

## CHAPTER 5

# Generalization and the Role of the Classroom Teacher

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Treatment is not only about change but also about *generalization* of that change, that is, successfully transferring it to other settings. It is one thing to demonstrate anger management skills at an appointed time in the group room, but it is quite another to do so in the day-to-day activities of the classroom. Most experienced group leaders working with children who exhibit angry, aggressive externalizing behavior have anecdotes about the failure to transfer or generalize what was seemingly learned in the therapy room. The experience of a group leader believing a student client may now have finally acquired alternatives-to-aggression skills, only to find that student fighting before the morning is out, is not an unusual one. Working hard in the treatment room but leaving generalization to chance often yields predictably disappointing results:

GROUP LEADER: He teased you and you hit him?

STUDENT: Yeah.

GROUP LEADER: But didn't we just work on that in the group?

STUDENT: Yeah.

GROUP LEADER: And what is the thing to do?

STUDENT: Just walk away or use my self-talk to calm down.

GROUP LEADER: Why didn't you do either of those?

STUDENT: I don't know.

A useful example with which readers may identify is a student learning to drive an automobile. The simulators in the driver's education classes provide opportunities to practice many of the behaviors that demonstrate the required skills in the safety of the classroom. It is, however, unimaginable that students would immediately be handed the car keys without considerable effort aimed at getting them to generalize those skills to a "real" situation.

“Learner vehicles” with dual breaking systems and giant, cone-lined driving courses are all a part of that generalization effort.

Elliott and Gresham (1991) identified three types of generalization, namely, setting generalization, behavior generalization, and time generalization. Setting generalization refers to the child’s ability to exhibit a behavior outside of the setting in which he or she was originally trained. For example, if a child has been taught to use self-instruction to control angry outbursts in the training group and then subsequently uses this skill successfully in the classroom, setting generalization has occurred. Similarly, if a child has learned a problem-solving procedure in the therapy situation and later utilizes that procedure to nonaggressively resolve a problem on the playground, then setting generalization has again been demonstrated.

Behavior generalization refers to behavior changes that are related to—but were not the focus of—direct training. For example, a child who was trained to replace aggression with verbal assertion in peer interaction may be observed to have also begun using negotiation strategies. Related behaviors in response to the same problem situation are grouped together under the rubric *functional response class*. Students referred for intervention because of aggressive behavior may have numerous verbally and physically aggressive responses available to them. For instance, a student accused of misbehavior by the teacher might throw a book, knock over a desk, or swear at, threaten, or even assault the teacher, particularly if any or all of these actions have led to a reinforcing outcome in the past. All of these behaviors belong to a functional response class. One of the goals of direct intervention, therefore, is to establish and expand the more adaptive functional response class.

Finally, time generalization refers to the ability of the child to maintain the intervention behaviors after the training is discontinued. Behaviors will likely be maintained only to the extent that they continue to be functional and reinforced. Changes that occur during treatment stand a greater chance of being maintained or generalizing over time so long as reinforcement remains largely the same (Kazdin, 1982; Martens & Meller, 1990). This finding suggests that the use of naturally occurring reinforcers such as teacher and peer approval or positive regard are ultimately best for replacing initial artificial reinforcers.

There is, however, absolutely no research suggesting, or reason to believe, that skills learned in the group room will transfer or generalize usefully anywhere else—whether to the classroom, the playground, or the neighborhood—without specific generalization guidelines built into the fabric of the intervention. Pupil insight and skill mastery within the setting of the group room are critical prerequisites, but they are only prerequisites. The most important objective—indeed, the *raison d’être* of the entire effort—is to facilitate the adaptive transfer of the desired skill to the authentic environments of school and home. The mechanism for this to happen cannot be conceived as an afterthought or an add-on; it must be integrated into the structure of the intervention at the outset. Too much is at stake in the lives of these children to rely on the “train and hope” model.

## MEICHENBAUM’S PROCEDURAL CHECKLIST

Donald Meichenbaum (2006) proposed a “procedural checklist” (p. 2) for therapists to follow that is designed to increase both favorable treatment outcomes as well as the likelihood

of successful generalization. We provide a condensed overview of some of those recommendations and comment on their applicability to treatment with the Anger Coping Program (original text in *italics*). Readers are encouraged to read Meichenbaum's complete text, which is available at [www.melissainstitute.org](http://www.melissainstitute.org).

