have a clear idea about what teachers can and should do to help students with EBD. Teaching students with EBD isn’t the kind of work someone can do thoughtlessly or blindly. We don’t mean to suggest that when you’ve thought things through you’ll stop questioning yourself and others. Although we’ve written a statement revealing something of our own orientation to teaching, we don’t consider it final or immutable. It’s necessarily tentative, open to revision as we learn more about teaching and about students with special problems. In fact, we hope that reading this book will launch you on an adventure of self-questioning. We also hope you’ll question the insight of our comments in the light of what you’ve experienced firsthand and what you’ve read, not only in this book but in many other sources as well. Ultimately, our hope is that you’ll work toward articulating your own views on teaching particularly challenging students and that your self-questioning adventure will never stop.

As you’ll see in Chapter 2, we have a very difficult problem right off the bat. Just what is EBD, anyway? As fundamental as this question might seem, we’re immediately faced with an ambiguous answer and continuing controversy. And with that question still unanswered, we’re faced with more questions: What’s the percentage of students with EBD we might expect to find in most schools? Why should we care? As you may already have asked yourself, how can we accurately measure the extent of a problem we can’t define precisely? Reading Chapter 2 should help you formulate questions about what might be required to meet the needs of students with EBD if there are as many such students as we estimate there are.

As we indicate in Chapter 3, the beginning of the field is difficult to describe precisely, partly because it’s buried in the beginnings of related professions. If finding the roots of the field is difficult, predicting where it’s going is even more so. We hope reading Chapter 3 will prompt you to ask many questions when you read about “new” or present-day developments: Have we heard this before? Who had this idea, and how did it work out? If this is a “recycled” idea, what’s different about the way it’s being presented today? Using our best logic and the facts we do have, what do we think would be the result of implementing this idea?

The questions we’ve posed for chapters in Part 1 are basic. But basic questions are often among the most difficult to answer. Their seeming simplicity is deceptive. Complete and satisfactory answers to them have eluded the sharpest minds for generations. As you begin reading this book, we hope you’ll be curious about how researchers and teachers have tried to address these questions. And we hope you’ll get excited about the questions you might ask yourself or others. Asking good questions and being reasonably skeptical of answers is part of what science is all about, in education as well as in any other field.

1

BEGINNING POINT: BASIC ASSUMPTIONS

VARIOUS WAYS OF THINKING ABOUT
THE PROBLEM AND OUR IDEAS ABOUT
GOOD TEACHING



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After reading this chapter, you should be able to:

- 1.1** Explain how thinking about behavior problems is linked to intervention strategies.
- 1.2** Briefly describe the most obvious strengths and weaknesses of four conceptual models: biological, psychoeducational, behavioral, and ecological.
- 1.3** Describe how you would choose a conceptual model.
- 1.4** Describe the major features of an integrated, social-cognitive model.
- 1.5** Understand the role of an effective teacher of students with EBD with regard to each of these: expectations; causes of behavior; definition, measurement, and assessment; work, play, love, and fun; direct, honest communication; self control; cultural differences; instruction; and thoughts about actual people.
- 1.6** Explain how causal factors, types of behavior, assessment, and intervention are interrelated in discussions of EBD.

THINKING ABOUT THE PROBLEM

People in every culture have ideas about what causes disturbing human behavior. They try to link presumed causes to procedures that they assume will eliminate, control, or prevent such behavior. We find several conceptual themes in the causes and remedies that have been suggested over the centuries. These themes have remained remarkably consistent for thousands of years. Contemporary ideas are only elaborations and extensions of their ancient counterparts. For purposes of explaining and controlling behavior, people have been seen as spiritual beings, biological organisms, individuals who are rational and emotional, and products of their environments (see Cook & Ruhaak, 2014 for introductory comments on causes).

It doesn't take professional training to see that nearly all aspects of young people's lives are fraught with potential for psychological problems. However, training in the social sciences may make people particularly aware of the multitude of possible causes of problems. Educators have always struggled with explaining human behavior—both troublesome and desirable behavior. Today we recognize so many possible causes that sorting through all of them is difficult.

