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# Effects of Behavior Management Training with Paraprofessionals in a Special Day Class

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**Abstract**

Behavior management plays a key role in a classroom to help support and create a positive environment. In the special education classroom, the teacher along with the paraprofessionals are responsible for implementing the behavior management plan for the classroom. This collaboration between the paraprofessional and the classroom teacher is essential as students with moderate to severe disabilities often have intellectual disabilities, emotional disabilities, and typically these students have existing behavior problems (Olson, Platt, & Dieker, 2008). This single case A-B-C design study investigated the role of paraprofessionals use of break cards in a special education classroom. The four paraprofessionals (participants) were given a six-hour training on Handle With Care®. This training was designed to provide the paraprofessionals with behavior management strategies for working with challenging student behavior, specifically use of break cards. The researcher found that training paraprofessionals to use break cards in the classroom with students with moderate to severe disabilities was somewhat effective. Future studies should implement more training and for a longer period of time to ensure implementation of the behavior management strategy.

*Keywords:* behavior management, paraprofessionals, break cards, special education

**Acknowledgements**

I would like to thank my wonderful paraprofessionals who helped make this study possible. I also would like to thank Dr. Chitwood and Dr. Ramirez for the support and guidance through this journey. My friends and family for the positive words of encouragement and believing in me when I didn‘t believe in myself. Lastly, thank you to my daughter Riley Noelle this one is for you baby girl! You gave me strength when I faced challenges, held my hand when I needed it the most and loved me through it all with your smiles and love!

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## Literature Review

A paraprofessional is defined as a school employee who works under the direction of a certificated teacher to support and provide instruction to children and their families (Pickett, 1999). According to No Child Left Behind (NCLB) paraprofessionals must possess a minimum of an associate's degree, pass an assessment that examines their reading, writing and mathematics levels, and/or have two years of college education credits (Consentino de Cohen, 2006). Paraprofessionals may work in a variety of educational environments (e.g., special day class, mainstream classes, and the community), depending on the needs of the students and the goals of the Individualized Education Plan (IEP; Consentino de Cohen, 2006). An IEP is developed for students who require additional supports and an individualized plan to be successful in the school setting. The IEP team is responsible for creating and implementing the plan to build upon the student's strengths and address the areas of need (US Department of Education, 2007).

An IEP team consists of teachers, administrators, parents, and related services based on the student's needs and may include any or all of the following: occupational therapist, regional center representative, speech therapist, a paraprofessional, and if permitted, the student may join the IEP team as well (US Department of Education, 2007). Each member of the IEP team is critical as multiple perspectives can be beneficial for meeting the needs of the student. Generally, it is the classroom teacher who is the case manager and responsible for implementation of the IEP, but the whole IEP implements their ideas in order to best support the student (Vaugn & Bos, 2015). However, the paraprofessional plays an important role in the implementation of lessons and documentation of IEP goals. According to Bourdreau (2011) a

paraprofessional's responsibility consists of different roles such as making copies for the teacher, assisting during an academic lesson, and/or if they qualify, substituting for the teacher when needed. Despite the paraprofessionals being hired as support for the students during an academic lesson, the paraprofessional role may vary from classroom to classroom (Bourdreau, 2011). The role of the paraprofessional varies in order to meet the individual academic and behavioral needs of the students (Bourdreau, 2011).

Furthermore, in order to produce effective programming, it is imperative for paraprofessionals to collaborate with the classroom teacher to best meet the academic and behavioral goals of the students (Lucey, 2013). For example, an effective program includes constant communication between the paraprofessionals and the teacher, meeting regularly to discuss the classroom environment and any changes that are needed to promote student success. This is important because paraprofessionals support students in achieving their goals in a multitude of ways such as, providing direct academic or life skill instruction, giving prompts and reinforcements, and organizing the classroom environment (Lucey, 2013). Boudreau (2011) found that there is lack of communication between the paraprofessional and teachers, some teachers stated that they seldom meet to discuss issues in the classroom, it is usually discussed on the way to other classes or in between breaks. Due to successful trainings and interventions with paraprofessionals, their skills and behavior showed improvements in the classroom while working with students (Walker, 2013). Often times, school districts hire paraprofessionals to provide assistance for the students with more severe disabilities, as the classroom teacher alone would not be able to provide the appropriate supports for these students (Stockall, 2014).

**Students with Moderate to Severe Disabilities**

Students with moderate to severe disabilities struggle with academics and with behavioral

expectations and often do not have the skills to function independently in real world situations (Bourdeau, 2011; Riggs, Collins, Kleinert, & Knight, 2013). Students with moderate to severe disabilities often present with intellectual disabilities, emotional disabilities, and behavior problems (Olson et al., 2008). Furthermore, students with moderate to severe disabilities need to be taught daily life skills and a special day class (SDC) is designed to support these needs (Olson et al., 2008). In addition, generally students who fall under this category are not usually accepted by their peers due to the deficit in their communication skills, and have difficulties executing their class work in a scholarly manner (Olson et al., 2008) For instance, students with moderate to severe disabilities generally cannot execute the daily standard classroom routine such as following simple directions, regulating their emotions within an academic setting, and keeping focus during an assignment in class (Olson et al., 2008; Vaughn & Bos, 2015).