### **At the Outset of Training**

*Establish a good working alliance with the trainee because the quality of this relationship is the single most important factor in producing positive outcomes and it exceeds the proportion of outcome attributed to any other feature of the training. The trainee needs to feel respected, accepted, engaged, and be treated as a collaborator. Hostile, confrontational, fear-engendering interactions are counterproductive and ineffective. If training is being conducted on a group basis, then the level of group cohesion and identity with the group is predictive of outcome. (p. 9)*

This all-important element of close collaboration was first introduced during the pre-group child interview (as noted in Chapter 4) and needs to continue throughout the intervention. Children with serious behavior problems all too frequently are surrounded by numerous adults ready to be confrontational and punitive, and this whole dynamic may be readily understandable and even appropriate, given their roles. However, group leaders need to maintain and communicate their respect and understanding of the child as a person distinct from the child's behavior. Ongoing problem behaviors most clearly define the child's instructional needs, and group leaders should approach them as such.

*Engage the participants in explicit goal-setting. Highlight that the treatment is not only about changing, but transferring (extending) the newly acquired skills (changes) learned in the training program to new situations/settings. Discuss the challenge to generalize or transfer skills. Lead participants to view generalization as an attitude, rather than just as a set of transferable skills. Participants need to find (search out) opportunities to practice what was learned in a supportive environment. (p. 9)*

The Anger Coping Agreement (Appendix D) is the first opportunity to clearly establish the link between what will happen in the group and what is expected in the school environment. Regular reference to this document and careful attention to the weekly Goal Sheet exercises (see Appendix F for a sample Goal Sheet) will help communicate this important generalization element. Continually remind the group members that these goals are something to be worked toward and that difficulties, missteps, and barriers are to be expected. Remind them that the group is a safe opportunity to practice the skills necessary for effective transfer and that the classroom teacher stands ready to help in that setting.

*The skills should be taught in a manner that allows the training to build one skill upon another in a sequenced fashion. Name and describe each skill that is being taught. Encourage the trainees to view these skills as "tools" that they can carry with them and draw upon as needed. (p. 10)*

The Anger Coping Program is designed to be a carefully constructed sequence linking knowledge to cognitive-behavioral skills, and each new Anger Coping session opens with a review of the preceding meeting's training focus. Generalization is facilitated to the degree that group leaders help the students make connections between previous and current training and see how the lessons have immediate applications in the authentic environment of the classroom and playground. For example, a role-play activity called "puppet taunting," first undertaken in Session 3, provides the students insight into the concept of self-instruction through the proxy of puppets. In Session 4, the skill is further developed by having group members taunt one another directly. Group leaders enhance generalization when they help the children make the connection through questioning along the lines of "How might this skill be useful later today at recess?" or "Think about the problem you had with Eliot this morning. How might this new tool help you when you see him later today?"

*Tailor instructions to the developmental needs of the participants and be sensitive to gender and cultural differences and train skills that are ecologically valid. Training should build upon the trainees' strengths and abilities. (p. 10)*

Group leaders should have a deep understanding of the developmental levels of each of the group members when designing training tasks for execution in and out of the group setting. For example, younger members will have to rely more on behaviorally concrete "Do it like this" training, whereas some older group members may have the cognitive flexibility to imagine applications in hypothetical situations more effectively. Recognition of the overall cultural context of the school setting is critical so as to avoid in-group training that is disconnected from the real-life circumstances of the larger environment. The implicit recognition of informal but powerful "street codes" is essential to successfully generalizing certain lessons learned.

### **During the Training Activities**

*Ensure that the training tasks are tailored to the trainees' levels of competence, namely, slightly above the trainees' current ability levels ("teachable window" or work within the "zone of proximal development" or "zone of rehabilitation potential"). Skills to be taught should be broken down into identifiable parts. Trainers should use minimal prompts and fade supports (scaffold instruction), as trainees gain competence. (p. 10)*

Group leaders should be clear in their own minds about the nature and practical value of the skills that they are attempting to train. Discussions among the leaders that explore these issues can assist them in understanding how the training should best be conducted and paced. Group members will exhibit varying levels of readiness to learn, and ongoing progress across the group as a whole will often be uneven. Small-group remediation interventions call for patience and at times "differentiated instruction" to effectively address the needs of all of the students. Including extra time for individual training sessions as needed is also helpful.

