

California State University, Northridge

PARAPROFESSIONAL SUPPORT FOR THE BEHAVIORAL NEEDS OF
STUDENTS WITH DISABILITIES

A Dissertation submitted in partial fulfillment of the requirements
For the Doctor of Education Degree
in Educational Leadership

by

Vivian Mary Perez-Kennedy

December 2011

The Dissertation of Vivian Mary Perez-Kennedy is approved:

Kathy Peckham-Hardin, Ph. D. Date _____

Diane Kloosterman, Ed. D. Date _____

Nancy Burstein, Ph. D., Chair Date _____

California State University, Northridge

DEDICATION

This dissertation is dedicated to all students who struggle to fit in and to the devoted professionals and paraprofessionals who work hard everyday to create welcome inclusive environments that treat every student with dignity and respect.

A special dedication is made to a very extraordinary teacher whose undying commitment to inclusive education has guided and inspired many of those devoted professionals and paraprofessionals. Her unselfish commitment to rights of others serves as an unwavering beacon for special educators forging ahead on the road to inclusive education where all children learn together.

June E. Downing, Ph.D.

TABLE OF CONTENTS

Signature Page	ii
Dedication	iii
List of Tables	vii
Abstract	viii
Chapter I: Statement of Problem	1
Problem Statement	1
Purpose and Significance	3
Research Questions	4
Definition of Terms	4
Theoretical Framework	5
Overview of Methodology	6
Limitations and Delimitations	7
Organization of the Dissertation	8
Chapter II: Review of Literature	9
Introduction	9
Special Education Paraprofessionals in the Workforce	10
Legal Foundations for Inclusive Practices	11
Positive Behavior Support Provisions for Students with Disabilities	16
Roles and Responsibilities of Paraprofessionals	25
Preparedness of Paraprofessionals Providing Positive Behavior Support	34
Summary	40

Chapter III: Methodology	43
Introduction	43
Research Questions	43
Research Paradigm and Tradition	44
Research Setting/Context	46
Research Sample and Data Sources	48
Instruments and Procedures	51
Data Collection Method	53
Data Analysis Techniques	55
Role of the Researcher	58
Chapter IV: Findings	60
Introduction	60
Roles and Responsibilities	61
Preparation and Support	70
Factors Impacting Job Performance	89
Chapter V: Discussion and Conclusions	94
Introduction	94
Summary of the Study	94
Summary of Major Findings	96
Discussion	99
Implications for Policy and Practice	112
Recommendations for Future Research	115
References	117

Appendix A: Invitation Flyer	127
Appendix B: Invitation to Participate Letter	129
Appendix C: Introductory Letter	130
Appendix D: Informed Consent Form	132
Appendix E- Interview Protocol	135

LIST OF TABLES

Table 1- Characteristics of Paraprofessionals	50
Table 2- Interview Questions Arranged by Theme	60
Table 3- Disruptive Behaviors	62
Table 4- Behavior Function	63
Table 5- Interventions for Inappropriate Behavior	65
Table 6- Interventions for Appropriate Behavior	67
Table 7- Proactive Behavioral Strategies	68
Table 8- Comparison of Behavioral Interventions	69
Table 9- Informal Preparation	71
Table 10- Formal Preparation	73
Table 11- Comparison of Informal and Formal Training	74
Table 12- Academic Measures of Effectiveness	76
Table 13- Social Measures of Effectiveness	77
Table 14- Circumstances Prompting Autonomous Decision-Making	80
Table 15- Circumstances Prompting Collaborative Decision-Making	83
Table 16- Assignment Preparation	85
Table 17- Factors to Improve Job Preparation	89

Abstract

Paraprofessional Support for the Behavioral Needs of Students with Disabilities

by

Vivian Mary Perez-Kennedy

Doctor of Education Degree

in Educational Leadership

The number of special education paraprofessionals in general education has increased across the country to support the growing number of students with disabilities in inclusive educational settings. As a result, the roles of paraprofessionals have been expanded to serve students with high incidence disabilities who have behavioral needs, becoming their primary behavior support provider in the general education classroom. This qualitative study examined the perceptions of paraprofessionals regarding their roles, responsibilities and preparation to provide behavior support for students in the general education classroom. Interviews were conducted with 11 paraprofessionals supporting students with high incidence disabilities and behavior challenges in a small suburban elementary school district. Findings from this study indicate that paraprofessionals assumed direct responsibility for controlling and managing student behavior that was disruptive, interfered with student academic engagement, or was dissimilar to behaviors of typical peers. Paraprofessionals reported that they were inadequately prepared to carry out these responsibilities, indicating that they did not

receive sufficient information, training or support prior to or during their assignments.

Implications of this study are discussed regarding support and preparation needed for paraprofessionals and alternative service delivery models to enhance behavioral support for student with high incidence disabilities.

CHAPTER I

STATEMENT OF THE PROBLEM

Problem Statement

In the past decade, the number of special education paraprofessionals in school districts across the country has increased to an estimated 360,000 and continues to grow (Ashbaker & Morgan, 2004, Giangreco, Suter, & Doyle, 2010). This phenomenon has been linked to changes in federal legislation that have extended the range of special education services for an increasing number of students with disabilities in more inclusive educational settings. To address this need, the Individuals with Disabilities Education Act of 1997 (IDEA) recommended the use of “paraprofessionals and assistants who are appropriately trained and supervised . . .to assist in the provision of special education services to children with disabilities” (IDEA, 20 U.S.C. §1400 et seq.). As the demand has increased to serve students with disabilities in a variety of educational settings, administrators, teachers, and parents are relying more and more on paraprofessionals to assist in providing services to children with disabilities (Giangreco & Broer, 2005; Giangreco, Broer, & Edelman, 2002; Giangreco, Edelman, Luiselli, & MacFarland, 1997; Werts, Harris, Tillery, & Roark, 2004).

Educational stakeholders have voiced differing ideas regarding the appropriateness and scope of assigned paraprofessional duties: however, they all agree that supporting the behavioral needs of the students with disabilities, especially in inclusive settings, is a vital role and a principal responsibility (Carter, O’Rourke, Sisco, & Pelsue, 2008; Carter, Sisco, Melekoglu, & Kurkowski, 2007; Giangreco, Broer, & Edelman, 2001; French, 2003; Liston, Nevin, & Malian, 2009; Patterson, 2006; Riggs &

Mueller, 2001; Sisco & Pelsue, 2008; Suter & Giangreco, 2009; Werts, Harris, Tillery, & Roark, 2004). Moreover, paraprofessionals confirm they have a significant role in supporting students with disabilities reporting they assume primary responsibility for behavior support implementation, act with a high degree of autonomy, and make decisions regarding behavioral interventions with minimal direction or oversight from educational professionals (Downing, Ryndak, & Clark, 2000; Giangreco, & Broer, 2005; & Marks, Schrader, & Levine, 1999).

Positive behavioral support is the federally recommended form of intervention to address students' behavioral challenges. Studies show that effective behavioral support includes assessing behavioral needs through team collaboration, designing a comprehensive behavior support plan, implementing planned interventions, evaluating plan effectiveness, and problem-solving (Bambara & Kern, 2005; Carr, Dunlap, Horner, Koegel, Turnbull, Sailor, Anderson, Albin, Koegel, & Fox, 2002; Cook, Crews, Wright, Mayer, Gale, Kraemer, & Gresham, 2007; Horner, 2000). The successful implementation of positive behavior support rests not only on the adequacy of the plan but more importantly on the cohesiveness of the team (Bambara, Nonnemacher, & Koger, 2009; Snell, Voorhees, & Chen, 2005) including teacher-paraprofessional teams engaged in goal-oriented, collaborative training (Devlin, 2005). It therefore stands to reason that paraprofessionals assigned to support the behavioral needs of students with disabilities can only be effective if they are active participants in behavior support teams and receive the necessary training and supervision to carry out the accompanying responsibilities adequately. In fact, research continues to show that most paraprofessionals are not adequately prepared to assume the responsibilities associated

with providing effective behavior support. However, the appropriate preparation of paraprofessionals to support students' behavioral needs is of even greater importance given that challenging behavior is a primary reason for student exclusion from education in less restrictive environments (Van Acker, Borenson, Gable, & Potterton, 2005).

In summary, one of the principal roles assigned to paraprofessionals assisting in the provision of special education services for students with disabilities is that of behavior support provider. Although effective behavior support requires the implementation of a well-designed plan by a cohesive team, paraprofessionals providing behavior support report working autonomously and making behavioral decisions without adequate supervision or training from qualified professionals. Without adequate training, supervision, and team support, paraprofessionals will not be able to effectively meet the behavioral needs of the students they support.

Purpose and Significance

The purpose of this qualitative study is to explore the perceptions and experiences of paraprofessionals and their preparation to assume the responsibilities for providing effective behavioral support to students with disabilities. A better understanding of this phenomenon will assist general and special educators to improve the design and implementation of service delivery that leads to effective paraprofessional support and improved behavioral outcomes for students with behavioral needs. This study examines the essential structures of the paraprofessional-student interactions from the perspective of the paraprofessional to determine if paraprofessionals' perceived ability to act as effectual behavior support personnel aligns with the characteristics of an effective behavior support service delivery model.

Research Questions

In seeking to understand this phenomenon from the perspective of the paraprofessional, this study will address the following research questions: (a) What do paraprofessionals see as their role and corresponding responsibilities when supporting students with disabilities and behavioral needs? (b) How are paraprofessionals prepared to carry out those duties and responsibilities? (c) What factors, skills and/or knowledge do paraprofessionals believe impact their ability to provide effective behavioral support?

Definition of Terms

Paraprofessional - Support personnel who work with students under the direction and supervision of professional practitioners.

Individualized Education Program – A written document delineating an educational plan designed for a student with disabilities who is found to meet the federal and state requirements for special education. The plan must meet the student’s individual needs as identified by the evaluation process, describing supports and services necessary to provide a free and appropriate public education in the least restrictive environment.

Functional Behavioral Assessment – A diagnostic process for gathering information to identify the function of a problem behavior, and the environmental conditions that lead to and maintain the problem behavior.

High incidence disability – Disabilities involving the highest number of students often referred to as mild-to moderate disabilities. This group includes students with identified learning disabilities, speech and language disorders, other health impairments, developmental delays and any disability that requires mild-to-moderate interventions, including autism and mild mental retardation.

Positive Behavior Support – A systematic, collaborative, problem-solving approach to developing individualized interventions that are matched to the function of the problem behavior. This process stresses educative, proactive and respectful interventions that teach alternative skills to problem behaviors and alter environmental conditions that lead to and maintain the problem behavior.

Behavior Support Plan – A plan for behavioral support that includes strategies to (a) proactively prevent the occurrence a problem behavior, (b) to teach a functionally equivalent alternative behavior, and (c) to respond to a problem behavior in a manner that does not reinforce it but renders it ineffective.

Theoretical Framework

As students with a wide range of disabilities are more often being educated in the general education settings, the use of paraprofessionals as the primary means of support is becoming common practice (Giangreco, Suter, & Doyle, 2010; Suter & Giangreco, 2009; Werts, Harris, Tillery & Roark, 2004). Research regarding the use of special education paraprofessionals as a service delivery model indicates (a) a lack of clarity regarding appropriate paraprofessional roles and responsibilities, (b) paraprofessionals are often responsible for providing behavior support, (c) paraprofessionals assume primary responsibility for managing student behavior and act with high levels of autonomy, (d) paraprofessionals receive minimal training and supervision, and (e) paraprofessionals feel isolated and unprepared to assume the responsibility of providing behavior support. Notwithstanding the growing body of research on the topic of special education paraprofessionals, limited research exists regarding the preparation of paraprofessionals assigned to support the behavioral needs of students with

high incidence disabilities in the general education setting.

Quality indicators of effective behavior support suggest that paraprofessionals assigned to support the behavioral needs of a student with disabilities should be provided with guidelines clarifying their roles and responsibilities as members of a positive behavior support team. Paraprofessionals should receive corresponding training and supervision to effectively assist in the implementation of the behavior support plan. Training should be job specific, useful, and meaningful. Subsequent supervision and feedback pertaining to the execution of specific responsibilities should focus on the paraprofessional's performance and ability to assist the student to meet his/her behavioral goal. If paraprofessionals are to continue to be a primary means of support to students with identified behavioral problems, it is important to understand the roles and responsibilities paraprofessionals assume as they interact, intervene and assist to support the behavioral needs of the students with disabilities.

Overview of Methodology

The setting for this study was schools with special education programs for students with disabilities located in a single elementary school district. Within these settings, a purposeful sample of paraprofessionals supporting students with disabilities was selected based on the following criteria: (1) work most of their time supporting students in general education programs, (2) have been allocated to provide individualized support for 1 to 3 students rather than to serve as baseline supports to special education programs, and (3) support the behavioral needs of students with high incidence disabilities.

The primary method of data collection was interviews that relied on an interview protocol approach to collect data from each participant. Prospective participants were

contacted via the communication method most convenient to him/her, e.g. phone call or email, with information describing the purpose of the study, inviting their participation, and requesting a convenient date, time, and location for a face to face interview. Before each interview, the interviewee was asked to review and sign a consent form required for participation in this study. All interviews were conducted either in person or by phone and audio taped. Upon completion of the interview, each audiotape was transcribed verbatim in its entirety by the researcher. A copy of the transcription was submitted to the interviewee for a member check. At that time the participant was given the opportunity to verify the accuracy of the transcript, make corrections, additions or deletions, and add any additional information they felt was important and would provide clearer understanding to their roles, and/or responsibilities. Any changes, additions or deletions were used to modify the transcripts used for data analysis. No names were used and the participant, the school, and the student or students the participant supported remained anonymous. The tape recording will be erased within 12 months of its transcription. In addition to the interviews, data collection also included a review of the district's procedural guide for assigning paraprofessionals to support the behavioral needs of students with disabilities.

Limitations and Delimitations

This study has been carefully designed to investigate the experiences and preparation of paraprofessionals supporting students with high incidence disabilities and behavioral needs. However, generalizations should be interpreted with caution, given several limitations. First, the study is limited in scope, confined to a small group of participants working in a single small suburban elementary school district. Second, the

study relies primarily on the perceptions of paraprofessionals and does not include data from other sources such as interviews with school personnel or parents, observations, or a review of student's IEP that could contribute to the triangulation of data. Third, the issues, concerns, and experiences reported may be unique to the working conditions of the participants and may differ from those of paraprofessionals employed in secondary school settings. Nonetheless, this study can offer valuable insights into the perceptions of paraprofessionals as they describe their experiences as behavior support personnel.

Organization of the Dissertation

The contents of the remaining chapters are as follows. Chapter 2 presents a review of literature regarding paraprofessional support for students with disabilities research regarding effective behavior support service delivery models. Chapter 3 describes the methodology in this study. The chapter also includes a description of the research setting, the participants, the method of data collection, the data analysis techniques and a brief explanation regarding the role of the researcher. Chapter 4 presents the findings of the study summarizing the data according to the research questions and theoretical framework. Any inconsistent, discrepant or unexpected data is noted along with discussions of possible alternative explanations. Chapter 5 interprets and discusses the study's results in light of the research questions, the literature review, and the theoretical framework. Finally, Chapter 5 concludes with recommendations for policy and practice. The references and appendixes follow.

CHAPTER II
REVIEW OF LITERATURE

Introduction

Special education paraprofessionals are support personnel hired to work with students with disabilities under the direction and supervision of professional educational practitioners. In the past 20 years there has been a steady increase in the employment of paraprofessionals to serve students with disabilities. Over the years, the roles and responsibilities of paraprofessionals have evolved as educators struggle to meet the challenge of supporting students with diverse needs in a continuum of educational settings, including the general education classroom. When students with learning and behavioral challenges require supplemental aid and services to be successful in the general educational setting, paraprofessionals are often the ones called upon to provide this support.

The purpose of this literature review is to examine the changing roles and responsibilities of the special education paraprofessional, especially with regard to providing behavioral support for students with challenging behaviors in the general education classroom. The responsibilities of this role are of particular importance because behavior that disrupts instruction is one of the primary reasons students with disabilities are prevented from receiving an education in less restrictive environments. This chapter begins with evidence of the increase in the employment of paraprofessionals in the field of special education followed by an overview of the factors associated with this trend, including integration and inclusive educational practices. This is followed by an examination of effective behavior support practices. The next section reviews the

literature regarding the roles and responsibilities of paraprofessionals supporting students with disabilities, including providing behavior support. The review concludes with a synthesis of applicable findings that support the ensuing study and its contributions to current research.

Special Education Paraprofessionals in the Workforce

At the beginning of the current decade, the National Resource Center for Paraprofessionals in Education and Related Services, in the absence of available and reliable national data, estimated that the number of special education paraprofessionals in the United States in the year 2000 was in excess of 300,000 (Giangreco, Edelman, Broer, & Doyle, 2001) and rising. A recent compilation of data from federal sources regarding the availability of personnel supports for students with disabilities substantiates the predicted increase, reporting that “as of 2006, there are nearly 357,000 special education paraprofessionals serving students with disabilities ages 6-21” (Giangreco 2010, p. 2). But even this figure is considered an underestimate since it does not include part-time paraprofessionals or “interpretive and definitional differences [that] may have resulted in underreporting” (Giangreco, Suter, & Doyle, 2010, p. 53). In short, the number of paraprofessionals in the special educational workforce is even larger than federal data sources are able to report.

California, the state in which this study takes place, employs a substantial number of the nation’s paraprofessionals. Giangreco, Hurley, & Suter (2009) reporting from federally compiled data, estimated that 44,000 full-time paraprofessionals, roughly 12% of the national total, work in California schools. These paraprofessionals provide support for approximately 10% of the nation’s students with disabilities, or 605,685 students.

California averages one full-time paraprofessional for every 14 students with a disability. This paraprofessional-to-student ratio is lower than the national average of one paraprofessional to every 17 students. This may be due in part to the fact that California educates 10% of all the nation's students with disabilities yet it employs only 8% of the nation's special educators, or 32,169 in total. Consequently California averages fewer special educators per student with disabilities than the national mean; in California the ratio of students with disabilities to special educators is 19:1 compared with the national average of 15:1. In other words, California employs more special education paraprofessionals per students with disabilities than special education teachers. Taken altogether, data verify the prominence of paraprofessionals providing assistance and support to students with disabilities in California's special education service delivery system.

Legal Foundation for Inclusive Practices

The Education for all Handicapped Children Act (EHA) of 1975 was the first major law to guarantee students with disabilities the right to a public education. EHA introduced the concept of a free and appropriate public education (FAPE) and education in the least restrictive environment (LRE) for students with disabilities, emphasizing special education and related services designed to meet their unique needs. The 1990 reauthorization of EHA, renamed the Individuals with Disabilities Education Act (IDEA), extended the definition of LRE to mean the same class a student would have attended had he/she not had a disability. The 1997 amendments to IDEA further strengthened the rights of students with disabilities and extended the LRE to include an assurance of student access to the general curriculum. The revised LRE requirements expressed a

strong preference for the education of children with disabilities in regular classes alongside non-disabled peers. The most recent IDEA revisions, namely IDEA of 2004, further expanded the LRE to include equal opportunities for children with disabilities to participate in nonacademic and extra curricular activities as well.

The initial 1997 revisions to IDEA expressly addressed the education of students with disabilities in general education in several sections of the law. For example, evaluation of a student's needs was required to include information regarding the student's ability to participate and make progress in the general education curriculum. In addition, the Individual Education Program (IEP) developed for each student required a statement regarding how the student's disability impacts involvement and progress in the regular curriculum and, if appropriate, why a student would not participate with non-disabled peers in the general education setting. IDEA also required the IEP team to include the participation of a general education teacher when developing a student's educational program, if the student is or may be participating in regular education classes. The strong preference for educating students with disabilities in general education classes was also evident in the IDEA requirement that "removal of children with disabilities from the regular education environment [occur] only when the nature or severity of the disability is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily" (34 CFR 300.114 (a)(2)). In other words, it became the responsibility of the IEP team to consider the provision of supplementary aids, services, and supports necessary to assist the student to participate and make progress in the general education class.

Federal regulations define supplementary supports and services as “aids, services, and other supports that are provided in regular education classes, other education related settings, and in extracurricular and nonacademic settings, to enable children with disabilities to be educated with non-disabled children to the maximum extent appropriate” (34 CFR 300.42). The purpose of supplementary aids and services is to support progress toward attaining IEP goals, enable access and participation in the general education class and curriculum, and to increase integration with non-disabled peers. Based on IDEA’s definition, supplementary aids and services can be accommodations or modifications to the regular curriculum, the manner in which the curriculum is presented, or the way in which a student’s progress is measured. These aids and services can include services provided directly to the student or support and training for staff working with the student.

Etscheidt and Bartlett (1999) outline four dimensions of supplementary aids and services an IEP team may consider. Supplemental aids and services can be categorized accordingly: (1) adaptations and modifications to the physical environment; (2) development and delivery of instruction to accommodate diverse needs; (3) support and services to increase appropriate behavior and reduce disruptive behavior; and (4) collaboration among educators to support students. According to NICHCY, the National Dissemination Center for Children with Disabilities, the supplementary aids and services students with IEPs and 504 plans are actually receiving include: extended time, shortened assignments, tests read aloud, modified tests, frequent feedback, slower-paced instruction, progress monitoring by special educators, teacher aides, instructional assistants, or personal aides, learning strategies, peer tutors, books on tape, access to

computers, reader or interpreter, behavior management plans, and communication aids. The full range of supplementary aids and services provided to the student or on behalf of the student that enable him/her to benefit from education in the least restrictive environment includes instructional and personal aides or assistants and behavior management plans.

When determining the need for supplementary aids and services, IEP teams must also consider the educational placement of the student with a disability in the LRE, including how the classroom and curriculum might be modified or accommodated to provide the student with educational benefit. In the case of a student with behavioral problems, IDEA indicates that the team must consider “strategies, including positive behavioral interventions, strategies, and supports to address the behavior” [IDEA §1414(d)(3)(B)(i)]. These strategies and behavioral interventions qualify as supplemental aids and services, without which a student could be excluded from the general education class.