As a matter of fact, students with moderate to severe disabilities display demanding behaviors ranging from intense to hazardous depending on the severity of the disability (Scheuermann, Peterson, Ryan, & Billingsley, 2016). Individuals with disabilities display frustrations throughout the school day varying from simple tasks, such as not being able to communicate effectively or to complete tasks independently (Bayes, Heathe, Williams, & Ganz, 2013). For example, if a student is working on a math lesson in class and they do not understand how to distinguish a difference between a quarter and a nickel, the student may become frustrated, because they have difficulty with the demands of the task and do not know how to ask for help or a break. The student's frustration may lead to vocal outbursts and / or physical manifestations such as hitting others or removal from the environment (Bayes et al., 2013). It is evident that the student will need support from paraprofessionals and offering a break to the student would be beneficial to classroom staff and other students.

Students with moderate to severe disabilities can pose a danger for others and disrupt the learning atmosphere; therefore, the safety of the student, staff, and those around the student is important (Scheuermann et al., 2016). In some cases, student frustration escalates to the point where teachers and staff must initiate a physical restraint (Scheuermann et al., 2016). For example, if a paraprofessional is working with a student during an academic lesson and frustration starts to set in and the paraprofessional is not prepared to offer a break as a means to calm the student, the behavior may escalate leading to the student hurting himself or others. A properly trained paraprofessional in behavior management would know the steps to take to help de-escalate the student, and in this case, knowing that offering a break would be an appropriate option (Scheuermannn et al., 2016).

**Lack of Training in Behavior Management**

The assumption is made that paraprofessionals in the education system are properly trained and understand how to deal with behaviors in the classroom (Kaff, Zibel, & Milhem, 2007). Classroom behavior management is typically a team effort of teachers and/or paraprofessionals collaborating and launching positive behaviors in order to create an encouraging and constructive environment in the classroom (Vaughn & Bos, 2015). With the support of the IEP team, the teacher and/or psychologist will create a Behavior Intervention Plan (BIP) to help improve and promote positive behavior in the classroom, by choosing behaviors that are dynamic and acceptable in public (Vaughn & Bos, 2015). An appropriate BIP includes the target behavior in which the student needs support in and an assessment is conducted to help identify the area of support (Vaugn & Bos, 2015). A plan is created with steps that support the students to de-escalation and transition them back into the classroom activity (Vaugn & Bos, 2015). Improperly trained individuals rely on inappropriate methods, often resulting in

unsuccessful and chaotic behavior management in the classroom (Kaff et al., 2007). According to French (2003) paraprofessionals were once primarily responsible for clerical duties, but the role has shifted and now paraprofessionals are expected to support students with special needs in the classroom. However, introducing paraprofessionals to a classroom with students without appropriate training is ineffective and can represent a disservice to the students (French, 2003).

The number of paraprofessionals supporting students in the classroom is rising each year; yet, not all paraprofessionals are receiving adequate training to effectively assist with behavior management techniques (Stockall, 2014). In other words, paraprofessionals are required to execute duties without the appropriate qualification or training (Petscher & Bailey, 2006). This conflicts with the academic and non-academic goals of teaching the students effective behavior management skills (Strunk, 2014). Furthermore, placing paraprofessionals in positions without proper education or experience will likely lead to an unsuccessful outcome and experience for teachers and staff (Strunk, 2014). Moreover, placing paraprofessionals in a classroom without any training while assuming that they can learn how to work with the students on their own is becoming a commonplace throughout public schools. If the paraprofessional is not properly trained on how to manage behavior, the result may be an unsafe classroom environment for not only the students, but for the paraprofessionals, and the teacher as well (Stewarts, 2010).

Kim, Koegel and Koegel (2016) indicated that paraprofessionals often do not feel confident with the training received. Most school districts offer a professional development day for paraprofessionals at the beginning of the school year; however, this is typically a general orientation for new employees (Strunk, 2014). Basic logistical details are covered such as who to report to, which classroom they will be working in, school year calendar and what their daily schedule will look like. Although these trainings are important, paraprofessionals are not

provided with the training and skills needed to work with students (Kim et al., 2016). Furthermore, Stockall (2014) noted that researchers such as Giangreco (2011) researched over 32 different studies and found there is a need for training and that the trainings need to be delivered to fidelity. Additionally, teachers are often not consulted when it comes to the training that the paraprofessionals receive; thus, missing vital details, areas of focus, or outcomes that may be necessary for employees of a particular class (Kim et al., 2016; Koegel, 2016). Each setting provides unique challenges and often paraprofessionals learn these intricacies while on the job.