*Explicitly instruct on how to transfer. Use direct instruction, discovery-oriented instruction and scaffolded assistance (fade supports and reduce prompts as trainees' performances improve). Employ videotape coping modeling films as training material. Have the trainees make a self-modeling video of successfully performing the skills that they can watch. (p. 11)*

Simply encouraging group members to apply their newly learned coping tools in the wider school setting is insufficient preparation for immediate success. Moreover, asking group members if they think that they can use a newly introduced skill in the general school environment and then watching them all nod their heads in the affirmative is also insufficient. Just as with learning other complex skills—such as reading or shooting a basketball—cognitive-behavioral anger management skills require insight, modeling, rehearsal, and feedback—and generally lots of it! Here is where one's active collaboration with the classroom teacher comes into play. Creating a self-modeling videotape is a key aspect of the Anger Coping Program, occupying a major portion of the last half of the intervention. In addition, group leaders can obtain a session-by-session modeling videotape created by the authors for use in training (by contacting [larsonj@uww.edu](mailto:larsonj@uww.edu)).

*Provide prolonged, in-depth training with repeated practice to the point of proficiency in order to ensure conceptual understanding. Facilitate skill practice and provide constructive feedback. The length of training should be performance-based, rather than time-based. (p. 10)*

The Anger Coping Program has 18 sessions, but group leaders should not be bound to that number of meetings if schedules permit more. The idea is not necessarily to “complete” all the sessions but to help young people acquire a “toolbox” of cognitive-behavioral skills that can be flexibly and usefully applied to reduce problem behavior. In deciding when to terminate the training, group leaders should be guided by what they observe both in and out of the group meetings. Monitoring progress by means of such authentic variables as office referrals and classroom behavior data is often a better barometer of treatment efficacy than counting how many meetings have been held. In assessing treatment efficacy, leaders should keep in mind the old saying “Perfection is the enemy of ‘good enough.’” Group members' postintervention behavior need not be problem-free, but hopefully it will be sufficiently improved that less intensive schoolwide and classroom behavioral supports will be now be sufficient to manage it adequately.

### **At the Conclusion of Training**

*Put participants in consulting reflective roles. Following an experiential exercise have participants reflect on the activity (i.e., think about what they just did and what it meant, how can they use these skills in future situations). Have participants teach (demonstrate, coach) and explain verbally or diagrammatically (alone or with others) their acquired skills and transfer strategies. Have participants be in a position of responsibility, giving presentations to and consult with other beginning participants or younger individuals. (p. 12)*

As the Anger Coping Program meetings come to a close, it is important that the group members take ownership of the changes they are making. They should be asked to put into their own words the reasons why they have selected new behaviors or new approaches to thinking about other individuals, problems, and school involvements. What positive benefits will come from making these changes? What are the possible barriers to both maintenance and transfer to other settings as time moves on? How will they address these barriers? It can be helpful to construct role plays or videotape a “TV commercial” with individual group members that will allow them to explain how and when they will use their new skills. Group members may also want to use strategically placed artwork or signage (e.g., “Stop and think!”) to serve as aids in generalizing their newfound skills.

*Have the trainee develop an explicit written relapse prevention plan and “trouble shoot” possible solutions to potential obstacles, barriers and responses to possible lapses. (p. 12)*

Written relapse prevention plans help group members to identify high-risk situations and develop practical strategies for avoiding or successfully managing them. For example: “When I feel myself getting angry at recess, I will take a time-out and use my self-talk” or “I will continue to sit far away from Jeffrey at lunch.” However, even the best plans are imperfect, and a lapse into old habits is a possibility that requires attention. The group’s leaders should help members reflect on what it will mean if and when the problem behavior recurs. It is important that the students be able to see it as a need for more practice and new coping tools rather than evidence of their “badness.” Support from the school administrator in charge of discipline, also reflecting this perspective, can be helpful.

*Ensure that participants directly experience the benefits (“pay offs”) of choosing new (non-aggressive) options. Ensure that trainees receive naturally occurring rewards. (p. 12)*

It is a sad fact of school life that “bad” reputations acquired by students are hard to shake. Many of the children in the Anger Coping group will, in all likelihood, continue with some measure of inappropriate behavior even if their aggressiveness or bellicose behavior substantially diminishes during or following treatment. Consequently it is important for group leaders to rally significant adults in the school to the cause of reinforcing the new (if still somewhat flawed) pattern of behavior. For the students, simply “not getting into really serious trouble” often proves to be insufficient reinforcement if teachers and administrators are still constantly angry at them for lesser transgressions. Group leaders should request that teachers and administrators combine any necessary disciplinary measures with encouragement and support for continued improvement and that they actively promote spontaneous verbal reinforcers, positive letters home when warranted, and increased opportunities for participation in school events, even in leadership roles. Additionally, sustaining treatment gains will require that group leaders help their pupils find and connect with prosocial peers and engage in activities supervised by competent adults. The influence of antisocial peers, including gang members and drug abusers, increases significantly as children approach adolescence. Making connections to such organizations as the Boys and Girls Club, scouting, or



4-H Club can help engage group members with both new peers and supervising adults, as can increased involvement with athletic and specialized academic pursuits. Some children may require active and persistent encouragement and support to disengage themselves from familiar antisocial peers and activities, but eventually doing so is absolutely critical to their long-term success.