To assist in the provision of supplemental aids and services, the current federal law, IDEIA, allows “paraprofessionals and assistants who are appropriately trained and supervised ...to be used to assist in the provision of special education and related services ...to students with disabilities” [IDEIA §612(a)(14)(B)(iii)]. The provisions of IDEIA regard paraprofessionals as a resource for delivery of special education services and provide statutory language regarding their use and preparation. In addition, federal support is offered to help states develop plans ensuring that personnel working with children with disabilities have the “necessary skills and knowledge, derived from practices that have been determined, through scientifically based research, to be

successful in serving those children” [IDEIA §662(a)(2)] and calls for states to develop a comprehensive system of personnel development that includes the training of paraprofessionals [IDEIA § 635(a)(8)]. The 26th Annual Report to Congress on the Implementation of IDEA, 2004 reported that one of the most common supports for students with disabilities is assistance from a paraprofessional with more than 27% of the elementary and middle school students with disabilities receiving support from paraprofessionals in their general education language arts programs.

Recognizing the increasing reliance on paraprofessionals, the subsequent revision of IDEA in 1997 added a provision that permitted “paraprofessionals and assistants who are appropriately trained and supervised...to be used to assist in the provision of special education and related services to children with disabilities” (20 U.S.C. §1412 [a][15][B][iii]). That is to say, paraprofessionals can supplement the special education service delivery system when appropriate training and supervision are provided. The purpose of these provisions is to assist and supplement the expanding roles and responsibilities of special education professionals as they provide students with disabilities access to the same learning environments and curriculum opportunities as their non-disabled, same-aged peers.

In summary, legislation has had a significant impact on the increasing employment of paraprofessionals and their expanding roles and responsibilities in providing services to students with disabilities. Recognizing the important role of paraprofessionals, greater attention has focused on their training and supervision.

Positive Behavior Support Provisions for Students with Disabilities

IDEIA calls for the training and support of paraprofessionals who assist in the provision of supplementary aids and service for students with disabilities, including positive behavioral interventions, strategies, and supports designed to address behavioral problems. In this section the provisions of positive behavior support for students with disabilities are reviewed including: the impact of federal legislative requirements, assessment and planning components, and barriers and enablers to effective behavior support systems. Finally, research is examined regarding the effectiveness of a team approach in implementing positive behaviors supports.

Impact of Federal Legislation on the Provision of Behavior Support

Behavioral support is an essential component of educational practices that promote the education of students with disabilities in typical environments. Historically, students with disabilities faced exclusion from school for behavior problems in numbers disproportionate to those of non-disabled peers (Van Acker, Borenson, Gable, & Potterton, 2005), resulting in diminished opportunities for instruction, learning, and social engagement with peers. As a prominent authority in the field of positive behavior supports Horner (2000) maintains, “without effective support, children...with disabilities who exhibit problem behaviors can expect exclusion from general education settings...isolation from social relationships and exposure to highly intrusive forms of treatment” (p. 97). The need for effective behavior support has prompted changes in legislation requiring educators to address behaviors that may prevent their access to education in the least restrictive environment which in turn has led to the increased use of

paraprofessionals to assist in the provision of behavioral support for students with disabilities.

To protect the rights of students with disabilities related to school discipline, federal landmark provisions were added as amendments to IDEA 1997. Schools would now be required to conduct a *functional behavioral assessment* (FBA) to determine the function of interfering behaviors and to develop a behavior intervention plan reliant on *positive behavior supports* (PBS) and strategies. These provisions acknowledged addressing student's problem behavior as an essential measure to ensure access to a free and appropriate public education in the least restrictive environment (Cook, Crews, Wright, Mayer, Gale, Kraemer, & Gresham, 2007; Van Acker, Boreson, Gable, & Potterton, 2005). In addition, the subsequent 2004 reauthorization of IDEA, renamed Individuals with Disabilities Education Improvement Act (IDEIA), encouraged educators to use more positive and proactive approaches to behavior support. IDEIA requires the development and implementation of behavior intervention plans (a) when a student exhibits behaviors that impede his/her learning or that of others, (b) when IEP behavioral goals do not sufficiently address problem behaviors, and (c) when a student is involuntarily moved to a more restrictive educational environment. The legislative commitment to implement positive behavior interventions accounts for yet another reason for the increase in the utilization of paraprofessionals as part of a special education service delivery model.

Functional Behavior Assessment

The IDEA provision of appropriate educational programs for students with problem behaviors requires IEP teams “in the case of a child whose behavior impedes his

or her learning or that of others, consider, when appropriate, strategies, including positive behavioral interventions, strategies and supports to address that behavior” (IDEA §614[d][3][B][i]). IDEA also addresses methods for assessing behavior in situations when a student is at risk of being moved to a more restrictive educational placement due to repeated suspensions or expulsion. The law specifically calls for the use of a *functional behavioral assessment* (FBA), defined as a method of assessment used to identify the purpose that the interfering behavior serves for the individual and the circumstances under which it occurs (Gartin & Murdick, 2001). The FBA is the diagnostic process for gathering information to identify the function of a problem behavior and the environmental conditions that lead to and maintain the problem behavior. Functional behavioral assessment serves as the foundation for understanding patterns of problem behavior. From this foundation, intervention strategies are selected to match the unmet assessed needs of the individual student that comprise positive behavior support (PBS).

Positive Behavior Support Plans

Bambara & Kern (2005) define positive behavior support as a “problem-solving approach to understanding reasons for problem behavior and designing comprehensive interventions that are matched to hypotheses about why problem behavior is occurring and to the individual’s unique social, environmental, and cultural milieu” (p. 3). The goals of positive behavior support are to reduce problem behavior by rendering it irrelevant, inefficient and ineffective and to improve the individual’s quality of life. Positive behavior support is characterized by educative, proactive, and respectful interventions that teach the student socially appropriate, alternative behaviors and skills

to replace the problem behaviors and change environments that contribute to problem behavior (Bambara & Kern, 2005).

Although the critical features of positive behavior support have been defined in a variety of combinations, the literature has empirically linked six key concepts with successful behavior interventions that result in a reduction of problem behavior and an increase in socially appropriate responses (Bambara & Kern, 2005; Carr, et. al., 2002; Cook, et. al., 2007; Horner, 2000). Positive behavior support plans should be based on a FBA that identifies (a) the function the problem behavior serves for the student and (b) the context and environmental conditions that sustain the problem behavior. Interventions and strategies developed from the FBA should (c) address changes to the environment that support acceptable behavior, (d) new functionally equivalent behaviors that must be reinforced, and (e) the reactive strategies support personnel will employ when problem behaviors occur. Most importantly, researchers agree that positive behavior support must include (f) a coordinated team approach that clearly identifies the roles and responsibilities of each stakeholder and communication to ensure progress monitoring.

Several studies have focused on the importance of involving knowledgeable personnel in the development a behavior support plan that adequately addresses the function of the behavior and is suitable for implementation in the educational setting (Benazzi, Horner & Good, 2006; Cook, et. al., 2007; Medley, Little, & Akin-Little, 2008). In their study evaluating the adequacy of behavior support plans, Benazzi, Horner & Good (2006) found that school based behavior support teams were “more successful at using FBA results to design behavior support plans when the team included at least one

person who was trained in both behavioral theory and the use of FBA data to design a behavioral support plan” (p. 168). Cook, Crews, Wright, Gale, Kraemer, & Gresham (2007) conducted a study to determine the substantive quality of 320 behavior support plans developed by groups with and without training and expertise in positive behavior support planning. Among the essential components of a behavior support plan, Cook et al. state that coordination is necessary for “optimal team performance, [because] it is important to indicate who is responsible for carrying out each element of the plan. Communication needs to be between all important stakeholders and occur frequently enough to result in the progress monitoring necessary to achieve success” (p. 196). The results of this study indicate that although plans developed by trained teams rated higher technically, untrained teams excelled in team coordination or delegation of responsibility. Both groups, however, received their lowest scores in the areas of behavior goal development and team communication. This is of particular concern, since the effectiveness of positive behavior support depends not only on the appropriateness of the goal, but also on the team’s ability to communicate how the goal is addressed, monitored and evaluated for achievement.

Positive Behavior Support Enablers

Bambara, Nonnemacher & Kern (2009) investigated the perceived “barriers and enablers” to implementing and sustaining positive behavior support systems. When interviewed, 25 knowledgeable and experienced behavior team members reported that one of the most important conditions conducive to positive behavior support implementation is a school community educated about the theory and practice of positive behavior support and an administration that supports such a culture. These findings are

supported by Medley, Little & Akin-Little (2008) who found that behavior support plans created by schools with school wide positive behavior support (SWPBS) systems in place were more technically adequate than those without such systems. Schools with SWPBS “were better at identifying the function of behavior, and were found to use appropriate reinforcement and reactive strategies” (p. 106).

Bambara, Nonnemacher & Kern (2009) also identified the significance of administrative support and commitment as an enabler to positive behavior implementation. The most frequently mentioned form of administrative support was the provision of opportunities and resources for trainings, release time for collaborative planning, consultation and problem solving, and extra personnel to assist with data collection. A small sampling of special and general educators reporting on the challenges of implementing positive behavior support indicated that lack of administrative support as a primary barrier along with inadequate time for planning and training (Chitiyo & Wheeler, 2009). Administrators supporting a culture of school wide positive behavior support understand the importance of adequate time for planning, collaboration, and teaming as well as opportunities for ongoing training for teams to successfully implement positive behavior support.

Team Approach to Positive Behavior Support Implementation

Participants in a study conducted by Bambara, Nonnemacher & Kern (2009) also emphasized the importance of a team approach to behavior intervention. According to the study, the team is ideally composed of the people most likely to be involved in behavior support and responsible for problem solving and coordinating practices. The success of positive behavior support is as dependent upon the cohesiveness of the team as

on the adequacy of the assessment and subsequent interventions (Bambara, Nonnemacher, & Koger, 2009; Snell, Voorhees, & Chen, 2005). Interviews with 25 positive behavior support team members identified the “problem solving and collaborative aspects of teaming [as] an important source of continuous support for team members as they adapted new perspectives about behavior interventions, developed new skills, and coordinated [team] activities” (Bambara, Nonnemacher, & Koger, 2009, p. 12). A well-developed behavior support plan that translates behavior assessment data into positive behavior interventions and strategies requires a coordinated team effort for effective implementation. Several studies have looked at the quality indicators of effective behavior support team. Snell, Voorhees, & Chen (2005) applied descriptive and qualitative analyses to over 100 assessment-based studies conducted between 1997 and 2002 to determine the frequency of occurrence of key characteristics considered important to positive behavior support. Reports of teaming were infrequent and rarely described instances of team building activities or team structures such as regular meetings, or agendas. Team discussions of problem behavior, assessments and implementation were present most often in studies that included functional assessment processes and were conducted in natural or typical settings. Additionally, most of the team interactions that included parents and teachers were centered on assessment results and took the form of interviews to gather data rather than interactions regarding PBS implementation and intervention.

Research suggests desirable personal characteristics of behavior support team members. Semi-structured interviews with team members from residential facilities emphasized the importance of the social processes of working together as a team

(Bambara, Gomez, Koger, Lohrmann-O'Rourke & Xin, 2001). Participants in this study pointed out that a team cannot effectively support the behavioral needs of the individual if they do not support one another as a team. Team support included active listening, investing all members in the problem solving process, and staying person centered. The relationship between the support provider and the individual with behavioral challenges was viewed as the most essential element of behavior support. Effective relationships were based on respect for the individual, facilitated a sense of security and trust, and only utilized support strategies that the team believed would enrich the individual's quality of life.

When asked to describe quality indicators of professionals working with their children with problem behaviors, parents described characteristics similar to the desirable characteristics of behavior support team members. Family members wanted professionals to treat their children with respect and dignity, engender trusting relationships, acknowledge the child's strengths and capacity for learning, and demonstrate a commitment to the student and his/her family (Park & Turnball, 2002). In addition, families unanimously expressed their desire for "skilled, experienced and effective professionals who [could] successfully support their children's appropriate behaviors and thus enhance the children's learning and development" (p.119).

Effective positive behavior support that enhances learning and development requires a coordinated team approach. All team members, including the paraprofessional, should have clearly defined roles delineating each member's responsibility for carrying out every element of the behavior support plan. The success of positive behavior support relies on opportunities for all team members to participate in planning, collaborating,

training, and team building activities. Team building activities that include discussions of problem behavior, of assessment results and of the adequacy of implementation support the social process of working together that leads to mutual respect among team members. Ongoing training, open communication, and collaborative problem-solving are instrumental in increasing the capacity and competence of each behavior team member, including the paraprofessional, to effectively support the behavioral needs of students with disabilities.

In summary, the need for effective behavior support for students with disabilities has led to changes in federal legislation. IDEA and subsequent revisions strongly encourage educators to use positive, proactive approaches to address the student's unmet needs that prompt interfering behaviors and may prevent him/her from accessing instruction in the least restrictive environment. In addition, federal legislation regards paraprofessionals as a resource for special education service delivery and allows appropriately trained paraprofessionals to assist in the provision of supplemental aids and services, including the use of behavioral strategies and interventions. However, research studies regarding the effective implementation of positive behavior supports emphasize the importance of employing knowledgeable personnel and utilizing a cohesive team approach. Therefore, educational institutions assigning paraprofessionals to assist with the implementation of a student's positive behavior support plan should ensure that the assistant is knowledgeable and included as a member of the student's behavior support team.

Roles and Responsibilities of Paraprofessionals

This section examines the roles and responsibilities of paraprofessionals in special education. First, research is reviewed regarding the evolution of paraprofessional roles and responsibilities. Second, paraprofessionals roles and responsibilities are examined from the perspectives of administrators, teachers, parents and students. Finally, paraprofessionals perspectives on their roles and the responsibilities are explored and perceptions of their experiences in supporting the behavioral needs of students with disabilities.

Changing Roles and Responsibilities of Paraprofessionals

Paraprofessionals were first employed in the field of special education as the teacher's helper. They originally engaged in tasks that assisted teachers by maintaining supplies and equipment, attending to students' physical needs, and performing clerical duties to assist the teacher in the daily operations of the classroom in segregated settings (Pickett & Gerlach, 1997; Boomer, 1994). However, in the wake of federal legislation that provided students with disabilities guarantees of a free and appropriate public education in the least restrictive environment, the roles and responsibilities of the teacher's assistant have evolved and expanded into what is better described as a "paraprofessional" - someone trained to give support to a professional such as a teacher. This evolution is most evident in the various titles used in the literature from the past decade to describe this profession: teacher aide, instructional assistant, one-to-one aide, personal aide, direct service provider, paraeducator, and paraprofessional. For the purposes of this paper, the term "paraprofessional" will be used to refer to support

personnel who work with students under the direction and supervision of professional practitioners.

The prominence of paraprofessionals in the education of students with disabilities has led to a rising concern regarding the variety of the roles and the scope of the responsibilities they are being asked to assume (Carter, O'Rourke, Sisco & Pelsue, 2008; Downing, Ryndak & Clark, 2000; Giangreco, 2002; Giangreco & Broer, 2005; Giangreco, Edelman, Broer & Doyle, 2001; Giangreco, Edelman, Luiselli & MacFarland, 1997; Suter & Giangreco, 2009). When the role of the paraprofessional is not clearly or consistently defined the responsibilities associated with that role are equally diverse and inconsistent. To differentiate between these two terms, a *role* will be defined as the function performed in a particular process or the socially expected behavior pattern determined by a status in society. A *responsibility*, on the other hand, will be defined as the duty or obligation for which the person in a particular role is accountable.

In a review of literature from the decade spanning 1991 to 2000, Giangreco, Edelman, Broer, & Doyle (2001) report that special education paraprofessionals are engaging in a broad range of roles that engender responsibilities that include academic and functional skills instruction, data collection and management, behavior support, facilitation of peer interactions, providing personal care, and performance of clerical tasks. Although federal law allows the employment of paraprofessionals to assist qualified personnel in the provision of special education supports and services, no clear definition exists about the roles of paraprofessionals compared to the roles of the general education teachers, special educators, and related service providers (Pickett & Gerlach, 1997; Giangreco, Edelman, Broer, & Doyle, 2001; Riggs & Mueller, 2001). In fact, the

role of a paraprofessional is most often determined and defined by the perspective of and the relationships held by the various members of the student's educational team.

Perspectives on the Roles and Responsibilities of Paraprofessionals

There is a significant body of research examining the roles and responsibilities of paraprofessionals from the perspectives of those who interact with paraprofessionals. The following section examines paraprofessional roles and responsibilities from the perspectives of educators, parents, and students.

Administrator and teacher perspectives. Research studies involving the perspectives of administrators and educators report that two of the primary roles assigned to special education paraprofessionals are those of academic and behavioral support personnel, yet there is no agreement on the definitions or parameters of those roles (French, 1998). For example, resource teachers interviewed regarding the roles of the paraprofessional "held the firm conviction that the overarching purpose of having [paraprofessionals] in special education programs was to provide additional assistance in meeting the educational needs of their students" (French, 1998, p. 362). However, teacher's descriptions of paraprofessional responsibilities differed depending on whether the teacher perceived the role of the paraprofessional to be an *assistant to the teacher* or an *assistant to the student*. The responsibilities of paraprofessionals viewed as assistants to the students were vaguely described as working with or helping students. In contrast, paraprofessionals supporting teachers were described as "teammates," as "team teachers," or as someone to take over the educator's role in the absence of a credentialed teacher. In either role, however, paraprofessionals were expected to "be aware of

behavior modification, how to do behavior charts, and how to react” (p. 364). Teachers agreed that an essential role of the paraprofessional was that of a behavior manager.

The manner in which administrators and teachers direct the use of paraprofessionals supports the resource teachers’ perceptions of the paraprofessional’s role as an extension of the teacher. Giangreco & Broer (2005) asked teachers and administrators to judge the percentage of time paraprofessionals supporting students with a full range of disabilities spent on different tasks. Their findings reported that, on average, paraprofessionals spent 47% of the day delivering instruction prepared by professionals, and 19% of the day providing behavior support (p. 13). Of significant importance is the finding that over 17% of the paraprofessional’s time is spent engaged in self-directed tasks not planned or supervised by a general or a special educator. In other words, almost one quarter of the day is spent in activities that are undetermined, undefined, and add to the vagueness of the paraprofessional’s roles and responsibilities. In addition, special educators reported that “students with moderate or severe behavior or intellectual disabilities are...most likely to receive one-to-one paraprofessional supports, [and] the two most frequent reasons...are instructional and behavioral support, and that the bulk of paraprofessional time (74%) is directed toward instruction and behavior support” (Suter, & Giangreco, 2009, p.91). To put it another way, paraprofessionals take on the primary responsibility of supporting students with the greatest needs with minimum supervision or support from credentialed professional.

Parent perspectives. Parents of students with disabilities have also questioned the roles and responsibilities of paraprofessionals supporting their children. Giangreco & Broer (2005) found that approximately 50% of the 288 parents surveyed did not believe

they had been well informed about (a) how schools defined appropriate and inappropriate paraprofessional roles nor did they feel they had been informed about the (b) potential benefits and drawbacks of providing paraprofessional supports for their children. Despite a lack of information and clarity regarding the explicit roles of the paraprofessional, parents whose children with disabilities receive paraprofessional support reported positive perceptions of the tasks they perform. Werts, Harris, Tillery, and Roak (2004) interviewed 28 parents of students with mild to moderate disabilities receiving paraprofessional support in inclusive settings. Parents in this study perceived the primary responsibilities of the professionals as “providing academic help, keeping the child focused, and assisting with behavior problems” (p. 237). In fact, one parent described the role of the paraprofessional in the inclusive setting as that of a mediator, intervening when her son would get nervous or throw a temper tantrum (p. 236). Like the resource teacher, parents of students with disabilities perceive behavior management as a primary and important paraprofessional responsibility.

Student perspectives. Students with disabilities also perceive the role of the paraprofessionals as that of primary support personnel. Broer, Doyle, & Giangreco (2005) interviewed 16 young adults with moderate intellectual disabilities regarding their experiences with paraprofessionals. Examining paraprofessional roles and responsibilities through the eyes of former students uncovered characteristics associated with exclusivity in the relationships between the paraprofessional and the student. Students reported limited interactions with the general education or classroom teacher and indicated that the paraprofessional functioned as the primary teacher. As one student explained, “they [teachers] can’t really spend a lot of time with one person [student with a disability],

because they have a class to teach” (p. 424). As part of this primary teacher role, some students recognized the need for the paraprofessional to provide behavior support. One student described his experience by stating, “I get out of control; but when I had someone around me, it made me stop” (p. 424). The sampling in this study is small, but the findings are corroborated by interviews with stakeholders other than students.

In summary, the research regarding the roles and responsibilities of paraprofessionals from the perspectives of school personnel, parents and students is consistent. Findings indicate that special education paraprofessionals provide a primary support role and assume considerable responsibility for students with disabilities in the classroom. Moreover, all stakeholders attest to the significant role of the paraprofessional in providing behavior support.

Paraprofessional Perspectives

In addition to research on paraprofessionals’ roles and responsibilities from the perspectives of educators, parents and students, there is a body of research reflecting the perspectives of paraprofessionals themselves. The research discussed in this section includes paraprofessionals’ definition of their role, their responsibilities in providing behavior support and their perceptions of autonomy in serving students with behavioral needs.

Role definition. According to a study by Riggs & Mueller (2001), paraprofessionals are seldom provided with clear job descriptions and therefore have differing perceptions of their own roles and responsibilities. Based on interviews with 23 paraprofessionals supporting students with a full range of disabilities employed in public elementary schools the researchers reported that half of the respondents were not

provided with a written job description. However, the job descriptions that were provided focused on duties, hours, and salaries but did not reflect actual job responsibilities. In fact, in one study paraprofessionals supporting students with moderate to severe disabilities expressed frustration that administrators and/or teachers changed the paraprofessional's duties and schedules without notice or the benefit of consultation, adding further ambiguity of their roles (Patterson, 2006).