Many paraprofessionals stay in the position for a few years and gain knowledge and insight through their experiences. However, when it comes to behavior management, trial and error is typically not the best plan as this may lead to someone (e.g., student, paraprofessional, teacher) getting hurt. When behavior management plays a major role in setting the tone for the classroom and helping to maintain student safety, it is vital to provide meaningful proactive trainings, specifically geared toward behavior management (Petscher & Bailey, 2006).

Training staff on specific behavior management strategies can help to establish successful processes that emphasize effective and necessary techniques such as verbal de-escalation and how to appropriately restrain a student (Connolly, 2014). Training in these areas can boost confidence and morale among staff and lead to decreased incidents of injury of staff or students (The Council for Children with Behavioral Disorders, 2009). Furthermore, with teachers, staff, and administrators offering and undergoing more specialized training student outcomes are improved and safety is preserved (Nguyen, 2014).

Nguyen (2014) states that the principle behind an effective behavior management plan is to construct a sufficient range of familiar skills for both the student and paraprofessional. A physical restraint will prevent an individual from moving their own body with the goal to help

control their movements or control the behavior that is occurring. When a physical restraint is employed it is used as a last resort and solely if the student or any other student around them is in danger (The Council for Children with Behavioral Disorders, 2009). Dealing with the physical part of restraint can be difficult, but it can also take an emotional toll. Staff and teachers are committed to the well-being of their students and can only use a restraint on students if they have gone through the steps of de-escalation and/or it is an issue of safety to another person (Nguyen, 2014). The use of restraint is taught in distinct ways; however, when to use these strategies may be interpreted differently by each staff member. All school employees should understand when it is necessary to use a restraint, in order to keep everyone in the room safe (Nguyen, 2014). It is also important for staff to be mindful that each situation and student is different; thus, how the paraprofessional responds may vary. In addition, there are programs such as Handle With Care® that were created specifically to provide guidance for staff who work with individuals who need support with behavior management (Chapman, 2001).

**Handle With Care**

Handle With Care® is a training program created by Bruce (1984) to help certify and train individuals who work directly with students or populations that have behavior problems (Chapman, 2001). Handle With Care® has been successful in bringing varied ideas and strategies to employees in order to work through scenarios with the behavior challenged students in a positive way (Chapman, 2001). This training emphasizes that if a staff member fears for safety, the student responds to the fear and in turn will not be able to trust the paraprofessionals (Chapman, 2001)

As noted in the Handle With Care®, in the safety statistics section, schools and facilities who have received this training have reported that there are 30-40% decline in injuries and

incidents happening at school (Chapman, 2001). Handle With Care® addresses behavior problems through verbal communication, like offering a break for the student so that they can have a moment to take a mental break and de-escalate (Chapman, 2001). Handle With Care® seeks to help staff deal with verbal confrontation when working with a student, while helping support and train on how to restraint and seclude a student when necessary. The program provides you with examples of safe movements to physically perform during an incident in order to keep the staff and the student safe (Chapman, 2001).

Building a clear and consistent framework for all classroom staff to follow, provides a sense of security and a safe learning environment for the students. Nguyen (2014) indicated the importance of building consensus and morale between staff members in order to create a safe environment for a classroom. For example, without a clear, consistent guidance some staff members can misinterpret the use of restraint, which can lead to an even greater threat of danger and the student or staff member can get hurt. Yet, if a staff member becomes familiar with the system that is in put in place, the students then become familiar with it as well (Nguyen, 2014). Ideally staff should be trained prior to the start of the school year, with a consistent framework for how to manage behaviors (Strunk, 2014).

Consistency among classroom staff is vital to the success of a behavior management plan. One simple way to address this, is to provide a checklist designed to help staff recall the steps needed to successfully relate the information about the incident to those who need it for tracking or other purposes (Strunk, 2014). Having a checklist will provide a routine protocol for all to follow. This type of protocol is offered through the Handle With Care® program. Each step of the Handle With Care® program is clearly delineated; however, there is little research on the

effectiveness of using this program in a SDC for students with moderate to severe disabilities (Chapman, 2001)

## Method

### Purpose of Study

The purpose of this study was to determine if giving paraprofessionals a targeted intervention, Handle With Care®, improved the use of corrective behaviors (i.e., use of break cards) when working with students with moderate to severe disabilities.

### Research Question

Does using Handle With Care® training impact paraprofessionals' behaviors (i.e., using break cards) when working with high school students with moderate to severe disabilities?

### Hypothesis

Based on research, my hypothesis was that paraprofessionals would engage in using break cards more often after participating in the Handle with Care® intervention (Brock & Carter, 2015).

### Research Design

A single-case A-B-C design with three phases was used in this study to determine the impact of Handle With Care® training on paraprofessionals use of giving students a break card. Baseline (i.e., Phase A) occurred prior to training, baseline data of paraprofessionals use of one target behavior (i.e., break card) will be measured. Baseline data was considered stabile when each participants' data was at +/-3 break cards and trending in a nontherapeutic direction. Each paraprofessional's baseline performance acted as his or her own control. Phase B- training with researcher consisted of a one-time training and morning reminders to serve as a continual implementation of the intervention, the researcher then again collected data on the same behavior

(i.e., giving a break card). Phase C- paraprofessional self-monitoring implementation of the training without the reminders in the morning. To ensure that the paraprofessionals self-monitored correctly the researcher created a two-hour mock session and played the role of a paraprofessional to model different ways to be self-aware of their actions during the intervention.