*Use a graduation ceremony, involving significant others and include certificates of completion and appreciation. Provide booster sessions and ongoing follow-up group meetings. Have trainees reenter group training if they fail to handle lapses successfully. (p. 13)*

When the training contained in the 18 sessions has been nearly completed, and performance indicators make weekly meetings no longer essential, group leaders should prepare members for the upcoming conclusion of regular meetings. Our experience has been that some sort of a graduation ceremony is highly appreciated by the children. This is a time when they can screen their videotape for assembled teachers, administrators, and parents and receive a certificate of completion from the group leaders. Booster sessions should be immediately scheduled, with the first two at 2-week intervals. Additional sessions in that school year are at the group leaders' discretion, but the newly "graduated" group members should be interviewed at the outset of the next academic year to assure them of ongoing support, relapse prevention advice, and problem-solving counsel.

## **THE CRITICAL ROLE OF TEACHERS AS COLLABORATORS IN GENERALIZING LESSONS LEARNED TO THE CLASSROOM**

Lochman and Wells (1996) observed that children who have a history of objectionable behavior in the classroom typically create expectations on the part of the teacher that the bad behavior will persist over time. This impression creates a self-perpetuating cycle in which the teacher assumes that a particular child is responsible for any unexplained mischief that occurs, and he or she may automatically blame the child even in questionable circumstances. The unfairly blamed child then responds angrily, quickly transforming him- or herself from "victim" to "perpetrator" and thereby reinforcing the teacher's original belief. This common pattern of a vicious cycle makes it absolutely essential that the teacher become an active, full partner in the intervention process.

From a group leader's perspective, the Anger Coping Program brings together both *direct* and *indirect* intervention—the group leader working directly with the children in the treatment room and indirectly through the teacher in the classroom. For this combined approach to result in positive outcomes for the children, the group leader and the teacher must have a strong professional working relationship.

When school psychologists and other supportive services personnel engage in direct intervention efforts, it is not unusual for the child's classroom teacher to be relegated exclusively to the role of a clock-watcher who says to the child once a week, "Time to go to group." Not that this function is unimportant, but it hardly even registers in terms of the upside potential of the classroom teacher to actively participate in the change process. One of the

principal factors that makes school-based therapy so viable and efficacious relative to clinic-based therapy is its location in the authentic setting (Coie, Underwood, & Lochman, 1991; Tharinger & Stafford, 1996).

Along with the obvious benefit of ease of access to the population of concern, the potential for generalization offered by conducting treatment in the school is considerable. School is where the children interact with one another and is a major arena for interpersonal aggression. Having ready access to the problematic individuals while they are within the problematic setting provides significant opportunities for creative, collaborative, and potentially generalizable treatment programs.

To upgrade the classroom teacher from “timekeeper” to true collaborator, the group leader must take into consideration two pertinent issues: (1) the skill and willingness of the teacher to become involved in classroom-level interventions and (2) the actual time the teacher has available to participate, given his or her myriad other responsibilities.

Experience has shown that most teachers are willing—sometimes eager—to assist in the treatment of children in their classrooms. However, it is a rare teacher who will spontaneously *volunteer* to work with a group leader unless the two have collaborated similarly in the past. Typically, the group leader—school psychologist or counselor—must initiate the collaboration.

The literature on school-based consultation is rich with discussions and recommendations for consultants attempting to establish effective working relationships with teachers (see, e.g., Brown, Pryzwansky, & Schulte, 1995; Conoley & Conoley, 1992; Marks, 1995). Some related points are addressed here.