Despite the lack of specific job descriptions, research studies conducted from the perspective of the paraprofessional supporting students with a full range of disabilities agree that two of their primary roles and responsibilities are instruction and behavior management (Downing, Ryndak, & Clark, 2000; Giangreco & Broer, 2005; Liston, Nevin, & Malian, 2009; Patterson, 2006; Riggs & Mueller, 2001). In fact, paraprofessionals report spending more time supporting the academic and behavioral needs of student with disabilities than do the general or special education teachers. In a study using self-reported time, teachers acknowledge spending on average 34% of their time instructing students with disabilities compared to 47% that paraprofessional's reported spending throughout the academic day. However, teachers spend, on average, 8% of their day engaged in behavioral support while paraprofessionals, on average, spend 19% of their time engaged in the same activity. In addition, the percentage of time spent on behavior support is significantly higher (22%) when paraprofessionals are working with students with moderate to severe disabilities. According to these findings, not only do paraprofessionals spend more time with students, but also a significant amount of that time is spent engaged in behavior support activities.

The paraprofessional's role in providing behavior support. Paraprofessionals report that when the management of student behavior becomes their primary duty and responsibility, they are often the ones called upon to respond to and manage any and all students who engage in inappropriate or disruptive behavior. In the words of one paraprofessional working with students with severe disabilities, "It doesn't matter what I'm doing, if a child is disruptive...I am the one that has to get that child out of there to calm them down whether the teacher is teaching or not" (Patterson, 2006).

Managing student behaviors is not always an assigned responsibility; it can also be a responsibility assumed by paraprofessionals who believe their role is to ensure the successful inclusion of students in the general education classroom. Marks, Shrader, and Levine (1999) found that paraprofessionals supporting students with moderate to severe disabilities felt their own performance was defined by the acceptance of the student with disabilities by the teacher in the general education program. Consequently, paraprofessionals felt responsible for (a) handling disruptive behaviors so the teacher would not have to be involved, (b) helping teachers understand the probable causes of student behaviors that disturbed the class, and (c) assuring the teacher that any disruptive behaviors need not be taken personally. Although the study's participants were contracted by the school district from a non-public agency, received training and supervision from a behavior consultant, and were specifically assigned to provide one-to-one behavior support to students with challenging behaviors, their perspectives and experiences are similar to non-agency, district-employed paraprofessionals supporting students with moderate to severe disabilities in inclusive settings (Giangreco, Edelman, Luiselli, & MacFarland, 1997).

When paraprofessionals assume the primary role of behavior manager, they also take on the responsibility of being the single person most knowledgeable about the student. Paraprofessionals primarily working with students with moderate to severe disabilities have reported believing that they know the student better than other professionals and therefore feel responsible for educating and informing others about the student's behavioral and academic needs (Chopra, Sandoval-Lucerno, Aragon, Bernal, de Banderas, & Carroll, 2004; Downing, Ryndak, & Clark, 2000; Marks, Shrader, & Levine, 1999; Patterson, 2006). In addition, paraprofessionals often assume the primary burden of responsibility to ensure the educational success of the student (Marks, Schrader, & Levine, 1999). Interviews with paraprofessionals participating in a focus group study reported that they knew the student best and often acted as links or connectors between parents and teachers, students and teachers, students and peers, and sometimes between students and parents. They were often the ones who connected problems at home with challenging behaviors at school, utilized problem-solving and conflict resolution strategies among students, and explained a student's problem behaviors to the teachers (Chopra, et.al, 2004; Marks, Shrader, & Levine, 1999). Added to the role of connector or liaison, is the responsibility to negotiate and incorporate a variety of suggestions and recommendations for addressing the student's behavior from school professionals and parents (Marks, et. al, 1999, p. 3).

Autonomous decision-making. Paraprofessionals have also reported operating with a high degree of autonomy, making decisions without professional oversight (Downing, Ryndak & Clark, 2000; Giangreco & Broer, 2005; Marks, Schrader & Levine, 1999). Interviews with 16 paraprofessionals working with students with moderate to

severe disabilities in kindergarten through 12th grade inclusive settings for more than 50% of the instructional day reported engaging in a wide range of activities including providing academic and behavioral support. Behavior support interventions included preventing “students with disabilities from disrupting other class members” with inappropriate behaviors, removing students from the classroom “when a behavior became too disruptive,” and “attempting to keep students on task” so disruptive behaviors would not occur (Downing, Ryndak, & Clark, 2000, p. 174).

When supporting students with moderate to severe disabilities in general education classrooms, paraprofessionals also reported assuming a high level of responsibility for making decisions regarding behavior interventions. They reported that many interventions for inappropriate behaviors were decided spontaneously and “depended on the individual student, the situation, and the extent to which a specific behavioral intervention plan existed” (p. 177). Paraprofessionals also expressed concern that when decisions regarding behavioral support are made on the spot, they might inadvertently reinforce an undesired behavior (p. 177). Inclusive practices that assign paraprofessionals to support students with disabilities in general education programs without direct and ready access to a special educator contribute to the high the level of decision-making responsibility they assume.

In summary, research most often examining the perspectives of paraprofessionals supporting students with moderate to severe disabilities reports that roles are not clearly defined. Paraprofessionals report that one of their most frequently assigned roles is to provide behavior support to students with disabilities. In addition, research indicates that paraprofessionals often assume the primary responsibility for behavior support

implementation and report making decisions regarding behavioral interventions with minimal professional oversight.

Preparedness of Paraprofessionals Providing Positive Behavior Support

Paraprofessionals play a prominent role in supporting the behavioral needs of students with disabilities. Effectively serving students necessitates that paraprofessionals be adequately prepared to support the behavioral needs of students in various educational settings. The following section reviews research regarding the preparation of paraprofessionals including their training, supervision and team membership.

Training for Paraprofessionals

When paraprofessionals do not receive clear direction regarding the appropriate use of behavior supports and strategies, their interventions can have unintended, negative results (Giangreco, Edelman, Luiselli, & MacFarland, 1997; Marks, Shrader, & Levine, 1999). Clear role identification establishes reasonable guidelines regarding the appropriate, adequate training for paraprofessionals to carry out their assigned responsibilities. Paraprofessionals, however, consistently report a lack of sufficient and formal training to manage the behavioral challenges of the students they are assigned to support (Carter, O'Rourke, Sisco, & Pelsue, 2008; Patterson, 2006; Chopra, Sandoval-Lucero, Aragon, Bernal, Balderas, & Carroll, 2004; Riggs & Mueller, 2001). Although IDEA requires paraprofessionals to be trained, research shows that despite the level and type of responsibilities being assumed by paraprofessionals, most reported little to no formal training and worried that they were not qualified to be a student's principal decision-maker (Downing, Ryndak, & Clark, 2000). Especially with regard to providing appropriate behavioral interventions, "some [paraprofessionals] expressed fear that they

could inadvertently reinforce an undesired behavior (Downing, Ryndak, & Clark, 2000, p.177).”

In examining the training needs of over 300 paraprofessionals supporting students with a full range of disabilities, Carter, O'Rourke, Sisco, & Pelsue (2008) found that “the most common form of training received...was on-the-job- training (48.7%), followed by in-service training (25.5%)” (p. 7). In addition, 87.9% of the paraprofessionals surveyed reported receiving training about rules and procedural safeguards regarding management of students' behavior. In the same study, 27.4% indicated a considerable need for additional training for implementing behavior management techniques. In short, the behavior management training paraprofessionals receive is not adequate to meet the challenges of the responsibilities they are asked to assume. In the absence of formal training, paraprofessionals have relied on “their own knowledge and skills, based on what they had learned watching teachers and others in their positions...common sense, and...their parenting experiences” (p. 228) when making unilateral decisions regarding student behavioral support. In other words, the lack of formal specific training, forces paraprofessionals to develop and draw upon their own resources.

An emerging body of research demonstrates that under certain conditions, paraprofessionals can learn to effectively implement strategies that improve academic (Lane, Fletcher, Carter, Dejud, & DeLorenzo, 2007; Vadasy, Sanders, & Peyton, 2006) and behavioral outcomes (Causton-Theoharis & Malmgren, 2005; Kotkin, 1998) for students with mild to severe disabilities. In studies in which paraprofessional intervention for students with learning disabilities resulted in improved student academic outcomes, paraprofessionals support supplemented ongoing instruction, they received

explicit and extensive instructional training, as well as ongoing monitoring and feedback from their supervisors (Lane, et al, 2007; Vadasy, Sanders, & Peyton, 2006). Causton-Theoharis & Malmgren (2005) found that a relatively small change in paraprofessionals behavior brought about through training resulted in an immediate and dramatic increase in social interactions between students with severe disabilities and their peers. Although the studies focused on improving student behavioral outcomes through training in the use of specific behavior interventions, the studies do not clarify or address the extent to which the supervisors provided monitoring, support, or feedback (Causton-Theoharis & Malmgren, 2005; Kotkin, 1998). These studies are part of a growing body of research demonstrating that, with appropriate training, paraprofessionals can take on supportive instructional and behavioral responsibilities.

Supervision of Paraprofessionals

Of equal importance as training paraprofessionals to perform adequately the required behavioral support duties is supervision and feedback regarding their performance. According to French (1997) comprehensive paraprofessional supervision should include: orientation, tasks assignments, scheduling, planning, training, performance evaluation, and managing the work environment. In a study comparing actual supervision practices with those recommended in the literature, French (2001) investigated the paraprofessional supervision practices of 240 public school special education teachers in kindergarten through 12th grade programs. Although respondents were “highly experienced and educated” (p. 43), they indicated that their credentialing programs did not prepare them to supervise paraprofessionals. Most reported that they gained this knowledge and skill through “on the job training” (p.48). The insufficient

supervision paraprofessionals receive may be related to the preparation for assistant supervision received by teachers during their credentialing programs. Even so, teachers identified behavior support was one area they focused on most often when giving instructions to paraprofessionals, however, they primarily used informal methods of support such as verbal instruction and comments regarding performance.

One research study looked at the level of supervision paraprofessionals supporting students with a full range of disabilities received as evidenced by the amount and quality of time teachers spend with them. Giangreco & Broer (2005) administered questionnaires to administrators, general and special education teachers, paraprofessionals, and parents about how paraprofessionals spent their time. Teachers reported spending less than 10% of their time providing behavior support to students compared to the 19% that paraprofessionals spent engaged in the same task. Based on Giangreco & Broer's (2005) findings, "on average, each special education paraprofessional might expect to receive less than 2% of a special educator's time in training, supervision or other professional direction" (p. 21). Lack of sufficient, suitable training, supervision and guidance can impair an IEP team's ability to effectively implement behavior support designed to produce favorable student outcomes and promote inclusion in the least restrictive environments.

Team Membership for Paraprofessionals

When the paraprofessional assumes primary responsibility for managing a student's behavior, collaborative team membership is as important as training and supervision. The literature suggests that paraprofessionals generally desire more interactive collaboration and planning time with teachers to increase their competence

and prepare them to assume important responsibilities (Chopra, Sandoval-Lucero, Aragon, Bernal, Balderas, & Carroll, 2004; Downing, Ryndak, & Clark, 2000; Liston, Nevin, & Malian, 2009). Without team membership, many paraprofessionals who assume the primary burden of a student's success, report feeling isolated and lonely in the performance of their duties as well as unsure about how to support the behavioral needs of the student (Downing, Ryndak, & Clark, 2000; Marks, Schrader & Levine, 1999). In addition, relationships with school site professionals that are not reflective of mutual respect result in paraprofessionals feeling frustrated, devalued, and improperly utilized (Riggs & Mueller, 2001).

Regular contact and communication with professionals in the school setting has a positive effect on a paraprofessional's attitude and performance. For example, paraprofessionals characterized positive school environments as "working as a team with teachers, being viewed as educators, being treated with respect by all personnel and parents, and feeling rewarded by their work with children" (Chopra, Sandoval-Lucero, Aragon, Bernal, Balderas, & Carroll, 2004, p. 227). When asked to assess conditions relating to employment, paraprofessionals "indicated that their relationships with staff (as evidenced by participation in staff meetings and demonstrations of respect by colleagues) were important ...and essential to creating a successful team" (Riggs & Mueller, 2001, p. 59). This view is supported by a survey conducted by the U. S. Office of Special Education Programs reporting that paraprofessionals who spent time meeting with teachers or other professionals not only felt confident in their ability to implement special education programs but they also felt better about their overall performance (SPeNSE, 2002).

Devlin (2005) conducted a study that demonstrated the importance and effectiveness of team work in improving the behaviors of students with moderate disabilities. Six teacher-paraprofessional teams participated in a three-part training designed to: (1) increase awareness and consciousness of the rationale for inclusive practices and collaborative teamwork; (2) teach skill building and decision-making strategies along with team reflection; and (3) apply coaching and consulting skills as the team supported students with assessed behavioral needs. The behavior support implementation delivered after the team-based training resulted in an increase in teacher-student interactions and a significant decrease in paraprofessional-student interaction. In other words, the common goal-oriented and coordinated effort of the teacher and the paraprofessional resulted in an increase in student independence. Although the size sample of this study is small and the data collected was limited to approximately three hours per team, this preliminary investigation demonstrates positive training outcomes for teachers and paraprofessionals who use collaborative team methods to support the behavioral needs of students with disabilities.

In summary, paraprofessionals report little preparation to serve students with behavior needs. Specifically, they lack formal training and supervision and are often isolated. The research suggests that effective preparation for paraprofessionals includes systematic training, supervision and team membership.

Summary

Federal law has significantly impacted the employment of special education paraprofessionals, making them a substantial and important part of the special education workforce. Indeed, federal legislation authorizes paraprofessionals to assist in the

provision of special education supports and services provided they are appropriately trained and work under the supervision of qualified professionals. A review of literature regarding paraprofessional support reveals historical trends broadening paraprofessional roles and responsibilities. Studies exploring the utilization of paraprofessionals from the perspectives of various stakeholders focus primarily on support for students with moderate to severe disabilities and report a general consensus that a primary and significant role of paraprofessionals is to provide behavioral support. However, despite federal mandates to train and supervise paraprofessionals, paraprofessionals assume primary responsibility for behavioral support to students with minimal preparation and oversight from professionals, forcing them to make autonomous decisions regarding behavioral interventions spontaneously. Although allowing paraprofessionals to assume exclusive rather than shared responsibility for the behavioral support of students with disabilities has become a common practice, it does not align with federal legislative provisions that paraprofessional assistance supplement, not supplant, education from professional educators.

Federal mandates to provide positive behavior interventions has direct implications for the training and supervision of paraprofessionals assigned to provide behavior support. Research findings indicate that key components of effective behavior support are training, supervision, and a team approach. Yet the research shows that paraprofessionals are assuming primary, exclusive responsibilities for providing behavior support and are inadequately prepared. Moreover, studies emphasize that with limited knowledge and training in positive behavior supports and limited supervision, paraprofessionals often make autonomous decisions implementing ineffective practices.

Supporting the behavioral needs of students with disabilities necessitates that paraprofessionals be prepared to implement positive behavior interventions effectively in diverse contexts. Effective behavior support requires that paraprofessionals possess a sufficient level of knowledge and skill necessary to fulfill the assigned responsibilities. An emerging body of research has demonstrated that paraprofessionals can, under certain conditions, learn to effectively and appropriately implement strategies and interventions that result in improved student behaviors.

If paraprofessionals are to continue to play a major role in the implementation of positive behaviors supports, then understanding what they perceive to be appropriate and adequate preparation to support the behavioral needs of students with disabilities effectively is of particular importance. This study will extend the research regarding paraprofessional's understanding of their role and responsibilities in behavioral support to students with mild to moderate or high incidence disabilities in the general education environment. The next chapter will discuss the phenomenological approach to the research and outline the methodology of the study.

CHAPTER III
METHODOLOGY

Introduction

The purpose of this qualitative study is to explore the perceptions and experiences of paraprofessionals regarding their role and responsibilities to provide behavioral support to students with high incidence disabilities and to gain a better understanding of the design and implementation of service delivery that leads to effective paraprofessional support and improved behavioral outcomes for students. This study examines the essential structures of the paraprofessional-student interactions from the perspective of the paraprofessional to determine if paraprofessionals' perceived roles and responsibilities as behavior support personnel align with the characteristics of an effective behavior support service delivery model.

Research Questions

The research questions for this study emerged from a review of the literature that reports that paraprofessionals, primarily those supporting students with moderate to severe disabilities, are expected to assume high levels of responsibility for providing behavioral support to students with disabilities yet are generally provided with minimal formal training and insufficient supervision. In seeking to understand this service delivery model from the perspective of the paraprofessional supporting students with high incidence disabilities, this study addresses the following research questions: (a) What do paraprofessionals see as their role and corresponding responsibilities when supporting students with disabilities and behavioral needs? (b) How are paraprofessionals prepared to carry out those duties and responsibilities? (c) What factors, skills and/or

knowledge do paraprofessionals believe impact their ability to provide effective behavioral support?

This chapter describes the study's research methodology including: (a) rationale for using a qualitative research approach, (b) description and justification of the research context, (c) research sample and data sources, (d) description and justification of the research instruments, (e) description and justification for the data collection methods and procedures, and (f) an explanation of the role of the researcher. The chapter closes with a brief concluding summary.

Research Paradigm and Tradition

Qualitative research defines the researcher as a learner, constructing understanding through interactions with participants within social contexts (Rossman & Rallis, 2003). The design of this study is based on the belief that qualitative research is interpretive and seeks to learn about reality as the participant understands it. It takes the position that individuals shape their own reality within various social contexts. Akin to proponents of the interpretive constructivist paradigm, is the belief that "what people know and believe to be true about the world is constructed or made-up as people interact with one another over time in specific social settings" (LeCompte & Schensul, 1999, p.48). This interpretivist research study attempts to describe and understand a complex and constructed reality from the viewpoint of the paraprofessional supporting the behavioral needs of students with disabilities in elementary school settings.

The researcher's ideas about paraprofessional support are constructed from experience as a special educator, an inclusion facilitator, a behavior specialist, and a special education administrator. The researcher believes that behavior support should

facilitate the student's learning of appropriate replacement behavior that meets the same function as the behavior that impedes learning as determined in the student's Individual Education Program (IEP). The researcher also believes that paraprofessional support should be directed, monitored, and supervised by the teacher as primary service provider. This study is designed to learn about the service delivery model using behavioral support provided by paraprofessionals for students with high incidence disabilities and how it is or is not determined by the IEP. This research will attempt to describe and understand how paraprofessionals engage in the role of behavioral support facilitator.

To gain knowledge and insight into the activities of paraprofessionals a phenomenological tradition will prove an appropriate approach for understanding this complex reality. The phenomenological tradition is a research methodology that "seeks to understand the deep meaning of a person's experience and how she articulates these experiences" (Rossman & Rallis, 2003, p. 97). According to Rossman and Rallis (2003), phenomenological methodology is inquiry centered on intentionality and caring that seeks descriptions, interpretations, and critical self-reflection about the topic and the inquiry process. This tradition assumes that meaning is constructed and conveyed through language. Therefore the essence of a particular phenomenon can be derived through the dialogue of purposeful, iterative interviews and self-reflection (Rossman & Rallis, 2003). The intention of this study is to engage paraprofessionals in dialogue about an experience of interest, namely supporting the behavioral needs of students with disabilities. The use of phenomenological inquiry will present evidence based on context and perspectives that will inform this study.

Research Setting/Context

This study was conducted to understand and learn about the behavioral support interactions between paraprofessionals and students with high incidence disabilities. The settings of interest were those that employed key elements of effective behavioral support environments as identified in the literature. In particular, the study looked for elementary schools with special education programs for students with disabilities who receive the majority of their education in the general education classroom. Within these settings, a purposeful sample of participants was selected based on specific criterion, including paraprofessionals who support students with high incidence disabilities in general education programs. Therefore segregated sites serving only students with moderate to severe disabilities with no access to the general education population were not considered. Participants that fit the criteria were found in a school district that allocated special education paraprofessionals to provide individual student support rather than to serve as baseline supports to all students in an educational program.

The setting selected for this study was a suburban elementary school district with 14 special education programs for students with mild to moderate disabilities. In this district students with mild to moderate disabilities accessing standards based core curriculum typically receive special education services in the education in general education classes where they spend the major portion of their school day. Special education policy in this district allocates paraprofessionals to support the behavioral needs of individual students with disabilities when an assessment and monitoring procedure determines the need, the level, and the type of behavior support the student requires. When it is determined that additional assistance is required to assist with the

provision of behavior support, the district's behavior specialist monitors the allocation of paraprofessionals to those students to provide behavior in the general education classroom.

Personal and professional associations with administrative colleagues working in the school district were used to obtain an introduction to the behavior specialist who provided clarification regarding the allocation, monitoring, and supervision of the paraprofessionals who support students with behavioral needs and disabilities. Interviews with the behavior specialist outlined policies and procedures used by the district for assigning, training, monitoring, and supervising paraprofessional support that aligns with quality indicators of both effective behavior support and the effective use of paraprofessionals. The behavior specialist expressed an interest in assisting with this research study and provided the researcher with an introduction to the school superintendent.

After an interview with the district superintendent, the behavior specialist was granted permission to assist the researcher in the identification of potential interviewees by identifying paraprofessionals with knowledge and experience providing behavioral support to students with disabilities. Of 30 possible paraprofessionals distributed throughout the 14 elementary school campuses, the researcher anticipated identifying 10 to 12 participants. Each potential participant was provided with an *Introductory Letter* (see Appendix C) delineating conditions, procedures and safeguards of the research study.