**Independent variable.** Handle With Care® is known around the world to help train teachers, service staff and even families with behavior intervention strategies (Chapman, 2001). This was the training/intervention given to the staff in order to help support the behaviors of the staff in the classroom with students that have intellectual disabilities.

**Dependent Variable.** The dependent variable in this study was the use of break cards by paraprofessionals who work with students with moderate to severe disabilities. The Handle With Care® intervention states, when the student becomes frustrated or agitated the paraprofessional will offer them a break card giving the student the opportunity to take a break for one to three minutes to help de-escalate. For the sake of this study de-escalation will be defined as a student's breathing slowing down, their shoulders should not be tense, and their eyes are not big or closed shut.

**Setting and Participants**

This study took place at a public high school in central California. According to California Department of Education, 96.3% of the population of students are Hispanic. This includes 184 of 766 students who are also English Language Learners (California Department of Education, 2017). In this study, a purposeful convenience sample was used and comprised four paraprofessionals who work with students from grades 9-12 at the researcher's school.

The four paraprofessionals include two females and two males that work with a total of seven students with moderate to severe disabilities in a Special Day Class setting. The majority

of the classroom academics focus on Life Skills. Each paraprofessional has been given a pseudonym to provide anonymity and confidentiality, and all were observed and supervised by the researcher.

**Nicholas.** Nicholas is a male classroom aide in a moderate to severe Life Skills setting. He supports the students throughout the day he is the aide most of the males draw to because he is part of the football coaching staff. Nicholas has been coaching football for 13 years and became a Special Education Aide four years ago. He encourages the students to come out and play football, become equipment managers, or water boys. He is Hispanic and has an AA in business.

**Tamara.** Tamara is a female classroom aide in a moderate to severe Life Skills setting. She is Hispanic and has four years of experience working with students in the Special Education setting. During her first two years, she worked with the mild to moderate students pushing into general education classrooms support them throughout the day. She also interprets during IEP meetings for the Spanish-speaking parents. She has been working in the setting she is in for two years and the students have built a great relationship with her. Her highest level of education is a high school diploma.

**Jose.** Jose is a male paraprofessional who works with the students throughout the day supporting the students in areas such as math, P.E, and Life Skills. He is a Hispanic male and has been working in the special education field for 16 years. The first 11 years were as a one on one aide with a student with Down syndrome who would mainstream into the general education setting and five years in his current setting as a moderate to severe Life Skills classroom aide. Jose has a Bachelor's degree in Chicano Studies and has great relationships with the students.

**Michelle.** Michelle is a female classroom aide in a moderate to severe Life skills setting. She is Hispanic and has 12 years of experience working with various ages, but has currently been working in the setting she is in for the past five years. Michelle is continuously working on her Bachelor's degree and will be graduating in fall of 2019. She interprets during IEP meetings for the Spanish-speaking parents.

## Measures

To measure the target behavior, offering a break card, of the four paraprofessionals, observations occurred and frequency counts were taken (see Appendix A). These observations occurred in the special education classroom following a schedule the researcher created (see Appendix B) during academic lessons that the students participated in, with the support of the paraprofessionals. In accordance with past research, data was collected from the beginning of the period, until the class was over and students had left the room (Brock & Carter, 2015).

**Validity.** In order to ensure that the behavior of offering a break card was correctly observed, the researcher created an Interobserver Schedule (see Appendix C) which conceptualized said variable. Additionally, the researcher trained all observers on how to accurately observe and capture data to ensure the internal validity of the study.

**Reliability.** Data was collected by the teacher who has been trained in this intervention every year for the past four years and also an interobserver was trained on how to collect reliability data (see Appendix B).

## Intervention

Handle With Care® is a behavior management programs used to train support personnel in working with individuals with special needs. Handle With Care® offers ideas and strategies on how to help de-escalate an individual by verbally talking to them (Chapman, 2001).

According to Handle With Care®, verbal intervention is the initial step that should be implemented it is also known as "The Solid Object Relationship Model (SORM) this step will prompt paraprofessionals how to recognize the students emotions and help support them through the de-escalation phase (Chapman 2001). Also, the IEP team had created an individualized BIP for each student. Being that each student is different, each BIP created has a different schedule to implement the steps that are necessary to help de-escalate the student. The resources that Handle With Care® provided the paraprofessionals with, helped serve as a foundation and reminder to utilize the strategies that are learned during the intervention piece.