For example, teachers now recognize that children and youth feel stress in everyday life and that school experiences can be particularly stressful. Recognizing that children and youth face stress, however, doesn't do much to help us understand the causes of disordered emotions or behavior or what to do about them. For most of us, some stress is good. It's one thing to recognize stress, but it's quite another thing to articulate a coherent view of how stress affects human development and to determine what kinds of stress are most debilitating. To offer another example, it's one thing to note that self-concept is an important aspect of emotional and behavioral development, but it's quite another to understand how self-esteem fits into the web of other influences on behavior.

To have more than a superficial understanding of EBD, we need a complex set of organizing principles—a *conceptual model*, or framework, for organizing and making sense of the vast array of ideas and information about causes and cures. Any simple explanation of human behavior will have its day in the popular imagination, but all such oversimplifications have a common fate: they become today's cliché and tomorrow's jest. That is, at first they're something everybody seems to say and know and accept as obvious, but later they're seen as jokes. One example from a long time ago illustrates how an oversimplified idea became a cliché and then a joke. Somebody in the early nineteenth century came up with the idea that masturbation caused insanity (see Sachs, 1905). Soon, masturbatory insanity became a cliché. (Most people thought, "Oh, yeah, the kid's gone insane because he masturbated.") Now most people see that idea as a joke—a truly preposterous notion (see Hare, 1962). An oversimplification that became popular in more recent years is that EBD is caused by stress and that finding ways to cope with stress is critical to mental health. Another oversimplification is that EBD just reflects low self-esteem.

Now, think about the difference between an oversimplification and a more complicated explanation in the case of youth violence, one of the hottest issues in the early twenty-first century. Many popular and professional journals and books tell us that violence has no single cause and no single cure; that we must integrate what we know about biological, psychological, sociological, and all other verifiable influences on behavior if we're to understand the causes of violence and address the problem effectively. This isn't simplistic. However, some

articles in the popular press focus on particular explanations of violence, and sometimes they slip into oversimplification, or someone's interpretation of them does. Evolutionary psychologists study the interplay of behavior, neurochemicals, and the individual's environment—how each affects the other and how behavior has been shaped through genetic processes during human evolution. Glib statements about evolutionary psychology can be seriously misleading and be broadened to explain nearly every human emotional or behavioral problem. There's also the notion that violence is caused by lack of opportunity, but that notion by itself is an oversimplification. Opportunity is, in fact, important, but the causes of violence are more complicated than that.

BRIEF DESCRIPTIONS OF FOUR CONCEPTUAL MODELS

Alternative conceptual models of behavior (sometimes called *schools of psychology*) offer different explanations of human behavior and suggest how to change it. We present brief descriptions of the basic assumptions of four conceptual models. Keep three cautions in mind as you read:

- These descriptions are cursory, and much additional reading is required to obtain a full understanding of each model.
- The descriptions are purposely unidimensional and do not reflect the multiple perspectives that competent practitioners typically bring to bear.
- Models other than those we describe have been proposed, but we do not discuss them because so little reliable evidence supports them (e.g., the Freudian psychodynamic model and the religious view that serious behavior problems are the result of demon possession).

Our descriptions here are purposeful oversimplifications intended to highlight how conceptual models differ. Each of these models has advocates and critics. Some conceptual models are being strengthened through the gradual accumulation of scientific evidence (see Kauffman & Landrum, 2006 for a more complete description of various conceptual models; see Walker & Gresham, 2014 for evidence-based practices).

A particular model we describe might be more relevant to certain disorders than to others. For example, a **biological model** may be more relevant to schizophrenia than to conduct disorder.

Biological Model

Human behavior involves neurophysiological mechanisms. That is, a person can't perceive, think, or act without a central nervous system. One conceptual model begins with one or both of two hypotheses:

1. EBD is caused by physiological flaws.
2. EBD can be controlled through physiological interventions, such as medications.