Research Sample and Data Sources

The purpose of this study is to understand paraprofessionals' perceptions regarding the development of the competencies necessary to effectively support the behavioral needs of students with disabilities. Since the phenomenological approach to research is the study of experience from the perspective of the individual, the methods used to collect data were in-depth, semi-structured interviews with open-ended questions. The use of interviews to obtain information provided a means for understanding the experiences of the paraprofessionals and the meanings they attribute to those experiences. This phenomenological research study is interested in describing the paraprofessional experience rather than explaining it and originates from the perspective of the interviewee, keeping the role of the researcher as free from bias and preconceptions as possible. Interviews were designed to provide the paraprofessionals with a vehicle to describe, articulate and explain their experiences and to confine the role of the researcher to that of an interested and subjective participant.

This research study relied on a purposeful sampling strategy that identified participants meeting a pre-selected criterion relevant to the study's research questions. The sources of data collection were paraprofessionals in elementary settings who worked with students with disabilities and behavioral needs in general education settings. Interviewing paraprofessionals who spend the majority of their time in the general education classroom without immediate access to a special education teacher assisted the researcher to understand how paraprofessionals perceived their role as a behavior support provider, and the types of behavioral interventions and interactions occurring when paraprofessionals are most likely to make decisions autonomously.

To solicit participants, the behavior specialist for the school district was enlisted to identify paraprofessionals who met the following criteria: (a) provide support to one or two students with disabilities and behavioral needs, (b) support students with mild to moderate disabilities, (c) spend time in the general education classroom, and (d) have been providing this support for at least 1 month. A flyer extending an invitation to participate in the research study was distributed to the 30 possible candidates identified by the behaviorist (see Appendix A). The researcher also followed-up on the flyer by visiting several schools sites with the permission of the administrator to meet with paraprofessionals and extend a personal invitation to participate in the study. Along with the personal invitation potential participants were given a letter inviting them to share their experience in working with students with behavioral challenges as part of a research study (see Appendix B).

Once the initial participants responded to the flyer and participated in interviews, they in turn used their social networks to refer and recruit other paraprofessionals, a method also known as *snowballing*. Since most of the special education paraprofessionals in this district typically work between 3 and 3 ½ hours a day and share an assignment to provide support for a particular student(s) with another paraprofessional, many of the paraprofessionals recruited through this snowball method of sampling worked with the same student(s). Paraprofessional recruitment yielded participation of 11 paraprofessionals who met the criteria.

An interview protocol was used to collect information from the paraprofessionals who participated. The order and format of the interview protocol questions varied depending on the responses of each interviewee and questions and prompts were used to

clarify or explain information. Interviews were scheduled at the convenience of the paraprofessionals and all but one was conducted in person at a location selected by the participant to ensure maximum comfort, minimum stress, and confidentiality. One paraprofessional selected to be interviewed by phone. The interviews ranged from 45 to 60 minutes and, with the permission of each participant, were audio taped and transcribed verbatim in a manner that was loyal to the interviewee's original statements. Pseudonyms were used in the transcriptions to maintain participant anonymity.

Demographic information was gathered during the interview that described various characteristics of the participants including, gender, age, highest level of education, years of experience, length of time supporting the current student, percentage of time in the general education setting, and grade of student served (see Table 1). Ten of the eleven (91%) participants were female and most often fell into the 40 to 50 year old

Table 1

Characteristic of Paraprofessionals

Paraprofessional	Gender	Age Range	Highest level of education	Years of experience	Time with student	% of time in GE	Grade of student	Disability of student supported
1	F	40	MA	8	1 mo	100%	K	Autism
2	F	50	BA	4	1 mo	100%	K	Autism
3	F	50	BA	13	2 yrs	100%	5	Unknown
4	F	40	HS	8	1 mo	100%	1	Autism
5	F	40	BA	8	2 mo	100%	1	Autism
6	F	50	HS	5	1 mo	100%	K	Autism
7	F	60	HS	5	3 mo	100%	2	Autism
8	F	40	AA	6	5 yrs	100%	5	Autism
9	M	20	AA	2	6 mo	100%	3	SLI
10	F	60	HS	10	1½ yrs	100%	2	Autism
11	F	50	HS	6	6 mo	100%	2	ID

Note: HS = High school diploma; AA = Associate of arts degree; BA = Bachelor of Arts degree; Master of arts degree; GE = General education; SLI = Speech and language impairment; ID = Intellectual disability

age range. Years of experience as a paraprofessional ranged from 2 years to 13 years, with a mean of 7 years. All the paraprofessionals interviewed spent 100% of the school

day in the general education classroom eight (72%) reported supporting students with autism. The amount of time spent with each student ranged from 1 month to 5 years, with most (73%) spending 6 months or less with a student.

Triangulation of data gathered from interviews included a review of archival documents that delineate policies and procedures regarding the assignment of paraprofessionals to support students with behavioral needs. Documentation consisted of the procedural manual outlining district procedures for assessing and monitoring the need for paraprofessional assistance to support students with challenging behavioral.

Instruments and Procedures

An interview protocol framework based on recurring themes identified in the current research literature was developed by the researcher and used to elicit the paraprofessional's perspective regarding interactions, interventions, and experiences supporting the behavioral needs of students with disabilities. The interview protocol guided the collection of information about the paraprofessional's background, training, instructional setting, daily responsibilities, and conditions under which they provide support for students. Open-ended questions focused on the research subject matter and offered flexibility to explore any related topics that emerged during the interview process. The interview protocol was designed to collect details of the paraprofessional's experience specific to the role of a behavior support assistant.

The purpose of this study was to identify paraprofessional's perceptions and experiences regarding the development of the competencies necessary to effectively support the behavioral needs of students with high incidence disabilities. The interview process was used as the "vehicle to develop a conversational relationship with a[n]

[interviewee] about the meaning of an experience” (Rossman & Rallis, 2003, p. 190).

The interview protocol was designed to capture the true paraprofessional experiences, practices, and beliefs through the use of open-ended interview questions focused on the specific details of the paraprofessional’s experience supporting the behavioral needs of students with disabilities. A copy of the interview protocol can be found in Appendix E. It is anticipated that analysis of this data will contribute information that will assist special educators, general educators, administrators, and special education support personnel to establish appropriate guidelines, supervision, and training for paraprofessionals working in the capacity of behavior support providers.

Prior to each interview, informed consent was obtained from each participant. A copy of the Informed Consent Form can be found in Appendix D. Transcripts of the interviews were submitted to the participant for a *member check* to triangulate the data obtained from each interview and ensure reliability. A member check is a “specific way that researchers test their own meaning making by going back to, and asking for feedback from, those studied...for an assessment of whether the research ‘got it right’” (Schwartz-Shea, 2006, p. 104). Through the member check, participants were given the opportunity to verify the accuracy of the transcript, make corrections, additions or deletions, and add any additional information they believed was important and provided clearer understanding to their roles, and/or responsibilities. Only one participant responded to the transcript suggesting minor changes that clarified original transcript passages. Those clarifications were used to modify the transcripts used for data analysis. All transcripts were kept on the researcher’s personal computer and all hard copies were maintained in a

secured cabinet at the residence of the researcher. Tapes of the interviews will be erased within 12 months of their transcription.

Data Collection Method

This research study focused on the subjective view of the paraprofessional's experience; therefore the primary method of data collection was interviews that relied on an interview protocol approach to collect data from each participant. This approach to a qualitative interview is appropriate because it upholds the assumption that "the participant's perspective on the phenomenon of interest should unfold as the participant views it and not as the researcher views it" (Rossman and Rallis, p. 181). In addition, data collected through the interviewing process has the greatest potential for eliciting rich, thick description that, according to Seidman (1998), "provides access to the context of people's behavior thereby provides a way for researchers to understand the meaning of that behavior" (p.4).

An interview protocol of the main research questions served as a conversational guide for each interview (see Appendix E). Questions for the interview protocol were derived from themes identified in current research as influential in the determination of paraprofessional roles and responsibilities. The purpose of the interview protocol was to elicit the paraprofessional's perceptions and experiences based on the identified themes and also remain open to pursuing related topics of interest and concern that may emerge. Prefigured interview questions focused on the behavioral supports paraprofessionals provide to students with disabilities and how paraprofessionals determine that supports are appropriate and effective. If, according to Seidman (1998), "the meaning people make of their experience affects the way they carry out that experience," then interviews

will provide an appropriate vehicle by which to collect data about the meaning paraprofessionals give to their experiences as behavior support providers. Interviewing, therefore, would elicit information that provides insight into the paraprofessional's actions within the appropriate context.

Although interviews have certain strengths, there are various limitations associated with interviewing. Not all interviewees may be equally cooperative, articulate, perceptive or forthcoming. The skill and experience of the interviewer can also have a significant influence on the type and quality of information gathered. In addition, the interaction between the interviewer and interviewee as well as the context and structure of the interview can influence the data collected. A more in-depth discussion of these issues is presented under the subsequent section titled "Role of the Researcher."

To provide optimal structure and participation, the researcher contacted prospective participants via the communication method most convenient to him/her, e.g. phone call or email, with information describing the purpose of the study, inviting their participation, and requesting a convenient date, time, and location for a face to face interview. The researcher solicited 11 paraprofessionals working in elementary school settings to interview. The interviews took place between September and December of 2010. Before each interview, the interviewee was asked to review and sign a consent form required for participation in this study and reassured that participant anonymity and confidentiality would be maintained and respected throughout the interview process.

All interviews were conducted in person with the exception of one that was conducted over the phone at the request of the participant. Each interview was audio taped. Upon completion of the interview, each audiotape was transcribed verbatim in its

entirety by the researcher. A copy of the transcription was submitted to the interviewee for a member check. At this time the participant was given the opportunity to verify the accuracy of the transcript, make corrections, additions or deletions, and add any additional information he/she felt was important and would provide clearer understanding to their roles, and/or responsibilities. Those changes, additions or deletions were then used to modify the transcripts used for data analysis.

Data Analysis Techniques

This research study used data collected from interviews to capture the subjective view of the paraprofessional's lived experience as a behavior support provider for students with disabilities and behavioral needs. According to Rossman & Rallis, "analysis starts when you frame the research questions" (p. 272) and they recommend engaging in analysis as the study unfolds. For this reason, preliminary data analysis began with an interview that was focused on, but not strictly structured around, reoccurring themes suggested in the literature. Kvale (1996) described a *focused* interview as one that "focuses on the topic of research" but then leaves it "up to the subject to bring forth the dimensions he or she finds important in the theme of inquiry" (p. 31). Throughout the data collection process, passages or quotes worthy of attention or that provided illustrative examples of paraprofessional experiences were pre-coded or highlighted for later analysis.

The interviews' emerging themes were discovered using the interview transcript *coding* to retrieve what the interviewees identified as important to their experience. By definition, coding is the process of assigning tags or labels to units of meaning contained within the descriptive or inferential information compiled as a result of data collection. It

is also “the transition process between data collection and more extensive data analysis” (Saldaña, 2009, p. 4). Bliss, Monk, and Ogborn (1983) tell us that a word or phrase does not “contain” its meaning as a bucket “contains” water, but derives meaning from its significance in a given context. Check coding was also used to aid definitional clarity and as a reliability check for the selected codes. Check coding is the process of recoding of the same data set by another researcher and the discussions that follow regarding any differences.

To assist in moving the data from the specific to a deeper more conceptually coherent arena, data analysis included *memoing* and *code linking*. Memoing is the process of tying together different chunks of data into recognizable clusters that resemble examples of a general concept or theme. According to Miles and Huberman (1994) memoing is “one of the most useful and powerful sense-making tools at hand” (p. 72). Data analysis also included code linking to compare how the data clusters or ideas are expressed across interviews. Code linking occurred when coded “data units...contain[ed] stories or extended descriptions of important events in which several core ideas are linked” (Rubin & Rubin, 2005, p. 232). This process enabled the researcher to refine meanings by grouping information from interviews to form descriptive narratives.

Interview data was audio taped and transcribed by the researcher using a Microsoft word processing program. Final transcripts of interviews used for data analysis included modifications based on changes, additions or deletions requested by the interviewee during the member check process. Each interview was assigned a numeric pseudonym and any reference to identifying information within the text of the transcript

was replaced by a numeric pseudonym to maintain participant anonymity and confidentiality.

To manually divide the interview text into chunks and segments, the researcher attached codes to the chunks and segments, and found and displayed all instances of coded chunks/segments or combinations thereof. The researcher read each transcript individually and coded, tagged, and labeled small units of meaning and information as they applied to the research question. Each unit of the data was then analyzed with an extended phrase or sentence that identified what the unit was about and what it meant. The researcher then recognized the extended phrase or sentence as representative themes that served as a way to categorize a set of data into specific topics that organized a group of repeating ideas or patterns. According to Saldaña, “the search for themes in the data is a strategic choice as part of the research design that includes the primary questions, goals, conceptual framework and literature review” (p. 140). In addition to coding transcripts, the researcher included memos of ideas about the codes that emerged and their links to one another as well as to the phenomenon being explored.

Coded transcripts were submitted to a dissertation colleague with experience as a special education administrator for check-coding. The colleague was asked to match selections from interview transcripts with a list of codes developed by the researcher. Initial code matching resulted in 70% reliability between coders. Disagreements in coding were discussed and interviews reread until agreement was reached regarding coding. Coding was then revised or modified based on the collaborative resulting in agreement regarding 90% of the all coding. The check-coded transcripts of the interviews were further analyzed and organized into categories that differentiated and

combined information according to themes identified in the literature review and newly developed themes that emerged in patterns across interview participants. According to Van Manen (1990), “when we analyze a phenomenon, we are trying to determine what the themes are, the experiential structures that make up that experience” (p. 79). A careful reading of the coded transcripts to identify broad themes that emerged from the data answered the research questions and contributed to an understanding of the perceptions paraprofessionals regarding their roles and responsibilities as behavior support providers for students with disabilities.

Role of the Researcher

Qualitative research defines the researcher as a learner, constructing understanding through interactions with participants within social contexts (Rossman & Rallis, 2003). Qualitative research “sees the learner as a constructor of knowledge rather than a receiver... and qualitative inquiry provides the detailed and rich data for this learning process” (Rossman & Rallis, 2003, p. 5). In this study the role of the researcher is to learn about the experiences and perceived realities of paraprofessionals and to generate understandings that can be used to help improve their social world. In other words, the qualitative researcher is an integral part of the inquiry process and the means through which the study is conducted.

The role of the researcher is to gather data that represents the realities of paraprofessionals supporting the behavioral needs of students with disabilities. To overcome the barriers that might prevent participants from feeling comfortable in the interview setting, the researcher will clearly defined her role in ways the interviewee could understand, emphasizing that the study is interested in what they have to say,

values their insights, and believes that they have something important to contribute to the field of educational research. In addition, interviewees will be assured that the researcher does not represent the district or administration and no part of what is discussed will in any way impact, influence, or affect their present or future assignments or status as a paraprofessional.

Steps were taken to safeguard against biases when collecting data. All collection methods were peer reviewed to ensure that interview protocols used open-ended questions that were not leading. Interviews were conducted in a non-threatening, relaxed environment of the interviewee's choosing and member checks were employed with each interviewee to clarify and verify information. In addition, code checking by a colleague was used to screen for biases or assumptions.

CHAPTER IV

FINDINGS

Introduction

The purpose of this qualitative study is to explore the perceptions and experiences of paraprofessionals regarding their role and responsibilities as behavior support personnel, and their preparation to provide effective behavior support for students with high incidence disabilities. An interview protocol with eight questions was administered to eleven paraprofessionals that worked with students with high incidence disabilities and behavioral challenges from a single district. Data from the interviews were analyzed and coded according to themes emerging from three research questions: (1) What do paraprofessionals see as their role and corresponding responsibilities when supporting students with behavioral needs in the general education classroom? (2) How are

Table 2

Interview Theme by Questions

Theme	Interview Questions
Roles and responsibilities	Q 1. Do you support students with behavioral challenges? Describe those challenges, including why and where they are likely to occur. Q 2. Describe the strategies or interventions you use to address those behavioral challenges.
Preparation and support	Q 3. How did you come to use those strategies/interventions? Q 4. Do you think those strategies/interventions are effective? Why or why not? Q 5. Do you ever improvise when providing behavior support? Q 6. What training, instruction, or direction have you received to prepare you for this work?
Factors that impact job performance	Q 7. Describe what would help you do you do your job better. Q 8. If you could change one thing about your role what would it be?

paraprofessionals prepared to carry out those duties and responsibilities? (3) What factors, skills, and/or knowledge do paraprofessionals believe impact their ability to provide effective behavioral support? Table 2 lists each of the research themes and the related eight interview questions. Data was gathered from interviews with eleven paraprofessionals providing support to one or two students with mild to moderate disabilities and behavioral needs in the general education classroom.

Roles and Responsibilities

To gain an understanding of the paraprofessional's role and responsibilities in supporting students with behavioral challenges in the general education environment, paraprofessionals were asked to describe (1) the types of behaviors exhibited by students, (2) the reasons they believed the students engaged in those behaviors, and (3) the subsequent interventions or strategies they used to address those behaviors.

Behavioral Challenges

Question 1 focused on the behavioral challenges exhibited by the student as perceived by the paraprofessionals. Paraprofessionals identified students' challenging behaviors, and why and where they would most likely occur (see Tables 3 and 4). Themes that emerged from the data related to challenging behaviors were: *verbal*, *physical* and *sensory*. As shown in Table 3, the most commonly reported disruptive behaviors in which students engaged were described as verbal outbursts. Ten of the eleven participants (91%) reported behaviors that included yelling, shouting out, screaming, and name-calling. The second most commonly reported disruptive behavior was physical behavior with two themes emerging, *non-aggressive* and *aggressive*. Most predominant, identified by over half of the participants (55%), was non-aggressive

behavior such as falling on the floor, hiding under a desk, or wandering around the classroom. Three participants (27%) reported aggressive physical behavior that included hitting, pushing both adults and students, and throwing objects. Finally, two

Table 3

Disruptive Behaviors

Paraprofessional	Verbal	Physical		Sensory
		Non-aggressive	Aggressive	
1	X	X		
2	X			
3	X			X
4	X	X		
5	X			
6	X	X	X	
7		X		
8	X		X	
9	X			
10	X	X	X	X
11	X	X		
Total	10 (91%)	6 (55%)	3 (27%)	2 (18%)

(18%) reported sensory behaviors that included aversion to noise and chewing on objects.

Most of the paraprofessionals (64%) indicated students displayed more than one challenging behavior, typically verbal and physical.

Data on behavior was also examined to determine why it occurred, coded as behavior function with two themes emerging: *avoid/escape* or *obtain*. Data was further examined to determine the location of the behavior (classroom or playground). As shown in Table 4, the most frequently identified behaviors reported by all paraprofessionals were related to the theme task avoidance/escape and occurred most often in the classroom. For example, paraprofessionals reported students engaging in disruptive behaviors to avoid or escape a non-preferred academic activity, a task they perceived to

be difficult, an assignment or request they perceived to be unfair, or frustration when they had not completed a task correctly. In addition, three (27%) paraprofessionals reported students engaging in disruptive behaviors in the classroom to escape unwanted attention

Table 4

Behavior Function

Paraprofessional	Avoid/Escape		Obtain	
	Classroom	Playground	Classroom	Playground
1	T			
2	S	S		S
3	A		A	A
4	T		T	
5	T			
6	T/S	S	T	
7	T			T
8	A			
9	T			
10	T/A			
11	T			
Total	11 (100%)	2 (18%)	3 (27%)	3 (27%)

Note. A = attention or social interaction; T = task or activity; S = sensory or internal stimulation

and two (18%) paraprofessionals identified avoidance of aversive sensory stimulation as the reason for challenging behavior. Avoidance behaviors occurred less often on the playground and were attributed to sensory stimulation, e.g. aversion to loud sounds from whistles and bells.

Less than half of the paraprofessionals (45%) identified behaviors related to the theme *obtain* which included attempts to obtain attention, activities or sensory stimulation: these were reported to occur equally (27%) in the classroom and on the yard. In the classroom, for example, paraprofessionals reported disruptive behavior to gain peer attention, and to access to preferred activity. On the playground, paraprofessionals reported problem behavior occurring when a student wanted to obtain access to sensory

stimulation on the swings, access to games with other students, and access a preferred toy.

In summary, paraprofessionals supporting students with challenging behavior identified three types of disruptive behavior: verbal, physical and sensory. The most commonly reported behaviors students engaged in were verbal outbursts such as yelling, shouting out, and name-calling. These behaviors were often accompanied by other disruptive behaviors, most often physical non-aggressive behaviors such as falling on floor, hiding under a desk, or wandering around the classroom. The most frequently reported reason for a student's disruptive behaviors was to avoid academic tasks and occurred most often in the classroom setting.

Strategies and Interventions

Question 2 examined strategies and interventions used by paraprofessionals to address behavioral challenges. Data was coded according to three main themes emerging from interviews with paraprofessionals regarding behavioral strategies and/or interventions: (1) responses to inappropriate behaviors, (2) responses to appropriate behaviors, and (3) proactive strategies to prevent disruptive behavior.

Interventions for inappropriate behaviors. All paraprofessionals reported using interventions and/or strategies in response to inappropriate behaviors. As shown in Table 5, interventions most frequently used were *verbal* or *physical*. Five sub-themes that emerged for *verbal* interventions were (1) reminders or prompts, (2) reason or discuss behavior, (3) redirect, (4) ignore, and (5) calm student down. The two sub-themes that emerged for *physical* interventions were (1) remove student and (2) use restraints.