In like manner, during the intervention, the Tension/Tension Reduction Cycle exemplified the vigorous steps of escalating and de-escalating. This step instructed the paraprofessionals on how to intervene in order to avoid restraint. The paraprofessionals gathered in a classroom during the intervention for lecture from 8:00 am to 11:00 am and discussed the different options to help de-escalate a student. Together the paraprofessionals brainstormed different ideas to help the students de-escalate through verbal prompts, with the certified trainer and the researcher. During this training session, the researcher and the paraprofessionals (a) justified the definition and reasons for the use of a restraint and seclusion (b) discussed and outlined the steps that were necessary to take so that the professional can help de-escalate the student (c) provided examples/models of how to use the steps with a student. When this portion of the training concluded, the participants moved to the gym to receive the physical training from 12:00 pm to 3:00 pm. During this time, participants were given hands on training, on how to physically restrain a student if necessary.

Both the certified trainer and the researcher helped introduce real life scenarios for the paraprofessionals to practice on each other so that they would be better prepared when

implementing the items learned in the training. The researcher helped create different outlines of potential activities or events that happen in the day-to-day routine of the classroom. Handle With Care® focuses on how to be safe while the paraprofessional is supporting the student during a difficult behavior (Chapman, 2001).

**Procedures**

As per Brock and Carter (2015) each participant in the study was observed in order to collect data to establish a baseline. During baseline (Phase A) the researcher collected data (i.e., use of break cards) on the paraprofessionals during a 55-minute class period. Once five stable data points were observed, the researcher implemented the intervention of six hours of Handle With Care® training in addition to reminders for the paraprofessionals to use break cards to de-escalate students (Phase B). During Phase B, the researcher offered daily reminders to paraprofessionals to use break cards do help de-escalate students. After five stable data points were observed in intervention, the researcher again observed the target behaviors, but did not use reminders for the paraprofessionals (i.e., Phase C).

**Data Collection**

In this study, data was collected during academic lessons in the classroom. Data was collected on paper data sheets and transferred onto the laptop by the researcher (see Appendix A). Each paraprofessional was observed for a 55-minute period a day until a stable baseline was collected before the training and after the training to compare the data. During Phase B data was collected on continual training and reminders, after five stable points. Lastly, Phase C data was collected without continuous training and reminders. A response was recorded down even if the dependent variable was correct or incorrect by the interobservers and the researcher.

**Interobserver Agreement (IOA).** Two ensure consistency in observation, two independent observers collected data twice per week for the duration of the study. The purpose of having two observers was to ensure the reliability of the observational data. The researcher provided the observers with a two hour training that consisted of: defining the target behavior, providing verbal and written examples of the target behavior, and discussing different scenarios that could happen in the classroom. For example, offering a break card prior to a point of frustration for a student. They needed to look for the students' head facing downwards or turning their back towards the paraprofessionals, when this happened the paraprofessional should have offered a break card to the student. For this study, IOA was conducted on 27% of the sessions for an agreement of 80% (see Appendix B).

**Fidelity.** There was 100% fidelity to intervention, as there was another aide present in the classroom at all times. This aide ensured that the intervention was conducted as stated (see Appendix B).

## Ethical Considerations

When dealing with special populations, ethical considerations were considered. First, all participant's names were changed to protect anonymity. Second, the paraprofessionals always adhered to student's Behavior Intervention Plan, so the intervention did not interfere with said plans. Additionally, all paraprofessionals were given sufficient time to practice how to de-escalate students; so, the procedure would not feel foreign. Moreover, paraprofessionals were instructed to follow protocol; particularly, if restraint was necessary to protect the health of the student or others.

**Validity threats.** As with every research study, validity threats are a concern. First, each paraprofessional has unique characteristics and previous past experiences that may hinder their

ability to effectively engage in Handle With Care®. These factors needed to be taken into consideration because the paraprofessionals may have drawn upon various background knowledge and experiences to assist with the de-escalation of a student. To combat these validity threats, all paraprofessionals received the same six-hour long training.

**Data Analysis**

All data was graphed for offering a break card. Each participant's data was graphed individually to visually analyze the changes in phases. Participant's baseline and intervention data were compared and the percentage of non-overlapping data was calculated. For the purpose of this study the paraprofessionals worked with the students during an academic lesson and the student should have been offered a break every five to ten minutes which gave the paraprofessional nine opportunities to implement the behaviors being observed. A break card is offered in order to prevent a restraint with a student. Once baseline was stabilized with +/- 3 break cards the intervention was implemented in Phase B, during this phase the paraprofessionals received the Handle With Care® training. Throughout this phase, the paraprofessionals received reminders every morning from the researcher, to offer break cards. During Phase C data was collected on the behaviors without continuous reminders from the researcher. Also, the paraprofessionals self-monitored on the behavior that was collected. A school day is seven hours long, staff and students work differently throughout the day. For purposes of the research, each paraprofessional was observed at different times of the day please refer to Appendix C for the schedule created by the researcher.