### ***Promoting an Egalitarian Relationship***

Like the consultation between teachers and supportive services staff members for purely academic problems, the cooperation between teacher and group leader is a collaboration of two professionals, each with his or her own area of expertise. If the group leader attempts to enter this collaboration with the implied message “I’m here to rescue you from these difficult children,” a potentially ruinous relationship based on the concept of the “expert therapist” and the “inadequate teacher” may evolve. The tendency for this skewed relationship to become firmly entrenched, particularly with new or less skilled teachers, is a serious concern. When a group leader enters a classroom and hears the teacher say “Well, guess what *your* kids did today!,” then the time has come to reexamine the collaboration.

The group leader needs the teacher as an equal working partner in order to achieve success in the intervention. Communicating respect for the expertise that teachers bring to the collaboration is a critical feature leading to that desired partnership. Among other important skills, the classroom teacher has (1) a knowledge of the course and nature of the curriculum, (2) instructional abilities, (3) classroom discipline strategies, (4) an understanding of the interpersonal dynamics in the classroom, and (5) a knowledge of his or her own skill and willingness to participate in the intervention. Also important, the teacher has regular access to the child and influence over the child’s behavior. The capacity of the classroom teacher to be an effective agent of change should not be underestimated.



### **Emphasizing Voluntary, Time-Limited Cooperation**

One should assure teachers that their cooperation is voluntary and that the classroom aspect of helping will be limited, naturally, to that allowed by their available time and energy. If at all possible, one should avoid any implication that a “higher authority” (e.g., the principal or a powerful parent) is encouraging or requiring the intervention, as this perception might cause the teacher to view the intervention as just another “duty” that is being observed from above (and few teachers believe they have extra time for more duties). Likewise, a group anger management program should not be presented to the teacher as though it were some benevolent gift that the teacher has no choice but to accept (e.g., “I’m the school psychologist, and I’m here to do you a *really big favor*”).

Instead, the most effective collaborations arise logically and systematically from the authentic situation. Because direct intervention is more “invasive” than indirect—in that the children must be *extracted* from the classroom environment for the treatment—it should be among the last interventions attempted. A pyramidal structure of intervention—with a schoolwide discipline plan at the base, working upward toward direct intervention near the top—exemplifies this principle (see Figure 3.1). Natural questions arise, such as: Has the teacher exhausted all the classroom-level interventions? Should this intervention be directed instead at enhancing teacher skills in an area such as classroom discipline or conflict resolution?

The amount of time a teacher must devote to his or her part of the intervention is a major variable in determining its acceptability to the teacher (Conoley & Conoley, 1992; Elliott, Witt, Galvin, & Peterson, 1984). Group leaders who themselves have never had responsibility for the day-to-day education of an entire classroom of elementary schoolchildren may have difficulty understanding a teacher’s hesitancy to surrender even small amounts of time. While working as a school psychologist, one of us (Larson) was approached by a teacher who requested that he administer an intelligence and achievement test to all 32 of her second-grade pupils. Because it was September, she reasoned that the data would be a helpful guide in her instruction as the year progressed. This well-meaning teacher was ignorant of the other demands on the school psychologist’s time and may not have understood either his initial look of horror or his attempts to gently suggest an alternative strategy.

In a similar way, nonteaching support personnel must respect classroom teachers’ ownership of their available time. An honest estimate, based on experience if possible, should be provided so that teachers can realistically assess their availability to participate. For example, the group leader might say the following:

“In my experience, teachers have found that an extra 10 minutes per day is the average time they have devoted to the Anger Coping Program responsibilities, with perhaps a little more on our meeting day.”

Or:

“Since the group is just beginning, we are not sure yet what the time commitment will be. Can we see how the first week goes and make any adjustments we feel necessary at our next meeting?”

It is also important to be open to teachers' conclusions about what they can or cannot do. When teachers say "I'll do *this*, but I don't think I have time to do *that*," they almost always mean it. Trying to persuade a reluctant teacher to agree to additional intervention time creates a genuine danger that he or she might assent to an unrealistic commitment. A collaboration in which one partner believes that he or she is working too hard is not a healthy situation for either party.

## THE GENERALIZATION LINK: THE GOAL SHEET PROCEDURE

A central feature of the Anger Coping Program involves the development by the individual group members of classroom behavioral goals. It is through this critical aspect of the intervention that a bridge between the group room and the classroom is fostered. In the program manual contained in Chapter 8, the entirety of the second session is devoted exclusively to instruction and practice in developing and writing personal behavioral goals. Each subsequent session opens with an evaluation of how the children are progressing toward these goals. Attained goals are replaced with newer ones.

A goal is defined for the group members as meeting the following two criteria: (1) something you want and are willing to work for and (2) something that is real and possible for you.