All the participants reported using some type of verbal strategy or intervention most frequently in response to inappropriate student behavior. The most commonly

Table 5

Paraprofessional	Verbal					Physical	
	Calm student down	Reason or discuss behavior	Reminders or prompts	Redirect	Ignore	Remove student	Use restraints
1	X	X				X	
2		X				X	
3						X	
4	X		X	X			
5	X					X	
6	X		X			X	X
7	X					X	
8		X		X			
9	X	X			X	X	
10		X	X	X			X
11	X		X			X	
Total	7 (64%)	5 (45%)	4 (36%)	3 (27%)	1 (18%)	8 (73%)	2 (18%)

used verbal intervention for inappropriate behavior reported by 7 of the 11 (64%) participants was a verbal intervention to calm down a student who had escalated, talking with them, offering reassurance, or discussing behavioral choices. For example, one paraprofessional described a situation in which a student “had this huge melt down and I just basically talked him through it...he just doesn’t understand what’s going on so you kind of have to explain to him.” Almost half (45%) of the paraprofessionals indicated that they also intervened by reasoning with a student or discussing behavioral choices in situations when the student has not escalated. Other verbal interventions used less often included prompts to participate in activities, to follow directions, to make appropriate comments, as well as, reminders about classroom rules, and redirection for students to return to task or to avoid a situation that might trigger a disruptive behavior. One

paraprofessional reported strategically responding to disruptive behavior that was not harmful by withholding verbal interaction and ignoring inappropriate behavior while waiting for the student to regain composure.

In addition to verbal intervention, nine of the eleven (82%) paraprofessionals reported the use of physical interventions with two sub-themes emerging: (1) removing the student and (2) use of restraints. The most common form of physical intervention as reported by 8 of 11 (73%) paraprofessionals consisted of removing the student from a classroom or a situation. Paraprofessionals stated that removing the student from the classroom was based on either the needs of the supported student or the needs of the students in the classroom. Paraprofessionals indicated that they removed students to provide a break from a difficult task or distractions or as one paraprofessionals stated, “he’ll get upset...and then usually at that point I will take him outside so that he can express himself but yet he’s not being a disruption to the classroom.”

The other physical intervention emerging from the data was the use physical restraints reported by only two (18%) paraprofessionals. Paraprofessionals reported using restraints when they feared a student would harm himself or others, and would intervene with strategies such as holding the student’s wrists, hugging him from behind, or holding his hands to prevent a student from running away.

Interventions for appropriate behavior. Interventions for appropriate behavior were reported less often by paraprofessionals and consisted of *tangible* and *non-tangible* types of reinforcement as shown in Table 6. Four of the eleven (36%) participants stated that they used a tangible reward system in response to students engaging in appropriate behavior. Students were given stickers, checks, tickets, or access to preferred activities to

reward appropriate behaviors such as working independently, completing assignments, and making good choices. Two (18%) paraprofessionals reported using the existing classroom reward system with some minor accommodations. In addition, two

Table 6

Interventions for Appropriate Behavior

Paraprofessional	Reinforcement	
	Tangible	Non-tangible
1	X	
2	X	
3	X	
4		
5		
6		
7		X
8	X	
9		
10		
11		X
Total	4 (36%)	2 (18%)

paraprofessionals stated that they responded to appropriate behaviors with non-tangible rewards including hugs, accolades, smiles, high fives, and positive notes to the parents.

Proactive strategies. When addressing challenging behavior, fewer than half (45%) of the paraprofessionals reported the use of proactive strategies to prevent the occurrence of disruptive behaviors. As shown in Table 7, the themes that emerged were *environmental* and *proximity*. Two sub-themes emerged for proactive environmental strategies: (1) scheduling and (2) sensory accommodations. Three paraprofessionals reported removing potential triggers for disruptive behavior by making environmental changes including strategically rescheduling activities to ensure student participation and

making accommodations to prevent the intrusion of aversive sensory stimulation. In addition to environmental accommodations, several paraprofessionals reported using Table 7

<i>Proactive Behavioral Strategies</i>			
Paraprofessional	Environmental		Proximity
	Scheduling	Sensory accommodations	
1			
2			X
3		X	
4			
5		X	
6	X	X	
7			X
8			
9			
10			X
11			
Total	1 (9%)	3 (27%)	3 (27%)

proximity as a proactive strategy to monitor environmental distractions, to monitor student’s emotional state, and to offer reassurance to the student that assistance was available during a difficult assignment.

Comparison of Intervention/Strategies. The interventions and strategies reported by the paraprofessionals fall into two descriptive categories: (1) reactive and (2) proactive. Reactive interventions and/or strategies were used in response to a positive or negative behavior after it has occurred. Proactive strategies were used to make environmental changes to prevent the occurrence of a problem behavior. A comparison of the total number of interventions reported indicates that paraprofessionals most often used reactive behavioral interventions to manage behaviors after they had occurred. As shown in Table 8, reactive interventions comprised 36 (84%) of the total behavioral

interventions and were used by every paraprofessional in response to behaviors. Significantly more reactive interventions, 30 of 43(70%), were used in response to inappropriate behavior. Only 6 (14%) of the total behavioral interventions reported were used to respond to and/or reinforce appropriate behavior. The use of proactive strategies to change environmental conditions to prevent behaviors from occurring was reported less often. Of the 43 reported interventions only 7 (16%) related environmental

Table 8

<i>Comparison of Intervention/Strategies</i>					
Paraprofessional	Reactive		Proactive		Total
	Interventions in response to inappropriate behavior	Interventions in response to appropriate behavior			
1	3	1	0		4
2	2	1	1		4
3	1	1	1		3
4	3	0	0		3
5	2	0	1		3
6	4	0	2		6
7	2	1	1		4
8	2	1	0		3
9	4	0	0		4
10	4	0	1		5
11	3	1	0		4
Total	30 (70%)	6 (14%)	7 (16%)		43

changes to decrease the likelihood of the student engaging in disruptive behaviors. Of those 7 strategies, 6 were changes within the control of paraprofessionals such as maintaining proximity to the student or removing aversive stimuli. Changes in scheduling, however, required collaboration with the classroom teacher.

In summary, paraprofessionals primarily used strategies and interventions to respond to inappropriate student behavior, primarily to prevent disruptive behavior. The two strategies most commonly used by paraprofessionals in response to disruptive

behavior were (1) removal of the student from the classroom or situation and (2) the use of verbal interventions to help the student calm down. Paraprofessionals also reported some use of interventions for appropriate behavior consisting mainly of tangible and intangible reinforcements. In addition, paraprofessional reported making environmental adjustments to meet student needs, and maintaining close proximity as proactive interventions to avoid potentially disruptive behaviors. Overall, paraprofessionals most often reported using behavioral interventions to manage behaviors after they had occurred.

Preparation and Support

To gain an understanding of the process by which paraprofessionals are prepared to carry out the responsibilities for supporting students with behavioral challenges paraprofessionals were asked to discuss: (1) why they used the behavioral strategies and interventions previously described, (2) how they determined if those strategies and/or interventions were effective, (3) when and how they improvised when providing behavior support, and (4) what type of training, instruction or direction they received in preparation for their job.

Acquisition of Strategies and Interventions

Question 3 focused on the process by which paraprofessionals were prepared to use the strategies and interventions they employed when addressing a student's disruptive behavior. From paraprofessionals' responses the following two themes emerged regarding the acquisition of strategies and/or interventions: (1) informal self-initiated preparation, and (2) formal direct preparation.

Informal preparation. All paraprofessionals reported reliance on one or more types of informal preparation for determining strategies and interventions to address disruptive student behavior. Four themes that emerged for informal preparation are shown in Table 9 and include (1) *on-the-job*, (2) *collaboration with professionals*, (3) *non-district preparation*, and (4) *personal experience*.

Table 9

<i>Informal Preparation</i>				
Paraprofessional	On-the-job	Collaboration with professionals	Non-district preparation	Personal experience
1	X	X	X	X
2	X		X	X
3	X	X	X	
4	X	X	X	X
5	X	X		
6	X	X		X
7	X			X
8	X	X	X	
9	X	X	X	
10	X	X		
11	X	X		
Total	11 (100%)	9 (82%)	6 (55%)	5 (45%)

The type of informal preparation reported most often by paraprofessionals to determine appropriate behavioral interventions was typically referred to as “on-the-job” training, in other words, the process of learning by doing. On-the-job training in the provision of behavioral support as reported by paraprofessionals included reliance of trial and error, personal judgment, and common sense. One paraprofessional described the use of trial and error, “you learn sometimes that some things work better than others.” Another paraprofessional spoke about how she used personal judgment when determining how to address a student’s behavioral needs: “I just wing it. I take what I have done

before and things that have worked before and just who I am and how I deal with kids and I just use that.” And a third paraprofessional simply stated, “I get to know the child and see what clicks.” In addition, paraprofessionals also reported seeking out advice and suggestions from other paraprofessionals, especially those who had experience working with the same student. As one paraprofessional in a shared assignment remarked, “[paraprofessionals] at least have a partner [paraprofessional] to collaborate with, at least one person to discuss the job with, someone who knows what they are dealing with.”

The second most commonly used form of informal preparation, reported by nine of the eleven (82%) paraprofessionals, was collaboration with professionals including general education teachers, resource teachers, behaviorists, and service providers.

Paraprofessionals reported that collaboration with teachers occurred when the paraprofessional initiated a request for help, as one paraprofessional reported, “If things really get out of hand I would work through it with the general education teacher.”

Paraprofessionals who reported collaboration with a behaviorist, resource teacher, or other service provider typically stated that this interaction was the result of the classroom teacher not knowing how to address disruptive behaviors and asking for additional assistance. In the words of one paraprofessional, “If [the general education teacher] can’t suggest something she will find someone who can help us and suggest things.”

The third most common type of informal preparation reported by paraprofessionals was non-district preparation or preparation acquired outside of the district. Non-district preparation was described by six of the eleven (55%) paraprofessionals and included university and community college courses in related fields such as counseling and child development. One paraprofessional reported receiving

behavior modification training when working with students in a group home. In addition, several paraprofessionals reported teaching themselves about behavioral strategies and interventions by seeking out pertinent reading material. Finally, the informal preparation strategy reported least often by paraprofessionals was reliance on personal experience. Five of the eleven (45%) paraprofessionals described relying on personal experience that included raising their own children, and having a family member with a disability.

Formal preparation. Formal direct preparation was reported by six of the eleven (55%) respondents with three themes emerging *in-service training, direct instruction from professionals, and instruction delineated in the student’s behavior support plan (BSP)* as shown in Table 10. Only four of the eleven (36%) paraprofessionals reported having knowledge of or using strategies contained in the student’s BSP. Two paraprofessionals reported that they were given the BSP to facilitate the collection of behavior data and instructed to “read through [the BSP] because they are charting”

Table 10

<i>Formal Preparation</i>			
Paraprofessional	BSP	Professionals	District in-service
1			X
2			
3			
4			
5			
6			
7	X		
8	X		
9	X		
10	X	X	X
11		X	
Total	4 (36%)	2 (18%)	2 (18%)

and “trying to keep track of prompts.” Two paraprofessionals (18%) reported receiving formal preparation to provide behavior support from professionals: one of the two paraprofessionals stated that “when we were having a difficult time” the district behaviorist came to the classroom and modeled behavior interventions and another stated that the school principal informed her of the disruptive behaviors to look for and the interventions to use when those behaviors occurred. Two paraprofessionals (18%) attributed the use of interventions to instruction received at an in-service training. However, as one of the paraprofessionals remarked, “you try to do what you’re taught but each student’s different.”

A comparison of the total number of preparation activities indicates that paraprofessionals used informal means of preparation more often than formal preparation as shown in Table 11. Every paraprofessional reported the use of at least 2 types of informal preparation activities and comprised 31 (79%) of the overall total. In contrast, the formal preparation activities that were reported by 6 (55%) paraprofessionals totaled

Table 11

Paraprofessionals	Informal Preparation	Formal Preparation	Total
1	4	1	5
2	3	0	3
3	3	0	3
4	4	0	4
5	2	0	2
6	3	0	3
7	2	1	3
8	3	1	4
9	3	1	4
10	2	3	5
11	2	1	3
Total	31 (79%)	8 (21%)	39

only 8 of 39 (21%) preparation activities. In addition, the usefulness of the formal preparation reported, especially as it relates to providing behavioral support, leads paraprofessionals to rely on informal means of preparation. As one paraprofessional described it, “Although there are directives in the behavior support plans, no one is monitoring whether or not those directives are being implemented. They are letting you do what you think is best.”

In summary, all paraprofessionals reported relying on two or more types of informal preparation when determining appropriate behavioral interventions. The primary type of informal preparation described by all paraprofessional was on-the-job training and included the use of trial and error, personal judgment, common sense as well as seeking the advice of other paraprofessionals with similar experiences. In addition, the majority of paraprofessionals also reported collaborating with professionals, most often with the general education teacher and typically occurring when the paraprofessional required assistance. Other informal preparation included courses taken at Institutions of Higher Education (IHE), reading related materials, and personal experiences with family members with disabilities and raising children.

In contrast to informal preparation reported by all 11 paraprofessionals only 6 (56%) indicated receiving any type of formal preparation in the use of behavioral strategies or interventions. Paraprofessionals most often reported obtaining information regarding the use of behavioral strategies from behavior support plans contained in the student’s IEP particularly when behavioral data collection was required. A few paraprofessionals reported receiving direction from professionals, in particular when the difficulties arose and to maintain continuity of behavioral interventions.

Measure of Effectiveness

Question 4 focused on paraprofessionals' perceptions of the effectiveness of the strategies and interventions they use to address student's behavioral challenges. The following two themes regarding measures of effectiveness emerged from the data: (1) interventions resulting in students demonstrating appropriate academic behavior and (2) interventions resulting in students demonstrating appropriate social behavior.

Academic measures of effective interventions. Paraprofessionals considered a behavioral intervention effective if its use resulted in the student demonstrating *on task academic behavior* in the classroom and/or *working independently* as shown in Table 12.

Table 12

<i>Academic Measures of Effectiveness</i>		
Paraprofessional	Student remains on task	Student works independently
1		X
2	X	
3	X	X
4	X	X
5		
6	X	
7	X	X
8	X	
9	X	
10	X	X
11	X	
Total	9 (82%)	5 (45%)

Nine of the eleven (82%) paraprofessionals indicated the student's ability to remain focused on an academic task was a measure of the effectiveness of their behavioral interventions. Paraprofessionals reported using strategies and interventions to help

students focus on and complete academic assignments, remain attentive to teacher directed lessons, and participate in academic activities. One paraprofessional explained how she used the student’s behavior to gauge the effectiveness of a strategy; “If he seems comfortable and he’s able to do his work and stay on task, then that seemed to work.” In addition to on task behavior, five of the eleven (45%) paraprofessionals reported that the ability of the student to participate in and complete academic work independent of the paraprofessional was also a measure of strategy effectiveness. As one paraprofessional described it, “Our goal is for him to be more independent...to be able to refocus himself without us having to refocus him.”

Social measures of effective interventions. In addition to promoting appropriate academic behavior, paraprofessionals reported using behavioral strategies and interventions to facilitate appropriate social behaviors for students as shown in Table 13.

Table 13

<i>Social Measures of Effectiveness</i>						
Paraprofessional	Classroom behavior			Behavior with peers		
	Calms down	Complies	Does not disrupt class	Behaves like peers	Interacts appropriately with peers	Does not harm others
1	X					
2	X	X	X	X		
3	X	X	X	X	X	
4	X			X	X	
5	X	X		X		
6	X					X
7	X	X	X	X	X	
8	X			X	X	
9	X	X				
10	X					
11	X	X				
Total	11(27%)	6 (55%)	3 (27%)	6 (55%)	4 (36%)	1 (9%)

Social measures of strategy effectiveness used by paraprofessionals emerged with two themes: (1) appropriate classroom behavior, and (2) appropriate behavior with peers.

The sub-themes that emerged for strategy effectiveness of appropriate classroom were *calms down*, *does not disrupt class*, and *complies*. Within the classroom setting, all eleven paraprofessionals reported that they considered an intervention effective if it resulted in assisting the student to exercise self-control by remaining calm or to regain self-control by calming down after having become agitated, frustrated, upset or angry. Paraprofessionals reported using strategies such as “talk[ing] [students] down and out of whatever is in their head,” and offering student’s control through choices to help students calm down. They also reported using strategies to help students express frustration in an appropriate manner, to relax, and to stop, and think about his/her actions to help students remain calm and prevent the escalation of disruptive behavior. Three (27%) paraprofessionals indicated that the use of strategies or interventions to assist a student to behave in a calm manner were successful if they *did not disrupt* the classroom activities. Finally, paraprofessionals reported effectiveness of behavioral strategies for student *compliance* and rule following behaviors. For example, six (55%) of the paraprofessionals reported feeling an intervention was successful if the student responded to the paraprofessional or the teacher by complying with a directives or the same rules of conduct required of all students within the classroom setting.

Paraprofessionals also reported that a student’s behavior with peers was a measure of the effectiveness of behavioral strategies and interventions. Three sub-themes emerged from the data: (1) *behaves like peers*, (2) *does not harm others*, and (3) *interacts appropriately with peers*. Six of the eleven (55%) respondents judged an intervention to

be successful if it resulted in the student behaving in the same way as their typical *peers* and “fitting in.” One paraprofessional considered behavioral interventions successful “when [students] can integrate themselves as part of the classroom and not stand out. Along with behaving the same as typical peers, four (36%) of the respondents indicated that they considered an intervention effective if it resulted in the student *interacting appropriately* with peers, for example, participating in games with peers on the playground, and, as one paraprofessional put it, “to know the right way to behave around other children.” In addition, one paraprofessional who dealt with a student whose behavior could become aggressive judged interventions and strategies effective if they prevented a student from *harming others*.

In summary, paraprofessionals considered behavioral strategies and interventions effective if they resulted in the student demonstrating appropriate academic (remaining on task, working independently without paraprofessional support) and/or social behavior (appropriate classroom behavior, behaving like typical peers). In the category of classroom behavior all paraprofessionals reported behavior interventions effective if they resulted in a student demonstrating a calm demeanor. In addition, strategies were also determined to be effective if they resulted in student compliance or did not disrupt classroom activities. Paraprofessionals most often used a student’s ability to behave like typical peers followed by their ability to interact appropriately with peers as social measures of behavior intervention effectiveness.

Decision-making

Question 5 asked paraprofessionals if they ever found it necessary to improvise interventions and/or strategies in response to disruptive behavior. Responses to this

question resulted in the emergence of two themes regarding decision-making circumstances: (1) circumstances for autonomous decision-making, and (2) circumstances requiring collaborative decision-making.

Circumstances prompting autonomous decision-making. All

paraprofessionals reported that various circumstances necessitated improvising the use of interventions or strategies in responses to a student’s disruptive behavior or, in the words of several paraprofessionals, “winging it.” Table 14 shows the four sub-themes that emerged as paraprofessionals described circumstances prompting autonomous decision making: (1) when unexpected behaviors occurred, (2) in the absence of a plan for addressing a behavior, (3) when paraprofessionals were viewed as more knowledgeable than the teacher regarding the student’s behavioral needs, and (4) when paraprofessionals disagreed with recommended interventions. One of the most common reasons for improvising reported by eight of the eleven (73%) respondents was in response to a student’s unexpected or unpredicted behavior. As one paraprofessional stated, “each

Table 14

<i>Circumstances Prompting Autonomous Decision-making</i>				
Paraprofessional	Unexpected behavior	Absence of a plan	More knowledgeable	Disagree with recommendations
1	X	X	X	
2	X	X	X	
3	X	X		X
4		X	X	
5		X	X	X
6	X	X		
7	X	X		
8		X		
9	X		X	
10	X			X
11	X		X	
Total	8 (73%)	8 (73%)	6 (55%)	3 (27%)

day is different and a lot has to do with the mood the student is in.” Another paraprofessional indicated that “there are times when there is no indication of what is going to happen...you have to be ready to improvise because ...[there] are no clear triggers.” Other paraprofessionals also reported the need to be flexible, to read the student’s behavior and then decide on the best way to handle the situation.

Another commonly reported reason for improvising, reported by eight of the eleven (73%) paraprofessionals, was the absence of a plan or directives about how to respond to the disruptive behavior. One paraprofessional described a situation in which the promised plan to address a student’s behavioral outbursts did not materialize forcing her to improvise. As she described it, “everything seems to be let’s just wait and see and we’ll deal with it when the time comes [but] when the time comes things get out of hand.” Another paraprofessional said, “They don’t touch a lot upon what they recommend. I was just told to keep an eye on [the student].” A third respondent reported, “I just wing it...not having really any support at all other than, ‘Be careful, this is what he can do.’” In addition, of the two paraprofessionals who reported having seen the student’s behavior support plan (BSP) as well as improvising in the absence of a plan or clear directives, one indicated that she typically improvises on “minor issues that are not the big ones.” The other paraprofessional stated that although the BSP provided instruction about the collection of data related to prompting, “I didn’t have a lot of information about who [the student] was ...so it is improvising on any given day.”

Six of the eleven (55%) paraprofessionals reported making decisions autonomously because teachers and professionals perceived them to be more knowledgeable about the student and his/her behavioral needs. Paraprofessionals stated

that teachers will leave the decision making up to the paraprofessional when they do not have experience working with students with disabilities and behavioral challenges and when they believe the paraprofessional has more knowledge gained from experience. As one paraprofessional explained, “the teachers may say, ‘I don’t know what to do and I am looking to you for guidance’...because you are with the students so much more and you see so much more that the teacher does not see.” Paraprofessionals also reported making autonomous decisions when they disagreed with the interventions recommended by professionals. Three of the eleven (27%) of the paraprofessionals reported substituting behavioral interventions of their own for those recommended by professionals when they believed that the interventions were not in the best interest of the student.