**Social Validity**

At the completion of the study, all four of the paraprofessionals completed a four-point Likert scale (i.e., 1 = strongly disagree to 4 = strongly agree) social validity questionnaire (see

Appendix D). The questionnaire, adapted from Berger, Manston and Ingersoll (2016), consists of nine questions designed to understand the perceived usefulness, significance and satisfaction with the implemented intervention (Kennedy, 2005). Participant responses were kept confidential and descriptive statistics were conducted to gain insights regarding the intervention. The participants all agreed that this was an effective intervention, if the skills are used and applied correctly during academic lessons with students. Also, the paraprofessionals all reached a similar conclusion, expressing that they were less stressed after the intervention was given because they felt they were better coached into what was expected of them when working with the students. Lastly, the paraprofessionals also felt that the collaboration with the classroom teacher helped to better meet the academic and behavior goals of the students.

## Results

Figures 1-4 demonstrate the use of paraprofessionals use of break cards. The x-axis indicates the number of sessions and the y-axis indicates the number of break cards given across phases.

Figure 1 represents Nicholas's use of break cards across baseline, intervention and self-monitoring phases. In baseline the use of break cards ranged from one to four with a mean score of 2.6. The use of break cards in the intervention phase ranged from five to seven with a mean score of 5.9. The use of break cards in the self-monitoring phase ranged from six to nine with a mean score of 7.5.

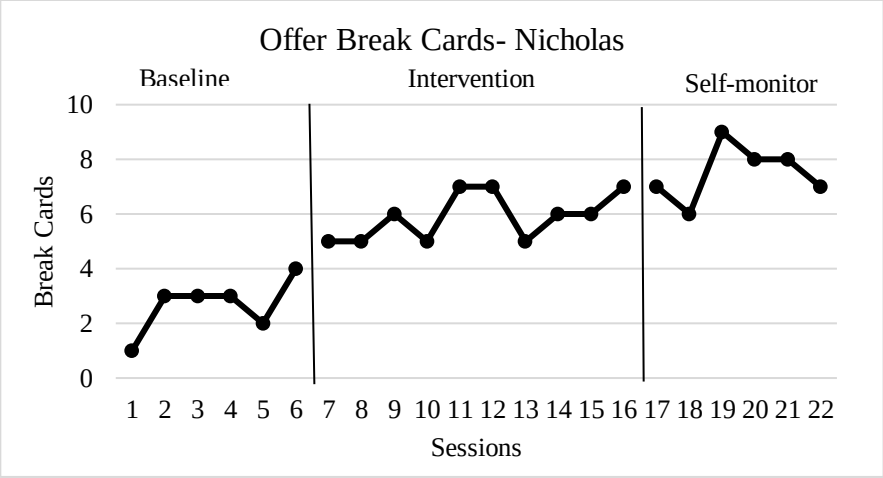


*Figure 1.* Paraprofessional Nicholas's baseline, intervention and self-monitoring data for use of break cards.

Figure 2 represents Tamara's use of break cards across baseline, intervention and self-monitoring phases. In baseline the use of break cards ranged from three to five with a mean score of 4.3. The use of break cards in the intervention phase ranged from four to seven with a mean score of 5.7. The use of break cards in the self-monitoring phase ranged from six to nine with a mean score of 7.8.

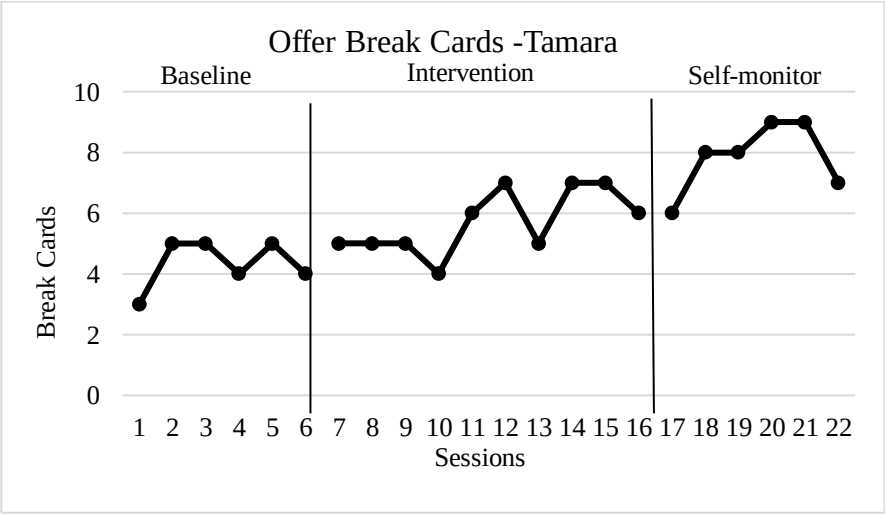


*Figure 2.* Paraprofessional Tamara's baseline, intervention and self-monitoring data for use of break cards.