Some writers suggest that disorders such as hyperactivity, depression, or hyperaggression are manifestations of genetic factors, brain dysfunction, brain structure, food additives, biochemical imbalance, and so on. Some suggest that EBD of most types is responsive to or most

easily ameliorated by drugs, neurosurgery, or exercise or other body-based treatment. Accordingly, recognition of the underlying biological problem is assumed to be critical. However, successful treatment may or may not be aimed at resolving the physiological flaw. In many cases, we know of no way to repair or ameliorate the brain damage, genetic process, or metabolic disorder that is believed to cause the disorder. Consequently, we must be satisfied with understanding the physiological cause of the disorder and doing the best we can with treatment that involves changing the social environment.

Some management strategies are based on hypotheses about physiological processes but don't address known physiological disorders. For example, students may be given drugs to help control hyperactivity or schizophrenia, even though the physiological causes of their disorders haven't been established. Besides medications, interventions associated with a biogenic approach include diet, exercise, surgery, biofeedback, and alteration of environmental factors that exacerbate the physiological problem (see Forness, Freeman, & Paparella, 2006; Forness & Kavale, 2001; Forness, Walker, & Kavale, 2003; Konopasek & Forness, 2014; Kutcher, 2002).

Medical model has often been used as a derogatory term. It has been used to refer to special education in which medical diagnoses and psychiatric interventions are seen as more important than education. The term is sometimes still used to condemn special education for imitating medicine in any way. However, modern medicine is based on science, and "medical model" can be interpreted to mean simply a model of scientific inquiry and practice. Furthermore, biology, including the study of genetics, has important implications for understanding the causes and treatment of EBD (Cooper, 2014; Grigorenko, 2014; Mattison, 2014). Although special education is sometimes criticized as following a medical model, it is really patterned much more on law than on medicine (see Kauffman, 2007a).

Forness and Kavale (2001) proposed a *new* medical model. The new medical model refers to adopting a scientific approach to education and more closely approximating the methods of contemporary medical practice, especially medications. It isn't meant to replace but to supplement the behavioral model. The intention is to integrate behavior management and medicine, which are both based on scientific principles (see Forness et al., 2006; Konopasek & Forness, 2014).

The new medical model is worth considering in more detail. When it comes to the work of teachers, however, biological experiments can have relatively few implications for classroom practice. Teachers don't choose or alter students' genes, perform surgery, prescribe drugs, control diet, or do physical therapy. Teachers do, however, have enormous power over the social environment of the classroom as well as a significant measure of control over how they think about behavioral and emotional problems and how they act. And all of these can be done scientifically, in the best model of modern medicine. Furthermore, teachers should be aware of what medicine, particularly psychiatry, has to offer and be familiar with psychiatric terminology (Mattison, 2014).

Psychoeducational Model

The **psychoeducational model** shows concern for unconscious motivations and underlying conflicts, yet also stresses the realistic demands of everyday functioning in school, home, and community. A basic assumption of the psychoeducational model is that teachers must understand unconscious motivations if they are to deal most effectively with academic failure and misbehavior. This doesn't mean that they must focus on resolving unconscious conflicts. It

means focusing on how to help the student acquire self-control through reflection and planning and taking social contexts, culture, and other environmental conditions into account (see Learoyd-Smith & Daniels, 2014; O’Brennan, Furlong, O’Malley, & Jones, 2014).

Intervention based on a psychoeducational model sometimes includes therapeutic discussions, or *life-space interviews*, later renamed *life-space crisis intervention*, to help youngsters understand that what they are doing is a problem, recognize their motivations, observe the consequences of their actions, and plan alternative responses to use in similar future circumstances. Emphasis is on the youngster gaining insight that will result in behavioral change, not on changing behavior directly (see Long, Wood, & Fecser, 2001).