Circumstances prompting collaborative decision-making. Two sub-themes shown in Table 15 emerged as paraprofessionals described circumstances in which collaborative decision-making took precedence over improvising: (1) when interventions are ineffective and (2) when determining if the interventions are in alignment with classroom procedures. Nine of the eleven (82%) paraprofessionals reported requesting help to address disruptive student behavior when the interventions they were using were not effective. Paraprofessionals reported seeking assistance from professionals, most often the general education classroom teacher. One paraprofessional stated, “Usually in times when I really struggle with a situation I seek out...the resource teacher...to see what insight she might have,” however, when she is not available and “things just really get out of hand I typically could work through the gen[eral] ed[ucation] teacher.” Paraprofessionals also reported seeking the input of the general education teacher to determine if the strategies and interventions fit in with the classroom routine and teacher

Table 15

<i>Circumstances Prompting Collaborative Decision-making</i>		
Paraprofessional	Interventions ineffective	Fit in with classroom procedures
1	X	X
2	X	
3	X	
4	X	
5		
6		
7	X	
8	X	X
9	X	X
10	X	X
11	X	
Total	9 (82%)	4 (36%)

expectations. Four of the eleven (36%) paraprofessionals reported collaborating with the general education teacher to get feedback about whether the strategies and interventions fit in with the classroom routine or if they needed to be modified to fit. One paraprofessional stated, “I look to the teacher as the signal of how she runs her class and I need to follow her plan. She is in charge. If she’s not approving of how I’m doing something with the student or if she wants me to change something I go to the teacher and say, ‘Are you okay with me doing this?’” Paraprofessionals reported asking general education teachers to inform them if they wanted the assistant to change the way they were supporting the student.

In summary, paraprofessionals most often found it necessary to improvise in response to an unexpected student behavior and in the absence of a plan or directive for addressing a disruptive behavior. Paraprofessionals also reported making decisions autonomously because they were perceived by other professionals to be more knowledgeable about the behavioral needs of the student and how to address those needs

and when they felt the recommended strategies were inappropriate or were not in the best interest of the student. However, most paraprofessionals reported that the most common circumstance prompting them to make decisions collaboratively was when their interventions were proving ineffective. Several paraprofessionals also reported collaborating with the teacher to ensure that the strategies and interventions they were using with the student fit in with the overall classroom procedures and routines.

Training, Instruction, and Direction

Question 6 asked professionals to describe the training, instruction, or direction they received to prepare them for their assignment. Three themes regarding job preparation emerged from the data: paraprofessionals received (1) in-service training, (2) instruction from professionals, and (3) supervision. In addition, a fourth theme emerged regarding the lack of sufficient job preparation which paraprofessionals described as going in “cold.” These themes are shown in Table 16.

District preparation. Although ten of the eleven paraprofessionals (91%) reported attending district in-service trainings only about half could recall the content of the training pertaining to behavioral interventions. Some participants felt that the in-service trainings were helpful and provided information about how to deal with different types of behavior, while others felt that trainings were sporadic, infrequent and the information was general and not usable to their situations. As one paraprofessional remarked about strategies learned from an in-service, “What I thought would work with a student didn’t work because every student is different.” Only one paraprofessional reported attending a specific behavioral training to learn non-violent crisis intervention

for dealing with aggressive student behavior and two others stated that they had been instructed in the use of social stories for students with autism.

Table 16

<i>Assignment Preparation</i>				
Paraprofessional	District Preparation		Supervision	Insufficient Preparation
	In-service training	Instruction from professional(s)		
				Going in cold
1	X	X		X
2	X	X	X	X
3	X	X	X	
4	X		X	X
5	X	X	X	
6		X	X	X
7	X	X	X	X
8	X	X	X	
9	X	X	X	
10	X	X	X	X
11	X	X	X	
Total	10 (91%)	10 (91%)	10 (91%)	6 (55%)

Ten of the eleven (91%) paraprofessionals also reported receiving some type of direction from professionals including special and general education teachers, behaviorists, and speech and language pathologists addressing the provision of behavioral support. Most paraprofessionals reported receiving some type of direction or instruction for working with the student from the classroom teacher. This was most often provided when the paraprofessional requested teacher feedback regarding the use of specific behavioral strategies or when directing a student to comply with classroom routines or participate in academic assignments. Some paraprofessionals also reported that when the teacher could not provide direction he/she would request support from a specialist such as the resource teacher or the behavior specialist. In addition to general education teachers, paraprofessionals also reported receiving direction from a specialist to address specific

issues, e.g. the occupational therapist provided instruction on how to meet a student's sensory needs, the speech and language therapist provided instruction in the use of social stories and picture schedules, and the behaviorist provided direction at the request of the teacher when the student's behavior became too disruptive and the behavioral strategies being used were not effective. Although some paraprofessionals reported times when the resource teacher or the behaviorist would come by to see how things were going, one paraprofessional described this type of interaction, as "hit or miss; it's whenever you can catch someone. [The conversations] are brief and sometimes there's other stuff going on and there's not a lot of time for Q[uestions] and A[nswers]."

Supervision. In addition to preparation through instruction, ten of the eleven (91%) respondents reported receiving some form of supervision as defined by practices that guide or monitor the actions or performance of the paraprofessional. Five paraprofessionals reported that the teacher monitored their performance and interactions with the student. As one paraprofessional reported, "The teacher is the constant supervisor, she's watching what I do and she knows if I'm appropriate with the children and anything else like that." Some paraprofessionals reported receiving supervision in the form of advice and suggestions from the general education teacher regarding what type of behavioral interventions to use. As one paraprofessional stated, "the teacher can cue the paraprofessional regarding strategies or interventions." Two other paraprofessionals also described situations when monitoring by the general education teacher prompted a request for additional support for the paraprofessional by the district behavior specialist.

Paraprofessionals also reported receiving supervision from district special education personnel regarding behavior, data collection activities and related services needs, e.g. occupational therapy and speech and language. Three paraprofessionals reported receiving some form of support and/or monitoring regarding challenging student behavior from the district behaviorist. Paraprofessionals reported receiving support from the behaviorist when she “came briefly to observe the student,” or at the request of the general education teacher when there was a behavioral problem with the student. Two paraprofessionals reported “check ins” from Resource teachers who were “keeping track” of student behavioral data and monitoring the increase or decrease of certain behaviors and/or the number of prompts a student required. However, one paraprofessional collecting data reported, that she had not yet been asked to review the data sheet with anyone. As she stated, “If it were important someone would have questioned how it’s going so far. They may be expecting me to come to them.” Several paraprofessionals also reported receiving supervision from Speech and Language Pathologists regarding the use of social stories and behavior management and from the Occupational Therapist regarding the use and effectiveness of sensory strategies.

Insufficient preparation. Six of the eleven (55%) paraprofessionals reported preparation that included in-service training, instruction from professionals and some type of supervision, was insufficient to prepare them for their assignment. They described their lack of sufficient preparation as “going in cold.” Paraprofessionals reported receiving an assignment to work with a student without any background information on the student, no instructions about what to expect or how to respond to any challenging behavior, and no opportunity to meet the classroom teacher. As one

respondent phrased it, “It’s like starting from scratch for everybody.” One paraprofessional stated, “district wide we don’t get the information quick enough and we’re already in there and we’re lost.” Another paraprofessional commented, “You really go into that totally cold which creates anxiety for many of us.” And still another respondent described the anxiety of going in cold in this way: “I’ve gone in feeling completely useless and just really kind of stupid because I...don’t even know what [the student] needs...and I don’t know the signs to look for, nothing.”

In summary, almost all paraprofessionals reported receiving preparation through in-service training and instruction and supervision from professionals. Although some paraprofessionals indicated that in-service trainings were helpful, others felt they were sporadic, infrequent and that the information was too general and not pertinent to their individual situations. Instruction and supervision were most often provided by the general education teacher and typically when the paraprofessional requested clarification regarding the teacher’s classroom practices and expectations. Instruction and supervision from special education professionals occurred less often and tended to be sporadic and situation specific. Paraprofessionals also reported that general education teachers monitored their job performance and interactions with students, providing advice and suggestions regarding behavioral interventions and requests for additional assistance from district professionals when needed. Although most paraprofessionals reported various examples of district preparation, more than half indicated that they did not feel adequately prepared and described their lack of sufficient preparation as “going in cold.” Without adequate information about the student and his/her behavioral needs, paraprofessionals reported feeling lost, anxious, and useless.

Factors Impacting Job Performance

To learn what factors, skills and knowledge paraprofessionals believed impacted their ability to provide effective behavioral support, paraprofessionals were asked: (1) what would help them do their job better, and (2) what changes to their current job might improve it.

Question 7 focused on factors, skills or knowledge that paraprofessionals believed they needed to prepare them to do their job effectively while question 8 focused on current factors or practices that paraprofessionals believed should be changed in order to prepare them to do their job effectively. From the combined responses to both questions the following five themes emerged regarding factors to improve job preparation: (1) collaboration among team members, (2) communication, (3) training, (4) constructive feedback and (5) job consistency. The data is displayed in Table 17.

Table 17

<i>Factors to Improve Job Preparation</i>					
Paraprofessional	Collaboration	Training	Communication	Feedback	Job consistency
1	X	X	X	X	
2	X	X	X		X
3	X			X	X
4		X	X		X
5	X				X
6	X	X	X		
7	X			X	
8	X	X	X	X	X
9	X	X	X	X	
10	X	X	X		
11	X	X	X		
Total	10 (91%)	8 (73%)	7 (67%)	5 (45%)	5 (45%)

According to ten of the eleven paraprofessionals (91%) collaboration was one of the most frequently reported factors impacting their ability to perform their

responsibilities. Respondents stated that they wanted to be included as members of the student's educational team, to share experiences and problem solve with teachers, other paraprofessionals, administrators, and parents. Without opportunities to collaborate and "meet with other people who are in your same position and see how they work things out so you can learn from them," paraprofessionals expressed feeling isolated and left out. For one paraprofessional, collaboration only occurs when there is a problem. The second most frequently reported factor impacting paraprofessional preparation was training. Eight of the eleven (73%) respondents reported that they needed more training including open forums and one-to-one instruction. They reported the need for training to learn how to deal with different behavioral challenges, to increase their repertoire of behavioral strategies and interventions, and to learn how to intervene when students become physically aggressive.

Another factor impacting paraprofessionals reported by seven of the eleven (67%) respondents was a lack of opportunities for communication among educational team members. Of particular concern was communication with the student's parents. Several respondents criticized district policy restricting contact with parents except under the direction of the teacher stating that it directly impacts their ability to support the student.

One paraprofessional stated:

We are not supposed to talk with the parents about anything...that's not fair to the child...we are supposed to be on the same page.
If I could talk to the parent and ask, "What do you want me to do?
What are you doing at home that you might want me to reinforce?
Could you reinforce what I am doing?"

Paraprofessionals indicated that direct, open communication would help build rapport among team members, including parents. In addition, more opportunities for

communication would provide avenues for sharing comprehensive knowledge about the student including information about his/her behavioral needs, strategies for addressing those needs and a forum for problem solving. In one paraprofessional's description of her experience gathering information she said, "It's almost like it's a little bit of information here, a little bit there...like a puzzle. You just collect everything and ...you work with your child putting it all together." Paraprofessionals reported that insufficient information about the student prior to the beginning of an assignment impeded their ability to properly support the student's behavioral needs. As one paraprofessional described it, "Without any information the job is just babysitting."

Along with improved communication, increased collaboration, and more training, paraprofessionals reported that feedback on job performance was an important factor impacting their ability to perform their duties. Five of eleven (45%) paraprofessionals reported that they would benefit from feedback about their job performance.

Paraprofessionals did not have any information about whether or not they were doing a good job. One respondent wanted "to be able to sit down and just let someone reinforce that I am on the right track and talk about some of the things I am running up against."

Another paraprofessional expressed a need to have someone check up on him and evaluate what he's done to determine if it was successful. Several paraprofessionals also expressed their belief that feedback regarding the effectiveness of any behavioral interventions could also be valuable input for the student's IEP.

Five of eleven (45%) paraprofessionals also reported that job consistency or the continuity of their assignment was an important factor impacting their ability to provide effective behavior support. They felt that splitting an assignment to support a single

student between two paraprofessionals interrupted the consistency of the student's educational program. They believed that a single paraprofessional working consistently with a student throughout the day would provide structure and continuity for the student and would be less disruptive to the educational program. Paraprofessionals were concerned that splitting assignments requires students and teachers to adjust two different styles of support, and may negatively impact the rapport each paraprofessional builds with the student. As one paraprofessional noted, for a student with autism "changing the aide can be just as disruptive as changes to the program." In addition, paraprofessionals reported that shift changes can interrupt the student's school day especially when paraprofessionals need to take time to share pertinent information about the student with the assignment partner.

In summary, the primary factor that paraprofessionals reported impacted their ability to support the behavioral needs of students was a lack of collaboration among educational team members. Paraprofessionals believed collaboration would provide opportunities to share experiences and learn from one another, as well as to engage in a team approach to solving problems. The second most commonly reported factors impacting professional preparation were the need for training focused on how to handle a variety of behavioral challenges including physical aggression and communication, particularly with members of the educational team.

Paraprofessionals also reported the need to receive feedback regarding their job performance as a way to determine if they are on the right track and doing what is best for the student. Without feedback from supervising professionals, paraprofessionals do not know how to change what they do to support students in ways that will make them

more effective. Finally, paraprofessionals also felt that they could provide more effective support if a single paraprofessional worked consistently with a student the entire day instead of splitting an assignment between two aides. They believed that splitting the assignment caused unnecessary interruption to the educational program and negatively impacted the relationship between students and paraprofessionals.

CHAPTER V

DISCUSSION AND CONCLUSIONS

Introduction

This chapter interprets and discusses the study's research findings. It begins with a description of the study, including an overview of the problem statement, purpose, research questions, methodology, and major findings. The chapter concludes with a discussion of the study's implications for educational policy and practice, and recommendations for future research.

Summary of the Study

Overview of the Problem

The Individuals with Disabilities Education Improvement Act (IDEIA) of 2004 provided legislation that promoted the use of appropriately trained and supervised paraprofessionals to provide supplemental aids and services for students with disabilities including the use of behavioral strategies and interventions. However, research studies continue to report that most paraprofessionals do not receive adequate preparation or supervision to provide effective support; consequently they tend to work autonomously and make decisions in all areas including the provision of behavioral support without input from qualified professionals (Downing, Ryndak, & Clark, 2000; Giangreco & Broer, 2005; Marks, Schrader, & Levine, 1999). The appropriate preparation and supervision of paraprofessionals is of great importance given, their expanding role in supporting students' challenging behavior in general education (Van Acker, Borenson, Gable, & Potterton, 2005).

Purpose Statement

The purpose of this qualitative study is to explore paraprofessionals' perceptions of their roles, responsibilities, and preparation in providing behavioral support for students with high incidence disabilities. A better understanding of their experiences will assist educators to design and implement service delivery models that lead to effective paraprofessional preparation and support, ultimately resulting in improved behavioral outcomes for students. This study examined behavioral support from the perspective of the paraprofessional to determine how their perceived ability to act as effectual behavior support personnel aligns with the characteristics of an effective behavior support service delivery model.

Research Questions

This study was designed to understand the perceptions of paraprofessionals regarding their preparation to carry out the responsibilities of behavior support personnel. Data was gathered and reviewed to address the following questions: (a) What do paraprofessionals see as their role and corresponding responsibilities when supporting students with behavioral needs? (b) How are paraprofessionals prepared to carry out those duties and responsibilities? (c) What factors, skills, and/or knowledge do paraprofessionals believe impact their ability to provide effective behavioral support?

Methodology

A qualitative approach using a phenomenological methodology of inquiry was used to gain insight into the activities of paraprofessionals. Phenomenological inquiry assumes that meaning is constructed and conveyed through language. According to Seidman (1998) this method of data collection "provides access to the context of people's

behavior thereby provid[ing] a way for researchers to understand the meaning of that behavior” (p.4). The sources of data collection were paraprofessionals in an elementary school setting supporting students with high incidence disabilities and behavioral challenges in general education classrooms. The interview protocol used to collect data was based on recurring themes identified in the current literature as influential in the determination of paraprofessionals’ roles and responsibilities. The audio taped interviews were transcribed, reviewed by participants for accuracy and manually coded to retrieve emergent, recurring themes. The coded themes were initially check-coded by a special education administrator and further organized into broad themes and relevant sub-themes that addressed the research questions and contributed to an understanding of the perceptions of paraprofessionals.

Summary of Major Findings

This section, organized to address each of the three research questions, summarizes findings on: (1) roles and responsibilities, (2) preparation and support, and (3) factors that impacted job performance.

Roles and responsibilities. Paraprofessionals in this study reported receiving assignments to manage the behavioral needs of students with high incidence disabilities in the general education classrooms. Paraprofessionals most often assumed responsibility for managing student’s behaviors that disrupted classroom activities or impeded the student’s engagement in academic tasks. The challenging behaviors that paraprofessionals managed most often were verbal outbursts such as yelling, shouting out, and name-calling and passive resistance such as falling on the floor, wandering around the room or hiding under a desk. These behaviors typically occurred in the

classroom for the purpose of avoiding or escaping academic tasks perceived to be too difficult. Interventions employed by paraprofessionals in response to disruptive behavior primarily consisted primarily of removing the student from the classroom or encouraging the student to calm down and/or regain self-control.

Preparation and support. Paraprofessionals relied on personal judgment to gauge the effectiveness of behavioral strategies and interventions. They considered interventions effective if they resulted in the student engaging in academic activities, maintaining a calm demeanor, complying with directives, and demonstrating behavior that did not disrupt classroom activities. Paraprofessionals also used a student's ability to behave like typical peers and/or interact appropriately with peers as another social measure of behavior intervention effectiveness. Paraprofessionals also assumed responsibility for independently making decisions regarding the type of behavioral interventions to use or improvising when responding to unexpected behavior, when working in the absence of regular supervision from a special educator, a plan or specific directives for addressing a disruptive behavior, and when the general education teacher perceived them to be more knowledgeable about the student and his/her needs. However, paraprofessionals sought advice and support from professionals, usually the general education teacher, when strategies or interventions were not successful and when they wanted feedback regarding how their performance aligned with the classroom routines and expectations.

Although most paraprofessionals reported various examples of district preparation, more than half indicated that they did not feel adequately prepared. They described beginning a new assignment without adequate information about the student

and his/her behavioral needs as “going in cold” and reported feeling lost, anxious, and useless. Paraprofessionals reported minimal formal preparation to perform their assumed responsibilities; their primary form of preparation was on-the-job training, including the use of trial and error, personal judgment, and common sense. Paraprofessionals indicated formal, in-service trainings were infrequent and the information was often too general to apply to the situations they encountered. Instruction from district professionals, including the classroom teacher, occurred less often and tended to be situation specific. Paraprofessionals also reported receiving minimal supervision and support from special education professionals. Supervision usually took the form of advice and suggestions from the general education teacher monitoring their performance and student interactions. Support and supervision from special education professionals typically occurred as check-ins for collected behavioral data or when the teacher specifically requested help to deal with challenging behaviors for students not responding to behavioral interventions.

Factors that impacted job performance. The primary factor that paraprofessionals reported impacting their ability to support the behavioral needs of students was a lack of collaboration among educational team members. Paraprofessionals believed collaboration would provide opportunities to share experiences and engage in a team approach to solving problems. Paraprofessionals also expressed their need for training focused on how to deal with various behavioral challenges including physical aggression. Along with collaboration, paraprofessionals expressed a need for more open communication with special and general education teachers, behaviorists, other paraprofessionals and parents. Without open and direct

communication among members of the educational team, paraprofessionals felt they lacked sufficient information about the student they supported.

Paraprofessionals also reported the need for acknowledgment and constructive feedback regarding their job performance. Paraprofessionals wanted to know if they were doing what was best for the student and how they could improve their practices. Without feedback paraprofessionals were uncertain about the effectiveness of their support and how to change what they did to support students in ways that would make them more effective. Paraprofessionals also felt that they could provide more effective support if a single paraprofessional worked consistently with a student throughout the entire day instead of splitting an assignment between two aides. They believed that splitting the assignment caused unnecessary interruption to the educational program and negatively impacted the relationship between students and paraprofessionals.

Discussion

This study focused on investigating the perceptions of special education paraprofessionals regarding their roles, responsibilities, and preparation in supporting students with high incidence disabilities and extends research by specifically exploring their support for students with high incidence disabilities and behavioral challenges. Consistent with current research on students with moderate to severe disabilities, paraprofessionals supporting students with mild to moderate, high incidence disabilities assumed primary responsibility for managing student behavior with a lack of clarity regarding their roles and responsibilities and minimal support, supervision, and training. This section discusses how the findings from this study contribute to research on the roles, responsibilities, and preparation of paraprofessionals as behavioral support

providers for students and explores alternative service delivery models to enhance behavioral support for students with high incidence disabilities.

Clarity of Roles and Responsibilities

Paraprofessionals in this study assumed the responsibility for managing the behavioral challenges of students with high incidence disabilities in general education classrooms without the benefit of clearly defined roles or responsibilities or direct supervision from a special educator, unlike paraprofessionals supporting students with moderate to severe disabilities in inclusive setting. In fact paraprofessionals, especially those who had been on the assignment for three months or less, reported that at the beginning a new assignment they were not provided with any information about the student requiring support or how to address his/her behavioral challenges. As one paraprofessional stated, “District wide we don’t get the information [about the student] quick enough and we’re already in there and we’re lost.” Another paraprofessional said, “So far as direction, there is none. It was just an introduction and you’re in the classroom. [I] learned about her behaviors from direct interaction, being thrown into the mix, observation and just being there.” These experiences are consistent with the research findings that indicate paraprofessionals are seldom provided with clear job descriptions (Riggs & Mueller, 2001) and that one of their primary roles and corresponding responsibilities is to manage student behavior (Downing, Ryndack, & Clark, 2000; Giangreco & Broer, 2005; Liston, Nevin, & Malian, 2009; Patterson, 2001). In light of the fact that the students recommended for paraprofessional support required assistance due to behavioral challenges, it is troubling that clearly defined roles,

responsibilities or behavior support plans were not provided prior to the beginning of their assignments.