The training involves helping group members devise classroom goals that address behaviors that are both currently problematic but within their ability to reshape in a positive direction. Overbroad, ill-defined goals such as "I will not get into any trouble" are rejected in favor of more specific, behaviorally defined goals such as "I will remember to ask permission to get out of my desk during seat work time." The goals are written on individual Goal Sheets and delivered to the classroom teacher at the conclusion of each group session.

The group members' goals are the major training link to generalizing behaviors to the authentic setting. The question of whether a group member has or has not attained his or her goal is the sole domain of the classroom teacher who signs the Goal Sheet (see Appendix F for the form) at the conclusion of each school day. This makes it essential that each goal, as derived and defined by the child, be clearly expressed and pertinent to teacher concerns. A goal devised by a child that the teacher sees as meaningless or too easy among the child's larger constellation of problematic behaviors will work against both generalization and teacher cooperation. For instance, a child may express a goal of "no fighting in the classroom for at least 4 out of 5 days," only to have the teacher confirm later that historically the child's problem has been at recess and never in the classroom.

### ***Identifying Goals through the Teacher Interview***

To help ensure that the children will be using the Goal Sheet procedure to address classroom behaviors that their teachers agree are problematic, a pregroup conference between group leaders and the classroom teachers is essential. This conference should occur once the final roster of group members has been solidified and before the first group meeting, and during this meeting the role of the Goal Sheet in the intervention should be thoroughly explained to the teachers:

“If you will recall from our previous discussion of the Anger Coping Program curriculum, the children will be learning how to develop personal behavioral goals at our second meeting. This is a very critical aspect of our effort because it serves as one of the major bridges between what we are doing in the group room and what you are doing in the classroom. To facilitate the children’s goal development, it will be helpful for you to give me some guidance regarding the nature of their problems in your classroom. If I understand your concerns, I can more easily help guide the children toward useful, appropriate goals.”

Group leaders are urged to familiarize themselves with techniques of behavioral interviewing (e.g., Busse & Beaver, 2000; Kratochwill & Bergan, 1990) and, if necessary, goal development (e.g., Fuchs, 1995; Meichenbaum & Biemiller, 1998). Teachers of children with externalizing behavior problems often have a difficult time expressing their concerns in terms amenable to intervention. “He never does what he is supposed to do, he’s always out of his seat, blows up at everything, and he can’t keep his hands to himself” expresses the teacher’s frustration adequately but provides only minimal guidance for behavioral goal setting. Once teachers have described the problematic behaviors in their own terms, group leaders should encourage them to focus their concerns in a more behaviorally oriented way.

GROUP LEADER: It certainly sounds like Michael is quite a handful. I am glad we have decided to work together on his problems. You mentioned that he doesn’t comply with your directions, hits other children, aggravates the hamster with his pencil, and pushes and shoves in the recess line. Are those the problems of greatest concern to you?

TEACHER: Yes, along with never finishing his seat work in math.

GROUP LEADER: Okay, considering those problem behaviors, when you say that he “doesn’t comply with your directions,” what do you mean by that? Can you provide me with a typical example?

TEACHER: I guess I mean that he is the slowest one in the class to comply with what I want students to do. I’ll say, “Take your social studies book out,” and 5 minutes later Michael is still engaged in whatever we were doing previously.

Group leaders should work through the teachers’ concerns in such a manner as to acquire a useful behavioral definition of the problem. For example:

“In unstructured settings such as recess, Michael will strike another child with his fists when upset or frustrated an average of three times a week.”

“Michael will have to be told to keep his hands out of the hamster cage an average of once a day.”

“Michael gets out of his seat without permission an average of four times an hour during seat work periods.”

Once these “topographical” descriptions of the behavior are agreed upon, the group leader should determine which of the behaviors the teacher believes to be within the ability

of the child to self-monitor and exert some control. *It is important to note that the behaviors need not of necessity be aggressive or anger-induced to be appropriate for the goal-setting activity, particularly at the outset.* Aggressive externalizing children often have a host of disruptive, poorly socialized behaviors that contribute to their overall problematic adjustment in school. The goals may address not only aggression toward peers but also social skills with peers, oppositional and disruptive behavior, and failure to complete various school tasks (Lochman & Wells, 1996). The objective of the goal-setting activity—again, particularly at the beginning of the intervention—is to provide the child with an opportunity to move him- or herself in a positive social direction through his or her own self-control efforts. Because Michael has been referred to the anger control group to *learn* anger and aggression management, it makes little sense to expect it from him early on. If, however, during the initial weeks he succeeds in reducing his out-of-seat behavior during seat work time, this can be viewed by all parties as a positive social and academic gain. As training in the group progresses, those goals should become more directly associated with anger and aggression management. Appendix C (Classroom Goals Interview) provides a useful teacher interview format for determining overall classroom goals for each student enrolled in the intervention.