Figure 3 represents Jose's use of break cards across baseline, intervention and self-monitoring phases. In baseline the use of break cards ranged from three to five with a mean score of 4. The use of break cards in the intervention phase ranged from four to seven with a mean score of 5.5. The use of break cards in the self-monitoring phase ranged from seven to nine with a mean score of 7.8

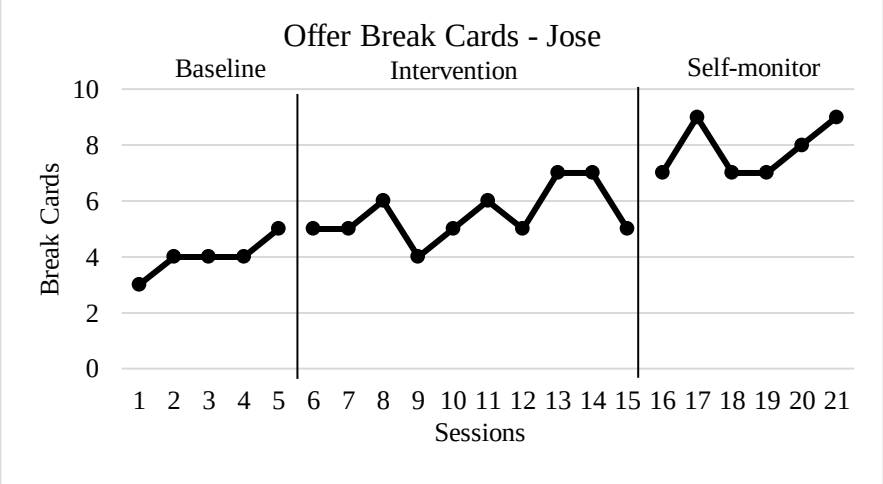


*Figure 3.* Paraprofessional Jose's baseline, intervention and self-monitoring data for use of break cards.

Figure 4 represents Michelle's use of break cards across baseline, intervention and self-monitoring phases. In baseline the use of break cards ranged from three to six with a mean score of 5.1. The use of break cards in the intervention phase ranged from five to eight with a mean score of 6.2. The use of break cards in the self-monitoring phase ranged from six to nine with a mean score of 7.6.

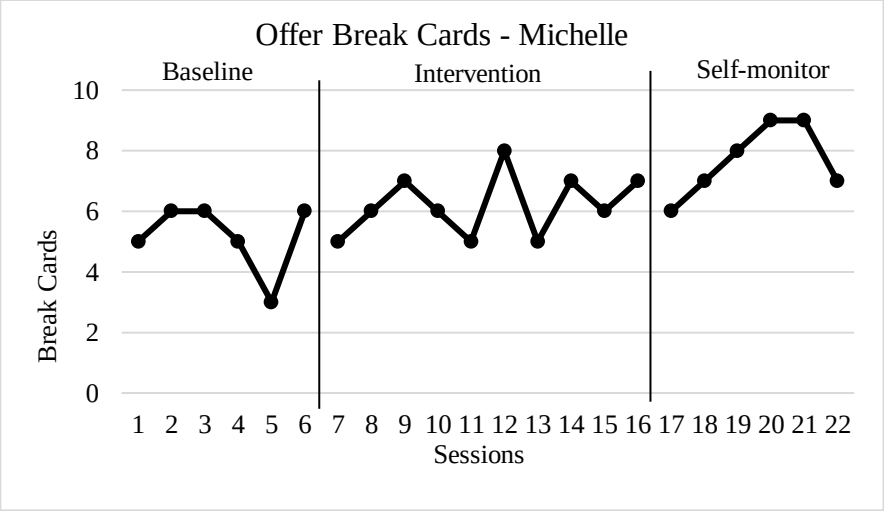


*Figure 4.* Paraprofessional Michelle's baseline, intervention and self-monitoring data for use of break cards.

## Discussion

Managing behaviors of students with moderate to severe disabilities is a challenge for classroom teachers and paraprofessionals as student behaviors can range from intense to hazardous depending on the severity of the disability (Olson et al., 2008; Scheuermann et al., 2016). During an academic lesson a student's behavior may escalate and a paraprofessional or teacher will need to know how to intervene (Scheuermann et al., 2016). During a time of frustration, a paraprofessional who is properly trained would understand during a time of a student's frustration that a break is needed and offering a break card would be important in helping the student transition into de-escalation (Scheuermann et al., 2016). Paraprofessionals need support when working with students with moderate to severe disabilities, offering them appropriate training would help to better assist the teachers with behavior management in the classroom (Petscher & Bailey, 2006). The purpose of this study was to determine if providing an appropriate behavior management training for paraprofessionals through Handle With Care® would improve corrective feedback when working with students with moderate to severe

disabilities. This study measured the impact of an intervention in a Single Case A-B-C design study.

Nicholas's data showed immediate increase in behaviors after the intervention was given. He had 100% of non-overlapping data from baseline to intervention, indicating the intervention was highly effective. Nicholas has received this training in the past so the training for this study was not new, but rather served as a reminder. Tamara had 50% of non-overlapping data between baseline and intervention phases, indicating the intervention was minimally effective. Michelle and Jose had 40% non-overlapping between baseline and intervention indicating the intervention was not effective. All four participants showed a positive trend in non-overlapping between the intervention and self-monitoring phases. The percentages of non-overlapping data for these phases ranged between 50% to 66% indicating the self-monitoring phase was minimally effective. One potential explanation for the limited impact may be that the intervention was not long enough. The intervention provided the participants with examples of safe movements to physically perform and addressing behaviors through verbal communication, during an incident in order to keep the staff and the students safe; however, due to time constraints, the participants were not effectively trained and received only a six-hour training (Chapman, 2001).