Despite the lack of specific job descriptions, paraprofessionals agreed that their primary role and subsequent responsibilities were managing student behavior. However, without the benefit of information about or specific directives for addressing the challenging behavior of the student requiring support, the paraprofessional was the plan for behavior support. Consequently paraprofessionals defined their responsibilities based on what they believed to be necessary interventions that resulted in appropriate student behavior. Paraprofessionals supporting students with high incidence disabilities in general education classrooms used typical, grade-level peer behavior as the yardstick by which to measure age-appropriate, grade-level behavior. Therefore, their assumed responsibilities focused on managing student behavior to promote academic engagement, social engagement with peers, and to prevent disruption to the general education classroom. They selected interventions they perceived would result in students “fitting in” and cause the least disruption to the general educational program and teacher. These findings corroborate those of other researchers indicating that paraprofessionals often define their performance by the acceptance of the student by the teacher in the general educational program, in other words the ability of the student to behave like his/her non-disabled peers (Marks, Shrader, & Levine, 1999; Patterson, 2006) and not cause disruption to the general education class (Downing, Ryndak, & Clark, 2000).

Providing Behavioral Support

Paraprofessionals assumed direct responsibility for controlling and managing select student behaviors that they perceived to be dissimilar to those of typical peers,

disrupted the educational program, or interfered with the student's academic engagement. Their experiences were similar to other research findings of paraprofessionals assuming responsibility for handling challenging student behaviors with moderate to severe disabilities to prevent them from bothering the teacher or disrupting the flow of the academic program (Downing, Ryndak & Clark, 2000; Marks, Shrader, & Levine, 1999); paraprofessionals assuming responsibilities with insufficient, meaningful training, or supervision (Carter, O'Rourke, Sisco, & Pelsue, 2008; Patterson, 2006; Chopra, Sandoval-Lucero, Aragon, Bernal, Balderas, & Carroll, 2004; Riggs & Mueller, 2001). What becomes evident from these findings is that without sufficient information and preparation prior to the beginning of an assignment, paraprofessionals must wait for behaviors to occur before intervening. As a result, strategies or interventions are used as reactive measures to manage behaviors rather than proactive methods of preventing behavior problems and supporting desired behaviors. Paraprofessionals stated that without the benefit of behavior plans or directives they improvised behavioral interventions often because they perceived the student's behavior as unpredictable. As one paraprofessional described determining what behavioral interventions to use, "Each day is different and a lot has to do with the mood the child is in...you have to be flexible and it depends on the situation." Although their experiences align with those reported by paraprofessionals in other research studies (Giangreco & Broer, 2005; Downing, Ryndak & Clark, 2000; Marks, Shrader, & Levine, 1999), in light of research regarding the effective implementation of positive behavior support, they do not align with recommended practices in the field.

When addressing the behavioral needs of a student it is important to take into consideration the student's disability, how it affects his/her ability to understand and participate in the educational environment, and most importantly how the characteristics of the disability contribute to the function or reason a student may engage in challenging behavior. Based on the findings in this study, the primary recipients of paraprofessional support for behavioral challenges were students with autism spectrum disorder, and the behaviors described most often are those typically associated with Asperger's Syndrome¹. Behaviors included tendencies to make irrelevant comments, interrupt and talk over others, difficulties understanding the rules of social interaction, poor concentration or off task behaviors, distractibility, stress due to inflexibility, anxiety, difficulty tolerating mistakes, and sensory sensitivities (Myles & Simpson, 1998). In addition, students with autism commonly experience poor auditory processing and modulation which can account for their limited ability to calm themselves or control their behavior when they become stressed, leading to dramatically different responses to similar situations resulting in unpredictable behaviors (Myles & Southwick, 2005). Although paraprofessionals may be correct in assuming that behaviors can be unpredictable, a better understanding of the characteristics of the disability could help to recognize potential triggers and consequently implement proactive environmental changes.

If there is a pattern of disability in the population most often assigned to paraprofessionals, like autism, schools need to proactively educate staff, service

¹ Asperger's Syndrome is characterized by a qualitative impairment in social interaction, average to above-average intelligence, difficulties with coordination, sensory sensitivities, inattentiveness, distractibility and anxiety.

providers and paraprofessionals about characteristics of the specific disability and effective behavioral strategies. Before assigning a dedicated paraprofessional to manage the behaviors of students with autism, school districts may need to invest time and resources on proactive measures to ensure their successful inclusion. Moyes (2002) suggests a proactive approach beginning with a behavior support plan that addresses any reasons for the behavior associated with the characteristics of autism and determining whether or not the behaviors should be extinguished. Once the reasons have been determined she recommends laying the groundwork in the form of preventative measures that employ strategies to help students with language processing problems, social skills deficits, sensory processing differences, difficulties managing stress or anxiety, and attention problems.

Myles and Southwick (2005) also propose a multifaceted prevention approach to address atypical behaviors of students with autism that includes (a) direct instruction to teach skills in which the student may be deficient, (b) interpretation of social situations the student does not understand, (c) coaching student to use learned skills, and (d) restructuring the environment to provide needed accommodations for students with autism. These approaches are in direct alignment with one of the key components of effective positive behavior support, understanding “why” the behavior occurs as well as identifying the context and environmental conditions that sustain problem behavior and addressing changes to those conditions that support acceptable behavior (Bambara & Kern, 2005; Carr, et. al, 2002; Cook, et. al, 2007; Horner, 2000). By beginning with an understanding of the characteristics of the disability and its influence on a student’s behaviors, schools can address behavioral challenges using both instruction and

environmental accommodations that can, in turn, be supplemented by paraprofessional support, if necessary.

Moving Toward Effective Behavior Support Service Delivery Models

Although the behaviors of students with high incidence disabilities described by the paraprofessionals in this study can be disruptive to a classroom setting and impede learning, the same service delivery model used for students with moderate to severe disabilities, namely individual paraprofessional support, is employed to meet their needs. One might question whether the behaviors rise to the level of seriousness to warrant the assignment of a dedicated paraprofessional. Research suggests using natural or universal supports before moving to more intrusive interventions, including reliance on paraprofessionals. Giangreco & Broer (2007) maintain that a “balanced framework accounts for effective use and support of paraprofessionals in combination with alternatives (e.g., resource allocation, co-teaching, peer supports, increased general education capacity, self-determination)[that] creates fertile ground for schools to deploy existing paraprofessional supports more effectively while tapping an array of options to support students and their general education teachers” (p. 150). Giangreco, Halverson, Doyle, and Broer (2004) encourage administrators to use a three-component model for effective utilization of paraprofessionals. The first component is supports designed to clarify and strengthen the role of the paraprofessional. The second component is decision-making about the need for paraprofessional support. And the third component is the use of alternatives that refer to “a variety of actions...designed to reduce the problematic, though unintended, effects of excessive or unnecessary paraprofessional utilization” (p. 84).

Assigning paraprofessionals to support the behavioral needs of students with high incidence disabilities in the general education classroom is of particular concern based on this study's findings that paraprofessionals are working with minimal direction and supervision from special education personnel. Paraprofessionals in this study reported that they did not receive regular supervision, monitoring, feedback or support from special educators. In fact, paraprofessionals reported interactions with special educators occurred only under specific conditions: at the request of the general education teacher to address unmanageable student behaviors, to gather student behavioral data, or to get feedback regarding use and effectiveness of Speech and Language and/or Occupational Therapy strategies. Moreover, no paraprofessionals reported being supervised by or having regular access to a special educator. As one paraprofessional stated, "There is not always someone to access when you have a problem. When we were having a problem with [the student] they (behaviorist and special education teachers) came to us." In the absence of readily accessible special educators, paraprofessionals reported that the ability to support the behavior needs of the student was dependent upon their relationship and rapport with the general education classroom teacher and they associated autonomy over decision-making with a more cohesive teacher-paraprofessional relationship.

These perceptions are consistent with findings regarding the importance of a cohesive teacher-paraprofessional relationship when providing support for students with disabilities (Chopra, et. al., 2004; French, 1998; Marks, Shrader, & Levine, 1999). Giangreco, Halverson, Doyle, and Broer (2004) recommend increasing the ownership of the general education teacher and building their capacity to meet the educational and behavioral needs of students with disabilities as an alternative to relying on

paraprofessionals. Increased ownership establishes an expectation that classroom teachers will be directly involved in all aspects of student learning, including the provision of behavioral support. Since IDEIA requires paraprofessionals to work under the supervision of qualified professionals, it stands to reason that capacity building among general education teachers would not only align with federal regulations it would decrease reliance on paraprofessionals, and increase teacher interactions students with disabilities. This can also encourage more integrated special education service delivery.

The service delivery system reported by the paraprofessionals in this study required them to work in shifts that were 3 ½ hours or less per day. Most paraprofessionals reported that this scheduling was not beneficial to the student and it impeded their ability to maintain continuity of support. They felt it interrupted the academic program especially during the change of shifts and it did not allow time, as one paraprofessional put it, “to fill each other in...because it’s vital for the next person to know what to expect.” Paraprofessionals attributed the use of part-time positions to the districts limited financial resources. Giangreco, Halverson, Doyle & Broer (2004) suggest the use of a transitional paraprofessional pool as a fiscally efficient alternative to current service delivery model. They suggest the creation of a group of trained and supervised paraprofessionals to be utilized “for time-limited roles supporting students and classrooms with specific needs where paraprofessional support has been determined to be appropriate and necessary” (p. 85). For a student whose behavior support plan requires consistent, intensive, initial support a paraprofessional could them be assigned on a time-limited basis, establishing the expectation that dedicated paraprofessional support is not meant to be permanent as well as encouraging student progress and independence.

Although paraprofessionals are a valuable resource assigned with the best intentions, school districts should look closely at the efficacy, efficiency, and effectiveness of a reactive rather than a proactive model of service delivery. If the purpose of inclusive education is to meet the educational and behavioral needs of the student with disabilities in the general education classroom, then greater emphasis should be placed on preparing the personnel and the environment to meet the needs of the student. This includes identifying and utilizing natural classroom supports, examining supports that can be appropriately carried out by peers, and making environmental changes that support the student's behavioral needs. This also suggests that intensity or level of a student's behavioral support should correlate with the intensity of his/her problem behavior.

Expanding Behavioral Services through Response to Intervention (RTI)

To determine the level of need for behavioral services or supports, schools may want to consider integrating the use of a systemic behavioral RTI approach. The RTI initiative recommended by legislation in No Child Left Behind Act and in revisions to IDEA 2004, promotes the employment of proactive strategies to identify and serve students with academic and behavioral problems. Sprague, Cook, Wright, & Sadler (2008) offer the following description of RTI:

RTI is a practice of matching-high quality, evidence-based interventions to student need, frequently monitoring student progress to make changes in intervention or goals, and applying student response data to make important educational decisions. The primary assumption under an RTI model is that different students will require instruction or behavioral supports of varying levels of intensity in order to experience success within school...Under such an approach, decisions regarding the intensity of an interventions necessary to meet a student's needs are based on how the student has responded to prior intervention attempts that be implemented with integrity (p. ix).

The RTI approach to behavior support, commonly known as Schoolwide Positive Behavior Support (SWPBS), employs a mirrored three-tiered prevention model of behavior support. According to Horner, Sugai, Todd & Lewis-Palmer (2005), the initial tier of primary intervention, targets all children “to actively teach appropriate behavior and...build a coherent social culture that is predictable and reinforcing, yet quickly responsive to problem behavior” (p.361). The secondary prevention tier targets at risk students, including those with disabilities, who are “less likely to respond to primary intervention efforts and remain at risk for developing durable patterns of problem behavior” (p. 362). The tertiary prevention tier of SWPBS is reserved for students whose behavioral challenges require intensive, individualized, and comprehensive behavioral supports. Successful implementation of the RTI model results in a school environment that is predictable, positive and consistent and rests on shared responsibility for student learning. Within this model, any paraprofessional supporting students with disabilities becomes an integral part of the shared responsibility.

Hauerwas & Goessling (2008) offer guidelines for training and preparation within the components of the RTI model that address the paraprofessional’s primary concerns about a lack of adequate training, team membership, monitoring, and feedback regarding job performance. They recommend paraprofessionals receive job specific training from the professional with whom they work, as well as professional development, participation in scheduling and planning time opportunities, and collaboration with teachers and administrators. These recommended practices could support paraprofessionals who have expressed a clear desire for improved collaborative practices, including opportunities for communication and feedback regarding job performance. Collaborative practices would

address feelings of isolation as expressed by one paraprofessional in the following statement: “You’re just so isolated at times. You’re in your own little bubble.” These feelings of isolation and loneliness in the performance of their daily duties are also echoed in the literature by paraprofessionals who assume the primary responsibility for meeting a student’s needs without support from and regular interaction with other educational team members (Downing, Ryndak, & Clark, 2000; Marks, Shrader, & Levine, 1999). In addition, participation in scheduling and planning would alleviate the responsibility paraprofessionals felt to make time to “touch base” with the teacher or schedule opportunities to collaborate.

The paraprofessionals in this study believed their role was to manage the challenging behavior of the students that would cause a disruption to the general education classroom. Although they described the behavioral expectations as the student “fitting in” with minimal assistance from the paraprofessional, the very proximity and one-to-one relationship between the student and the paraprofessional create a paradox. When considering the behavioral needs of students, school districts should look beyond the individual student and examine how school-wide culture supports and promotes appropriate behavior for all students. The implementation of a tiered school-wide system of positive behavior support would benefit all students and provide opportunities for students with high incidence disabilities to access and respond to similar behavioral interventions as non-disabled same aged peers. However, in the absence of a school-wide behavior support system or a plan delineating how to provide consistent, specific, and meaningful behavioral intervention, the paraprofessional becomes the “plan” for behavior support.

Limitations

This study sought to explore the perceptions of paraprofessionals supporting students with behavioral challenges in general education programs and presents several limitations. First, it represents findings from a single, small suburban elementary school district with limited discretionary funds, primarily employing paraprofessionals in part time positions. Owing to the district's fiscal constraints, two paraprofessionals typically worked in shifts to support a single student throughout the school day. Second, the findings are based on the perceptions of a small number of participants. While the number of participants is small, according to the Board Certified Behavior Analyst making the district's paraprofessional assignments, this number represents at least one third of all paraprofessionals assigned to support the behavioral needs of student with disabilities. Third, some of the problems, issues, and experiences encountered by this group of paraprofessionals may therefore be unique to their working conditions.

Although some of the issues expressed by these paraprofessionals may not be typical of those in other school districts working full time, with impending cuts to educational budgets, school districts considering using this method of employment as a means of curbing spending will want to take these issues under consideration when making paraprofessional assignments.

Fourth, the current study is also limited by the lack of observations and reviews of student IEPs to verify comments about jobs that were included for triangulation. The findings relate to the perceptions of the paraprofessionals not to actual observed behaviors. Finally, the study only explored the perceptions of paraprofessionals in elementary settings and paraprofessionals working in secondary schools may encounter

unique issues and circumstances or differing behavioral challenges. Nonetheless, this study can offer valuable insights into the perceptions of all paraprofessionals as they describe their daily activities. The ability to generalize these findings, however, should not be dismissed, given the consistency of themes with research findings from highlighted studies regarding the roles and responsibilities of special education paraprofessionals.

Implications for Policy and Practice

Educational institutions assigning paraprofessionals to assist in addressing the behavioral challenges of students with disabilities need to be knowledgeable about the key components of effective positive behavior support and ensure that the paraprofessional is an appropriately prepared, active member of the student's behavior support team. Qualified professionals should assume the responsibility for ensuring that behavior support is appropriate and implemented with fidelity, including the training and guidance to the paraprofessional. By extension, the paraprofessional should be treated as an important member of the team with shared responsibilities not as the only member of team assuming all responsibility. Paraprofessionals preparation should include information about the student they support, a clearly defined role on the student's behavior support team, and explicit extensive training, monitoring, supervision to carry out the subsequent responsibilities. Most importantly, paraprofessionals need regular feedback regarding their performance. Feedback provides paraprofessionals with validation regarding good job performance, including validation of existing practices and assistance and guidance regarding that informs future performance.

Team Membership

Team membership for a paraprofessional denotes mutual respect and has a positive effect on job performance. As a team member, paraprofessionals can be involved in the designing and monitoring of a behavior support plans, participating in ongoing collaborative meetings to clarify roles and responsibilities, sharing expertise and information, receiving feedback on job performance and sharing information about student progress. In addition, as a student's behavior becomes more manageable, the team can determine how the classroom teacher can gradually assume primary responsibility for managing the student's behavior and fade reliance on paraprofessional support. Team membership with clearly defined roles and responsibilities can also facilitate a healthy working relationship between the paraprofessional and the primary classroom teacher, especially when there is a difference of opinion about effective interventions. Teamwork promotes the fidelity and effectiveness of positive behavior support.

Training Teachers

Training for teachers is as important as training for paraprofessionals. Paraprofessionals, especially those working primarily in general education classrooms, are relying on general education teachers who do not feel they are knowledgeable, experienced or skilled enough to manage behaviors of students with disabilities. Adequate training and support needs to be provided to general education teachers to prepare them to support both the paraprofessional and the student. In light of the fact that more students with disabilities are now being educated in the general education classroom, it is increasingly imperative that all educators receive instruction to increase

their understanding of the unique behavioral needs of students with a variety of disabilities, including autism. However, teachers and paraprofessionals need to have skilled professionals at their disposal to provide ongoing specific training, support and interventions especially in situations when the student's behavior escalates and the classroom staff is unsure of the appropriate interventions. Training and support from professionals will assist the team to make appropriate decisions regarding a student's behavioral needs and preclude the practice of a single person autonomously making all behavior related decisions for a student in isolation.

Natural Environment Support

Behavior support teams need to actively explore alternatives to exclusive reliance on paraprofessional support to manage the behavior of students with disabilities. An effective behavioral support approach includes the use of natural environmental support, utilizing existing classroom management strategies and resources, and reducing student reliance on the paraprofessional to provide instruction and direction to demonstrate age-appropriate, acceptable behavior. Professionals and paraprofessionals should strategize behavior support in ways that increase student reliance on natural cues that promote independence and self-reliance. Causton-Theoharis (2009) suggests promoting independence, interdependence and peer interactions by “deliberately reducing the type and level of [paraprofessional] support systematically given to a student” (p. 41). Fading support takes into consideration when the support is necessary, whether a less intrusive level or type of prompting or support can be used, and whether the support can be provided by people or resources that are natural to the classroom setting.

Recommendations for Future Research

This study extends research on the roles and responsibilities of paraprofessionals supporting students with disabilities and behavioral challenges. Previous research has focused primarily on students with moderate-to-severe disabilities and has less often examined the perceptions of paraprofessionals supporting students with high incidence or mild-to-moderate disabilities in the general education classroom working on grade level curriculum.

Findings from this study point out the need for further research into effective service delivery models that effectively support their behavioral needs of students with high incidence disabilities. According to Suter & Giangreco (2009), “Future research should seek to establish the usability and effectiveness of various service delivery configurations that thoughtfully integrate the roles of special educators, teachers, related service providers, and paraprofessionals in ways that are conceptually sound and are linked to positive student outcomes” (p. 92). The perceptions of paraprofessionals alone are not sufficient to understand the extent to which their support is effective or not. Further research that utilizes direct measures of the actual daily activities of all behavior support team members along with the actual behavioral changes demonstrated by the students are needed to determine the effectiveness of behavioral support models.

An integral factor professionals described as pivotal to their ability to assume the responsibilities of the behavior support personnel was the relationship with the classroom teacher. Further research is needed to determine how this relationship can be enhanced in ways that result in positive student outcomes as well as enhance job satisfaction for the paraprofessional. In addition, research regarding effective and efficient procedures for

addressing less challenging behaviors that occur in the classroom context needs to be investigated. Especially for those students with less challenging behaviors in the general education setting, more research is needed on the effectiveness of the use of natural environmental cues and prompts as interventions emphasizing prevention rather than consequences.

It is important to continue to examine the performance of paraprofessionals supporting students with disabilities in a various capacities, including the provision of behavioral support. Of particular concern are the long-term effects of paraprofessional support for the behavioral needs of students. Addressing the behavioral needs of students with high incidence disabilities, especially in the general education environment, challenges the educational community to identify effective approaches that result in positive student outcomes.

REFERENCES

- Bambara, L.M., Gomez, O., Koger, F., Lohrmann-O'Rourke, S., & Xin, Y.P. (2001). More than techniques: Team members' perspectives on implementing positive supports for adults with severe challenging behaviors. *The Association for Persons with Severe Handicaps*, 26(4), 213-228.
- Bambara, L.M. & Kern, L. (2005). *Individualized supports for students with problem behavior: Designing positive behavior plans*. New York, NY: The Guilford Press.
- Bambara, L.M., Nonemacher, S. & Kern, L. (2009). Sustaining school-based individualized positive behavior support: Perceived barriers and enablers. *Journal of Positive Behavior Support Interventions*, online first published 2-5-09, 1-16.
- Benazzi, L., Horner, R.H., & Good, R.H. (2006). Effects of behavior support team composition on the technical adequacy and contextual fit of behavior support plans. *The Journal of Special Education*, 40(3), 160-170.
- Boomer, L. W. (1994). The utilization of paraprofessionals in programs for students with autism. *Focus on Autistic Behavior*, 9(2) 1-9.
- Broer, S.M., Doyle, M.B., & Giangreco, M.F. (2005). Perspectives of students with disabilities about their experiences with paraprofessional support. *Exceptional Children*, 71(4), 415-430.

- Carr, E.G., Dunlap, G., Horner, R.H., Koegel, R.L., Turnbull, A.P., Sailor, W., Anderson, J.L., Albin, R.W., Koegel, L.K., & Fox, L. (2002). *Positive behavior support: Evolution of an applied science. Journal of Positive Behavior Interventions*, 4(1), 4-20.
- Carter, E., O'Rourke, L., Sisco, & Pelsue, D. (2008). Knowledge, Responsibilities, and Training Needs of Paraprofessionals in Elementary and Secondary Schools. *Remedial and Special Education*, 30(6), 344-359.
- Causton-Theoharis, J.N. (2009). The golden rule of providing support in inclusive classrooms: Support others as you would wish to be supported. *Teaching Exceptional Children*, 42(2), 36-43.
- Causton-Theoharis, J.N., & Malmgren, K.W. (2005). Increasing interactions for students with severe disabilities via paraprofessional training. *Exceptional Children*, 71(4), 431-444.
- Chitiyo, M. & Wheeler, J.J. (2009). Challenges faced by school teachers in implementing positive behavior support in their schools. *Remedial and Special Education*, 30(1), 58-63.
- Chopra, R.V., Sandoval-Lucero, E., Aragon, L., Bernal, C., de Balderas, H. B., & Carroll, D. (2004). The paraprofessional role of connector. *Remedial and Special Education*, 25(4), 219-231.
- Cook, B.G., Cameron, D.L., & Tankersley, M. (2007). Inclusive teacher's attitudinal ratings of their students with disabilities. *The Journal of Special Education*, 40(4), 230-238.