When at least one primary classroom goal has been agreed upon, that goal may be selected for use as a part of the overall program evaluation through use of the Goal Attainment Scaling Form (Appendix G). This is a simple procedure for monitoring progress on a regular basis that yields data that can be analyzed for effectiveness. Group leaders should begin this process before the start of the group. A discussion of the procedure is found in Chapter 13.

### ***Collaborative Mapping of Responsibilities***

Ensuring that teachers have a sense of ownership in the Tier 2 intervention at the outset by involving them systematically in both the student selection process and in goal development is the first important step. The next step is to educate them regarding their specific roles. For teachers to take on these roles as true collaborators, it is necessary for them to know certain specifics about the intervention. Although this comment might seem obvious, it is too frequently the case that psychologists and counselors do not share the specifics of the treatment with classroom teachers. It may well be that some supportive service people prefer to maintain a certain “mystique” about what happens in the treatment room, or, more likely, it may be that they have never perceived the need to be more forthcoming with teachers. The group leader and the classroom teacher, as a collaborative team, need to be as informed as possible about what is happening in each other’s environment. Role plays and behavioral rehearsals in the treatment room that are directly related to actual classroom situations are more useful to the child than those that are unrelated. Similarly, in the classroom the teacher is more able to accurately observe and reinforce a newly acquired treatment behavior if the teacher knows what to look for and expect.

For teachers of students in the Anger Coping Program to facilitate generalization to the real-world environment, it is critical to provide them with an adequate understanding of the goals, objectives, and procedures of the intervention. The following approach may best enable group leaders to accomplish this task:

1. Schedule a period of 30 minutes to 1 hour during the week before the sessions begin to gather together all of the teachers who will have students in your Anger Coping Program group. A group meeting is preferable because teachers can share concerns with one another, and it saves time for all.

2. Provide the teachers with a handout that summarizes the objectives of each session and offers suggestions for facilitating the generalization of skills to the classroom (see Appendix E for a partial example). If the *Anger Coping Video* (Larson, Lochman, & McBride, 1996) is available, it can be screened to provide a helpful visual aid for selected sessions.

3. Preview the various sessions in order, discussing the objectives and soliciting ideas for mutual assistance—for example, “How can we best help one another so that the intervention is most effective?” or “How might this skill be transferred to the classroom setting?”

4. Solicit input from the teachers regarding treatment group behavior management strategies with the children identified for the intervention. Their knowledge of the children can prove valuable and may enable initial meetings to proceed more smoothly. Knowing ahead of time, say, that Manuel is instantly angered by Jason’s chronic teasing about his father, or that Samantha responds very well to adult praise, can be useful input.

5. Make arrangements to meet with each teacher individually prior to the start of the first group meeting in order to gather behavioral data for the goal-setting aspect of the collaboration.

Once classroom teachers have knowledge of the goals and structure of the Anger Coping treatment and have shared their concerns and ideas, their ability to function collaboratively with the group leader is much improved. Our experience is that some teachers will welcome the new challenge and others will be less enthusiastic. Group leaders must always keep in mind that the subject students were referred initially because their teacher viewed them as problematic, and the remaining enrollees once the selection process is completed are typically the *most* problematic. It takes little imagination to understand why a teacher, besieged with the needs of a classroom full of other children, cannot usually match the group leaders’ enthusiasm in addressing the needs of the one or two most disruptive students in his or her classroom.

## THE TEACHER AS GROUP CO-LEADER

Implementing the anger control group in a small-population classroom for students with emotional/behavioral disabilities can be an efficient and effective way of addressing some of the children’s behavioral problems. In such a scenario, the classroom teacher is an ideal candidate for the role of co-leader in partnership with an experienced school psychologist or counselor.

One of us (Larson) encountered the opportunity to participate in such an arrangement while working as a school psychologist in a large elementary school. Following a presentation to the general faculty on the roles of the school psychologist, including a brief discus-

sion of implementing anger control training, he was contacted by one of the special education teachers. Her nominated class consisted of fourth- and fifth-grade students who had been diagnosed with emotional/behavioral disabilities. She had a resource-type classroom, into which various groups of students came and went during the day, depending on the instructional settings described in their IEPs.