Ecological Model

An **ecological model** is based on concepts in ecological psychology and community psychology. In its early years, the approach also drew on the model of European *educateurs*, who work with youngsters in their homes and communities as well as their schools. The student is considered an individual enmeshed in a complex social system, both a giver and a receiver in social transactions with other students and adults in a variety of roles and settings. Emphasis is on the study of the child’s entire social system, and intervention is directed, ideally, toward all facets of the student’s milieu. Interventions used in ecological programs have tended to emphasize behavioral and social learning concepts and the ways in which they can be used to alter an entire social system (see Cantrell & Cantrell, 2007).

In the 1980s and 1990s, the melding of ecological concepts and social learning or behavioral theory was described as *ecobehavioral analysis*. An eco-behavioral analysis is an attempt to identify and use naturally occurring, functional events more skillfully and consistently to improve instruction and behavior management. If naturally occurring strategies, such as peer tutoring, can be validated as effective and applied consistently, then supportive, habilitative social systems might be built or strengthened with less reliance on artificial interventions that tend to be more costly, intrusive, temporary, and unreliable.

Behavioral Model

Two major assumptions underlie a **behavioral model**:

1. The essence of the problem is the behavior itself—what a person does.
2. Behavior is a function of environmental events—things that happen just before (**antecedents**) or right after (**consequences**) what someone does.

Nearly any maladaptive behavior is viewed as an inappropriate learned response to given circumstances; therefore, intervention should consist of rearranging antecedent events and consequences to teach more adaptive behavior. A behavioral model derives from the work of behavioral psychologists. With its emphasis on precise definition and reliable measurement, careful control of the variables thought to maintain or change behavior, and establishment of replicable cause–effect relationships, it represents a natural science approach. Interventions based on a behavioral model consist of choosing target responses, measuring their current level, analyzing probable controlling environmental events, and changing antecedent or consequent events until reliable changes are produced in the target behaviors (see Alberto &

Troutman, 2012; Kazdin, 2008; Kerr & Nelson, 2010; Kauffman, Pullen, Mostert, & Trent, 2011; Walker & Gresham, 2014; Walker, Ramsey, & Gresham, 2004).

CHOOSING MODELS

The challenge we face is choosing or constructing a defensible theory and using it consistently to evaluate alternative conceptual models. More simply, the challenge is to decide what's believable and what isn't and what's helpful and what isn't in understanding human behavior.

The conceptual models we have presented in brief weren't invented yesterday. They all have very old historical roots and many years of refinement, as well as present-day proponents (see Kauffman & Landrum, 2006). In our opinion, what is often referred to as social-cognitive theory provides the most believable and helpful way of looking at human behavior, including what is known as EBD. We describe that model after we make comparisons of the four models we have described so far, and in some sense it is an integration of these four models. We believe the social-cognitive model is also consistent with our opinions about good teaching and with a science of education.

Table 1.1 is our assessment of the main strengths and weaknesses of each of the four models we've described to this point.

We see several distinct options for dealing with conceptual models. First, we could adopt a single model as an unvarying theme, a template by which to judge all hypotheses and research findings. Although this option has the advantages of consistency and clarity, it is disconcerting to many careful thinkers because it assumes that everything important is defined in a particular way. Second, we could be nonevaluative. That is, we could assume that all concepts deserve the same attention and respect. This option has immediate appeal because it acknowledges that every model has both strengths and weaknesses, and it allows us to try to be unbiased. But this approach has many drawbacks. It assumes that we have no sound reasons for discriminating among ideas for particular purposes. It fosters the attitude that behavior

Table 1.1 Primary Strengths and Weaknesses of Four Conceptual Models

Model	Primary Strength	Primary Weakness
Biological	Based on reliable information about physiological processes	Teachers are not directly involved in altering physiological processes
Psychoeducational	Considers internal motivations for behavior that are often overlooked	Is supported by comparatively little empirical research
Ecological	Considers how behavior fits in its social context	Often requires control of multiple aspects of the environment
Behavioral	Based on learning and teaching, the primary focus in the classroom	Examines only observable behavior