Although the participants in this study showed improvement, the immediacy of the improvement was not seen from Phase A to B, but a positive trend was noted in the overall use of break cards in the self-monitoring phase (see Figures 1-4). The use of break cards being offered were demonstrated in the self-monitoring phase, as the paraprofessionals were able to manage offering a break card positively during the academic lessons. During the self-monitoring phase the participants became self-aware of the positive responses from the students when offered a break during a lesson because the behaviors of the students began to increase

positively. During this phase, the staff utilized the tools they learned during the two-hour mock session that the researcher presented them with. The intervention helped support the behaviors of the paraprofessionals although, more training will be needed in order to better meet the needs of the paraprofessionals in this study.

**Limitations and Future Research**

There were a few limitations to the current study. First, the training is only given to the staff for six hours. On the Handle With Care® training website it states that the training should typically take between two to three days in order for the participants to receive the complete intervention package (Chapman, 2001). The implementation of the intervention illustrates improvements, but additional research is needed in order to clarify the accurate needs of trainings for paraprofessionals. In addition, future research should include more participants as the current study had a small sample size. Also, future studies should increase the length of the intervention and self-monitoring stage from five stable data points to 10 stable data points. This will help support more consistency throughout the study. Prior to beginning the self-monitoring stage the researcher should include a longer session to clarify how to self-monitor and determine whether or not a break is appropriate for the students' needs. Another factor, in this study the intervention was given over a six hour period. Future research should include the Handle With Care training be given for 2 to 3 days, increasing the intervention would better help support the behaviors of the paraprofessionals.

In conclusion, when giving paraprofessionals the appropriate professional development, the positive outcomes with behavior management in the classroom will create an encouraging environment for students and staff. When behavior is controlled in a classroom, students are able to learn and attain goals needed to be successful. Paraprofessionals play a vital role in

student success and have an increasing responsibility to assist students with moderate to severe disabilities. Therefore, training of paraprofessionals may provide success for everyone in the classroom.

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## Appendix A

Data Collection Sheet

| **Behavior** | **Characteristics** | **Examples** | **Nonexamples** |
|---|---|---|---|
| Offer a break card | Give the student a red card providing a visual for an offer of a break from work.<br><br>Bring the timer over to offer a 3-5 minute from the academic activity. | "Time for a break, would you like to take one?"<br><br>"Here is the break card we get five minutes, lets listen to music." | Gets up and walks aways.<br><br>Pushes student to keep working through the frustration period. |

| **Date** | **Session** | **DV** | **Phase** | **Notes** |
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## Appendix B

Interobserver Schedule

| Date | Interobserver collecting data | Signature/Initial |
|---|---|---|
| Wednesday, February 28, 2018 | Data Collection before intervention | |
| Tuesday, March 6, 2018 | Data Collection before intervention | |
| Wednesday, March 7, 2018 | Data Collection before intervention | |
| Monday, March 12, 2018 | Data Collection after intervention | |
| Tuesday, March 20, 2018 | Data Collection after intervention | |
| Wednesday, March 21, 2018 | Data Collection after intervention | |

## Appendix C

Observation Schedule

| Period | Paraprofessional |
|---|---|
| Period 1 | Tamara |
| Period 2 | Janelle |
| Period 3 (After Brunch) | Michelle |
| Period 4 | Nicholas |
| Period 5 After Lunch | Jose |
| Period 6 | |
| **Period** | **Paraprofessional** |
| Period 1 | Jose |
| Period 2 | Nicholas |
| Period 3 (After Brunch) | |
| Period 4 | Janelle |
| Period 5 After Lunch | Michelle |
| Period 6 | Tamara |

## Appendix D

Social Validity Questionnaire

| Questions: | | 1<br>Strongly disagree | 2<br>Disagree | 3<br>Agree | 4<br>Strongly Agree |
|---|---|---|---|---|---|
| 1 | This intervention was effective | | | | |
| 2 | I found this intervention acceptable for increasing the student's positive behavior skills | | | | |
| 3 | Using the intervention improved skills across multiple contexts (home, classroom, community) | | | | |
| 4 | I think the paraprofessional's skills would remain at an improved level even after the treatment ends | | | | |
| 5 | This intervention improved behavior throughout the day. | | | | |
| 6 | This intervention quickly improved the paraprofessional's skills | | | | |
| 7 | I would be willing to carry out this intervention myself if I wanted to increase the paraprofessional's skills | | | | |
| 8 | I would suggest the use of this intervention to other individuals | | | | |
| 9 | This intervention decreased the level of stress experienced by the paraprofessionals in the work setting. | | | | |