The teacher approached the school psychologist with particular concerns regarding a group of children whom she saw for a 2-hour block daily for math and science instruction. She described the children as generally impulsive, quick to anger, and quick to fight. The teacher was concerned because so much of her time was being diverted to physically restraining students or putting herself between a pair of potential combatants that very little math or science was being taught or learned. These patterns of behavior were also carried over into the general education inclusion classes and onto the playground. She wondered whether she could collaborate on an anger control program with her entire classroom of students.

The school psychologist observed the classroom and reviewed the existing assessment information in the special education folders. Clearly, five of the children were a handful and were everything the teacher described them to be. A sixth boy and a single girl, who completed the classroom population, were much more inhibited and withdrawn than the other five. Parental consent for additional assessment was obtained for the five aggressive children. The teachers of the general education inclusion classroom were asked to complete a broadband classroom rating scale on each child, and parents were asked to complete the home version. The resulting data, although somewhat variable among the children and demonstrating some anticipated differences between settings, was supportive of significant externalizing difficulties in the school setting for each child.

Because the students were in special education, an IEP team had to be convened for each student in order to approve the adjustments in the plan for the Anger Coping Program and to provide an alternative instructional setting for the two children who would not be involved. At those meetings the intervention was explained to the parents, and informed consent was obtained.

The classroom teacher had a solid training foundation in behavior modification techniques but needed to learn the procedures in the Anger Coping Program before the program could begin. Before the start of the school day, the school psychologist helped the classroom teacher to learn the intervention. It was decided that the school psychologist would take the role of the skills trainer while the teacher would take up the role of managing group behavior.

Fortunately, this teacher was a truly outstanding co-leader. Her deep knowledge of the children and the skills she learned and applied as a behavior manager within this setting were a perfect complement to the skills of the school psychologist. Although no "publication-ready" behavioral data were obtained on the effectiveness of this intervention, the teacher was clearly pleased with the effects, and a graphing of discipline reports demonstrated a trend in a positive direction. Anecdotal reports from the general education classroom teachers were also encouraging.

When working with a teacher as a co-leader in "ready-made" groups such as the one described, group leaders should keep the following in mind:



1. For students who are protected under the Individuals with Disabilities Education Act, additional approval procedures are required prior to implementation of any behavioral intervention not already defined in the students' IEPs. This can be a time-consuming task that the teacher may not have anticipated.

2. Be certain that the teacher has cleared his or her schedule for the period of the intervention and knows that it must be maintained for the duration. As busy as most teachers are, it is tempting for them occasionally to double-schedule the time slot for other obligations, knowing that their co-leader will be with the class. Although this may be the innocent move of an overworked educator, it can have a disruptive influence on the group.

3. Help the teacher to avoid problems with his or her dual role as both the students' teacher and the group's co-leader. Being able to "take off the teacher's hat and put on the co-leader's hat"—mentally leaving behind any previous interpersonal classroom problems—can sometimes be a real challenge.

4. Remember that it is ethically irresponsible to involve a child in an intervention for whom an assessment has not indicated a need. Take care *not* to allow *any* students to "sit in" on the group just because they happen to be assigned to a particular classroom at the time scheduled for the anger control program. It may indeed be true for some that "it won't hurt them any," but psychological or counseling services are not properly delivered under those terms. Alternative programming consistent with the IEP or other educational plan should be provided to the stranded students.

5. Our experience is that co-leaders can successfully lead a group of as many as seven students. A single leader is advised to limit his or her group to four or five students.

## OBTAINING PARENTAL CONSENT

The need to obtain the informed consent of parents or legal guardians prior to delivering direct therapeutic intervention services to children in the school setting is well established within the profession of school psychology (National Association of School Psychologists, 1984). Although school psychologists tend to routinely obtain consent for intervention services, this may not be the practice of other school-based professionals. Because of the comparatively invasive nature of this intervention—assessment and periodic removal from the academic setting over an extended period of weeks—it is our bias that informed consent prior to implementation of the anger control program is essential. Readers are referred to Jacob-Timm and Hartshorne (2007) for a comprehensive discussion of the numerous legal and ethical issues surrounding the subject of informed consent.

A sample consent form is included in Appendix H. This format will work as a mailed consent letter in the event that the parent is unable to come to the school, or, preferably, it can be used as the final signature sheet following an in-person explanation. Schools should modify this sample to meet their own local needs.