- Cook, C.R., Crews, S.D., Wright, D.B., Mayer, G.R., Gale, B., Kraemer, B. & Gresham, F.M. (2007). Establishing and evaluating the substantive adequacy of positive behavioral support plans. *Journal of Behavioral Education*, 16, 191-206.
- Devlin, P. (2005). Effect of continuous improvement training on student interaction and engagement. *Research and Practice for Persons with Severe Disabilities*, 30(2), 47-59.
- Downing, J.E., Ryndak, D.L., & Clark, D. (2000). Paraeducators in inclusive classrooms: Their own perceptions. *Remedial and Special Education*, 21(3), 171-181.
- Education for all Handicapped Children Act (EHA) of 1975, Pub. L. No. 94-142, 20 U.S.C. §1400 et seq.
- Etscheidt, S.K. & Bartlett, L. (1999). The IDEA amendments: A four-step approach for determining supplementary aids and services. *Exceptional Children*, 65(2), 163-174.
- French, N.K. (1998). Working together: Resource teachers and paraeducators. *Remedial and Special Education*, 19(6), 357-368.
- French, N.K. (2001). Supervising paraprofessionals: A survey of teacher practices. *The Journal of Special Education*, 35(1), 41-53.
- French, N. (2003). Management of paraeducators. In Pickett, A.L. & Gerlach, K. (Eds.), *Supervising paraeducators in educational settings: A team approach* (2nd ed.) (pp. 97-171). Austin, TX: Pro-ed.

- French, N.K. (2003). Paraeducators in special education programs. *Focus on Exceptional Children*, 36(2), 1-16.
- Gartin, B.C. & Murdick, N.L. (2001). A new IDEA mandate: The use of functional assessment of behavior and positive behavior supports. *Remedial and Special Education*, 22(6), 344-349.
- Giangreco, M.F. (2002). Students with disabilities and paraprofessional supports: Benefits, balance and band-aids. *Focus on Exceptional Children*, 34(7), 1-12
- Giangreco, M.F. (2010). One-to-one paraprofessionals for students with disabilities in inclusive classrooms: Is conventional wisdom wrong? *Intellectual and Developmental Disabilities*, 48(1), 1-13.
- Giangreco, M.F. & Broer, S.M. (2005). Questionable utilization of paraprofessionals in inclusive schools: Are we addressing symptoms of causes? *Focus on Autism and Other Developmental Disabilities*, 20(1), 10-26.
- Giangreco, M.F. & Broer, S.M. (2007). School-based screening to determine overreliance on paraprofessionals. *Focus on Autism and Other Developmental Disabilities*, 22(3), 149-158.
- Giangreco, M.F., Broer, S.M., & Edelman, S.W. (2001). Teacher engagement with students with disabilities: Differences between service delivery models. *Journal of the Association for Persons with Severe Handicaps*, 26, 75-86.
- Giangreco, M.F., Edelman, S.W., Broer, S.M., & Doyle, M.B. (2001). Paraprofessional support of students with disabilities: Literature from the past decade. *Council for Exceptional Children*, 68(1), 45-63.

- Giangreco, M.F., Edelman, S.W., Luiselli, T.E. & MacFarland, S.Z.C. (1997). Helping or hovering? Effects of instructional assistant proximity on students with disabilities. *Exceptional Children*, 64(1), 7-18.
- Giangreco, M.F., Halverson, A.T., Doyle, M.B., & Broer, S.M. (2004). Alternatives to overreliance on paraprofessionals in inclusive schools. *Journal of Special Education Leadership* 17(2), 82-90.
- Giangreco, M.F., Hurley, S.M., & Suter, J.C. (2009). Special education personnel utilization and general class placement of students with disabilities: Ranges and ratios. *Intellectual and Developmental Disabilities*, 47(1), 53-56.
- Giangreco, M.F., Smith, C.S., & Pinckney, E. (2006). Addressing the paraprofessional dilemma in an inclusive school: A program descriptive. *Research & Practice for Persons with Severe Disabilities* 31(3), 215-229.
- Giangreco, M.F., Suter, J.C., & Doyle, M.B. (2010). Paraprofessionals in inclusive schools: A review of recent research. *Journal of Educational and Psychological Consultation*, 20, 41-57.
- Hall, L.J., Grundon, G. S., Pope, C., & Romero, A.B. (2010). Training paraprofessionals to use behavioral strategies when educating learners with autism spectrum disorders across environments. *Behavior Interventions*, 25, 37-51.
- Hauerwas, L.B. & Goessling, D.P. (2008). Who are the interventionists? Guidelines for paraeducators in RTI. *TEACHING Exceptional Children Plus*, 4(3). Retrieved 1-25-11 from <http://escholarship.bc.edu/education/tecplus/vol4/iss3/art4>

Horner, R.H., Sugai, G., Todd, A.W., & Lewis-Palmer, T. (2005). Schoolwide positive behavior support. In L.M. Bambara & L. Kern(Eds.), *Individualized supports for students with problem behaviors: Designing positive behavior support plans* (pp. 359-390). New York, Guilford.

Individuals with Disabilities Education Act Amendments of 1997, Pub. L. No. 105-17, 20 U.S.C. §1400 et seq., 111 Stat.37.

Individuals with Disabilities Education Improvement Act of 2004, Pub. L. 108-446, 20 U.S.C. § 1400 (2004). Washington, DC: U.S. Government Printing Office.

Kotkin, R. (1998). The Irvine paraprofessional program: Promising practice for serving students with ADHD. *Journal of Learning Disabilities*, 31(6), p. 556-564.

Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage Publications.

Lane, K.L., Fletcher, T., Carter,E.W., Dejud, C. & Delorenzo, J. (2007). Paraprofessional-led phonological awareness training with youngsters at risk for reading and behavioral concerns. *Remedial and Special Education* 28(5), p. 266-276.

LeCompte, M.D. and Schensul, J.J. (1999). *Designing and conducting ethnographic research*. Ethnographer's toolkit series. Walnut Creek, CA: Alta Mira Press.

Liston, A. G., Nevin, A. & Malian, I. (2009). What do paraeducators in inclusive classrooms say about their work? Analysis of national survey data and follow-up interviews on California. *TEACHING Exceptional Children Plus*, 5(5), 2-17. Retrieved 12-29-2009,

<http://escholarship.bc.edu/education/tecplus/val5/iss5/art1>

- Malmgren, K. W., & Causton-Theoharis, J.N. (2006). Boy in the bubble: Effects of paraprofessional proximity and other pedagogical decisions on the interactions of a student with behavioral disorders. *Journal of Research in Childhood Education*, 20(4), 301-312.
- Marks, S.U., Schrader, C., & Levine, M. (1999). Paraeducator experiences in inclusive settings: Helping, hovering or holding their own? *Exceptional Children*, 65(3), 315-328.
- Medley, N.S., Little, S.G., & Akin-Little, A. (2008). Comparing individual behavior plans from schools with and without schoolwide positive behavior support: A preliminary study. *Journal of Behavioral Education*, 17, 93-110.
- Miles, M. B. & Huberman, A.M. (1994). *Qualitative data analysis: An expanded sourcebook* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Moyes, R. A. (2002). *Addressing the challenging behavior of children with high-functioning Autism/Asperger Syndrome in the classroom*. Jessica Kingsley Publishers: Philadelphia, PA.
- Myles, B.S. & Simpson, R.L. (1998). *Asperger Syndrome: A guide for educators and parents*. PRO-ED: Austin, TX.
- Myles, B. S. & Southwick, J. (2005). *Asperger Syndrome and difficult moments: Practical solutions for tantrums, rage and meltdowns*. Autism Asperger Publishing Company: Shawnee Mission, KS.
- Nichols, S.M.C., Bicard, S.C., Bicard, D.F., & Casey, L.B. (2008). *A field at risk: The teacher shortage in special education*. Phi Delta Kappan, 89(8), 597-600.
- No Child Left Behind Act of 2001, 20 U.S.C. §6319 (2008).

- Park, J., & Turnbull, A.P. (2002). Quality indicators of professionals who work with children with problem behavior. *Journal of Positive Behavior Interventions*, 4(2), 118-122.
- Patterson, K.B. (2006). Roles and responsibilities of paraprofessionals: In their own words. *TEACHING Exceptional Children Plus*, retrieved 4-5-10 from <http://escholarhip.bc.edu/education/tecplus/vol2/iss5/art1>
- Pickett, A.L. & Gerlach, K. (Eds.) (2003). *Supervising paraeducators in educational settings: A team approach* (2nd ed.). Austin, TX: Pro-ed.
- Riggs, C.G. & Mueller, P.H. (2001). Employment and utilization of paraeducators in inclusive settings. *The Journal of Special Education*, 35(1), 54-62.
- Rossman, G.B. and Rallis, S.F. (2003). *Learning in the Field: An Introduction to Qualitative Research*. Thousand Oaks, CA Sage Publications.
- Rubin, H.J. and Rubin, I.S. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage Publications.
- Schwartz-Shea, P. (2006). *Judging quality: Evaluative criteria and epistemic communities*. In D. Yanow & P. Schwartz-Shea (Eds.) *Interpretation and methods: Empirical research methods and the interpretive turn* (pp. 89-114). Armonk, NY: M.E. Sharpe, Inc.
- Seidman, I.E. (1998). *Interviewing as qualitative data: Methods for analyzing talk, text, and interaction*. Thousand Oaks, CA: Sage Publications.

- Snell, M.E., Voorhees, M.D., & Chen, L. (2005). Team involvement in assessment-based interventions with problem behavior: 1997-2002. *Journal of Positive Behavior Interventions*, 7(3), 140-152.
- Sprague, J., Cook, C.R., Wright, D. B. & Sadler, C. (2008). *RTI and behavior: A guide to integrating behavioral and academic supports*. Horsham, PA: LRP Publications.
- Stringer, E.T. (1996). *Action research: A handbook for practitioners*. Thousand Oaks, CA: Sage Publications.
- Study of Personnel Needs in Special Education SPeNSE(2002). The role of paraprofessionals in special education. Retrieved from <http://ferdig.coe.ufl.edu/spense/paraFinal.pdf> on May 9, 2010.
- Suter, J.C. & Giangreco, M.F. (2009). Numbers that count: Exploring special education and paraprofessional service delivery in inclusion-oriented schools. *The Journal of Special Education*, 43(2), 81-93.
- Vadasy, P. F., Sanders, E.A., & Peyton, J.A. (2006). Paraeducator-supplemented instruction in structural analysis with text reading practice for second and third grade readers. *Remedial and Special Education*, 27(6), 365-378.
- Van Acker, R., Boreson, L., Gable, R.A. & Potterton, T. (2005). Are we on the right course? Lessons learned about current FBA/BIP practices in schools. *Journal of Behavioral Education*, 14(1), 35-56.
- Van Manen, M. (1990). *Researching lived experience: Human science for an action sensitive pedagogy*. Albany: SUNY Press.

Werts, M.G., Harris, S., Tillery, C.Y., & Roark, R. (2004). What parents tell us about paraeducators. *Remedial and Special Education* 25(4), 232-239.

Appendix A



Paraprofessionals: When was the last time someone asked you, "How was your day?"

My name is Vivian Perez-Kennedy and I would like to offer you a chance to talk about what you do everyday to meet the needs of students with disabilities and challenging behaviors in the general education classroom by extending an invitation to participate in a research study. Here is your opportunity to lend your voice to the current research about the roles and responsibilities of today's paraprofessionals working in our schools. As a doctoral student at California State University, Northridge I am interested in understanding the experiences of paraprofessionals working in general education programs supporting the behavioral needs of students with disabilities. With your help, I hope my research will help improve support and training for paraprofessionals responsible for supporting the behavioral needs students receiving special education services.

Participation is voluntary.

If you choose to participate, what will you be asked to do?

Participate in a 30-minute, audio-taped interview with me. Transcripts of the interview will be coded to ensure anonymity and maintain confidentiality of the interviewee.

Review a copy of the transcribed interview for accuracy.

What are the benefits of participation?

Participants will receive a \$10.00 gift certificate to Target, as well as, my undivided attention and an opportunity to discuss and reflect upon the roles and responsibilities of your work as a paraprofessional.

How do you sign up?

Contact me to schedule an interview at a time and place convenient for you:
Vivian Perez-Kennedy at (661) 478-8777 or at vivian.perez@lausd.net.

Appendix B

Invitation to Participate in a Research Study about Paraprofessional Support for Students with Behavioral Needs

Paraprofessionals are invited to share their experience working with students with disabilities that include behavioral challenges as part of a research study. The purpose of the study is to explore and understand the experiences and perceptions of paraprofessionals working with students with disabilities and assessed behavioral needs. The goal of this study is to collect information that will help to improve support and training for paraprofessionals who provide behavioral support to students receiving special education services.

Paraprofessionals will be asked about their willingness to participate through your behavior specialist and/or your school site administrator who will be responsible for obtaining contact information from those who are interested. Participation in this study is voluntary. Paraprofessionals choosing to participate in the study will be identified by a pseudonym to ensure anonymity. All transcripts will be kept on the researcher's personal computer and any hard copy will be kept in a secured cabinet at the residence of the researcher. In addition, tapes of the interviews will be erased within 12 months of their transcription.

Paraprofessionals who participate in this study will be asked to take part in an interview session with the doctoral researcher. Interviews will last approximately 30 to 60 minutes and will be conducted at the convenience of the interviewee. All interviews will be audio taped and transcribed. A copy of the transcription will then be shared with the participant for who will then review the document for accuracy. The participant will be given the opportunity to add, delete, clarify, or explain any portion of the interview to assure the accuracy and fidelity of the interview. Participation in the study is voluntary. No participant will be obligated to answer or respond to any question or to discuss anything that he/she is not inclined to answer or discuss. Participation or non-participation will not affect the paraprofessional's status.

Paraprofessionals will not be monetarily reimbursed for their participation in this study. However, the information paraprofessionals share will add to the body of research that addresses the appropriate training, support, and supervision of paraprofessionals working with students who present challenging behaviors. This will be a benefit to the paraprofessional participant because it may provide an opportunity to discuss and think about the roles and responsibilities of paraprofessionals at the school site and the types of training and supervision needed to effectively support student's behavioral needs.

If you are interested in participating in this study, please contact Vivian Perez-Kennedy (Principal Investigator) to schedule an interview. You can contact Vivian Perez-Kennedy via email at vivian.perez@lausd.net, or leave a message at (661) 250-3443. Thank you for considering participation in this research study.

Appendix C

Introductory Letter

DATE

Dear Participant:

Thank you for accepting my invitation to participate in a research study I am conducting for my doctoral dissertation at California State University, Northridge. The purpose of my dissertation is to explore the perceptions of paraprofessionals regarding their experiences providing behavioral support to student with disabilities. I appreciate your willingness to share your perceptions and experiences. Your input will help me understand the roles and responsibilities of paraprofessionals supporting students with disabilities requiring behavioral support. In turn, this process may be of benefit to you because it may provide an opportunity for you to discuss and think about the roles and responsibilities of paraprofessionals at your school and the types of supports needed to effectively support students' behavioral needs.

I want to assure you that all the information you provide in this interview will remain confidential. The interview will take between 30 to 60 minutes, will be audio taped, and subsequently transcribed. As a follow-up to the interview, I will share the transcript with you and provide you with an opportunity to add or delete any comments, as well as include explanations or clarifications for statements that you feel may not be clear. There are no known risks from participating in this study. There will be no names used: you, your school, and the student or students you support will remain anonymous. The tape recording will be erased within 12 months of its transcription.

I will contact you shortly to schedule an interview. All interviews will be scheduled at your convenience and will not interfere with your paraprofessional responsibilities or working hours. You may choose the location for the interview, any site where you will feel relaxed and comfortable. The identities of participants and your school will remain confidential. If you do not wish to participate, simply let me know at any time before or during the study.

If you have any questions, concerns, or comments about this research and your participation in this study, you may contact me via email at vivian.perez@lausd.net or by phone at (661) 250-3443.

I am looking forward to talking with you about your experiences. I appreciate your time and your contribution to the field of education.

Sincerely,

Vivian Perez-Kennedy

Appendix D

Informed Consent Form

Project Title	CALIFORNIA STATE UNIVERSITY, NORTHRIDGE PARAPROFESSIONAL SUPPORT FOR THE BEHAVIORAL NEEDS OF STUDENTS WITH DISABILITIES STUDY INFORMED CONSENT FORM
Introduction	<p>The <i>Paraprofessional Support for the Behavioral Needs of Students with Disabilities</i> research study is conducted by Vivian Perez-Kennedy as part of the requirements for the Ed. D. degree in Educational Leadership. This research study is designed to understand the perceptions and experiences of paraprofessionals who provide daily support to meet the behavioral needs of student with mild-to-moderate disabilities in general education settings.</p>
Description of Research	<p>This research will add to the limited literature we have about paraprofessionals working in general education classrooms to support the behavioral needs of students with mild-to-moderate disabilities. It is the belief of this researcher that this information will increase awareness, understanding and insight into the role of the paraprofessional as a support option for students with behavioral needs. The findings will also assist general and special educators to improve the design and implementation of service delivery that leads to effective behavioral support by paraprofessionals and improved behavioral outcomes for students with disabilities.</p>
Subject Information & Risks	<p>Each participant in this research study will participate in a single, one-to-one interview with the researcher. The interview will take approximately 30 to 60 minutes and be conducted in a mutually agreed upon setting that affords privacy and is convenient to the participant. The interview session will be audio taped and transcribed. Any names appearing on the tape will be replaced with pseudonyms in the transcription document. A copy of the interview transcription will be provided to each participant, providing an opportunity to correct any misstatements and add or delete statements or comments. Along with the transcription, each interviewee will receive a \$10.00 gift certificate to a local retail store for his/her participation. The risks from participating in this study include emotional distress resulting from reflections upon the participant's experiences or the experiences of the students with whom they have worked. Participants will not receive monetary compensation for participation in this study.</p>

Confidentiality
&
Final
Disposition of
Data

Any information that is collected in this study that can be identified specifically with the participant will remain confidential and will be disclosed only with your written permission or if required by law. The cumulative results of this study will be published, but names or identity of subjects will not be made known. All data/documentation collected as part of this study will be destroyed by the researcher at the conclusion of the study.

Benefit
of
Participation

However, there may be benefits that the participant can expect as a result of participation in this study. Benefits include insights into personal development, gained meaning from reflecting on past experiences, and the satisfaction of contributing knowledge to the field of research on the roles and responsibilities of paraprofessionals supporting students with disabilities. In addition, the benefits to the field of special education that might result from this study include an increased awareness, understanding and insight into the role of the paraprofessional as a support option for included students with mild-to-moderate disabilities and behaviors that impede learning.

Concerns

If you wish to voice a concern about the research, you may direct your questions to Research and Sponsored Projects, 18111 Nordhoff Street, California State University Northridge, Northridge, CA 91330-7232, and by phone at 818-677-2901. If you have specific questions about the study you may contact Dr. Nancy Burstein, faculty advisor, at 18111 Nordhoff Street, Northridge, CA 91330-2865, or by phone at (818) 677-2596.

Voluntary
Participation

You should understand that your participation in this study is completely voluntary, and you may decline to participate or withdraw from this study at any time without jeopardy. Likewise, the researcher may cancel this study at any time.

Audio Taping

During this study participants will be audio taped. Your initials here _____ signify your consent to be audio taped. Interviews will be audio taped to ensure the accuracy of participant statements as well as facilitate interpretive analyses by the researcher. All tapes collected as part of this study will be destroyed by the researcher at the conclusion of the study.

I have read the above and understand the conditions outlined for participation in the described study. I have been provided with a copy of this consent form to keep and I give my informed consent to participate in

I have read the above and understand the conditions outlined for participation in the described study. I have been provided with a copy of this consent form to keep and I give my informed consent to participate in the study.

Participant's Name

Last First MI

Signature _____ Date _____

Witness/P.I. Signature _____ Date _____

If you have signed this form, please return one copy in an envelope by mail to:

Dr. Nancy Burstein
Department of Special Education
California State University, Northridge
18111 Nordhoff Street
Northridge, CA 91330-2865

Or give this form to

Appendix E

Interview Protocol

Paraprofessional Support for the Behavioral Needs of Students with Disabilities

Interview Protocol

1. Do you support students with behavioral challenges? Describe those challenges.
 - a. What do you believe is the reason (function) of these behaviors?
 - b. Where is it most likely to occur?
2. Describe the behavioral strategies or interventions you use to address challenging behaviors.
 - a. What rewards (reinforcements) are successful?
 - b. What do you do when the most challenging or disruptive behavior occurs?
3. How did you come to use those strategies/interventions?
 - a. What information did the teacher, parent, and administrator share regarding the behavioral needs and strategies/interventions?
4. Do you think those strategies/interventions are effective? Why or why not?
5. Do you ever improvise when providing behavior support?
6. What type of training, instruction, or direction have you received to prepare you for this work?
7. Describe what would help you do your job better.
8. If you could change one thing about your role what would it be?

Criterion Information

- | | |
|-------------------------------|--|
| 1) Gender | 5) Length of time supporting the current student |
| 2) Age | 6) % of time in general education setting |
| 3) Highest level of education | 7) Grade level of student supported |
| 4) Years of experience | 8) Disability of student supported |