
**HELPING STUDENTS WHO ARE EXPERIENCING PERSISTENT AND/OR SERIOUS DISCIPLINE
PROBLEMS TO SUCCEED IN SCHOOL: THE STATE OF THE EVIDENCE**
SHELLEY HYMEL AND NATALIE ROCKE HENDERSON, UNIVERSITY OF BRITISH COLUMBIA

**Report prepared for the Ontario Ministry of Education Research Symposium 18-20 January
2006**

Providing appropriate support for children and youth who experience serious discipline problems begins by understanding who these students are. It is not a case of “one size fits all”. Rather, effectiveness depends on the nature of the problem and its ultimate causes and contributing factors. This is a heterogeneous group of students who require a complex array of services and assistance, some of which may have been lacking throughout their school careers. Indeed, research on suspension by Morgan-D’Atrio and colleagues (1996) indicates that the majority of suspended youth from middle and high schools suffer from serious academic and/or social difficulties. Research and experience tell us that these students include at least three distinct but overlapping groups that have been studied within separate research traditions. We begin with an overview of what policy makers and educators need to know about each.

The first group includes students with serious emotional and behavioral disorders (EBD) who tend to be overrepresented among students expelled or suspended from school (Cooley, 1995; Rose, 1998). Many students with EBD are identified and served through special education within schools, but many remain unidentified. Epidemiological studies show that about 20% of children and youth experience significant mental health problems, yet most are not diagnosed (Offord, 1986; Romano et al., 2001). Externalizing problems such as conduct disorders and attention deficit/hyperactivity disorders affect an estimated 4.2 and 4.8% of students (aged 4-17), respectively (Waddell & Sheppard, 2002). Disruptive problems such as these are often evident during childhood (e.g., median age of onset for impulse control disorders is 11 years, with most emerging between 7-15 years of age; Kessler et al, 2005; Wittchen, Kessler, Pfister, & Lieb, 2000), underscoring the need for school personnel to be familiar with the nature and symptoms of these disorders, as they may be the first to identify such problems. Longitudinal research by Pierce, Ewing and Campbell (1999) has shown that among those children identified “hard to manage” in preschool, 41% met clinical criteria for Oppositional Defiant Disorder or Conduct Disorder by age 13.

The second two groups include students who display aggressive and antisocial behavior. Over a century of research has shown that aggressive behavior among children and youth is associated with both short- and long-term adjustment problems such as criminality, unemployment, and mental health problems (see Coie & Dodge, 1998; Tremblay, 2000, 2003; Vaillancourt & Hymel, 2004) as well as school difficulties including grade retention (e.g., Rodney et al., 1999). However, experts have distinguished two groups of aggressive or antisocial youth (Diagnostic and Statistical Manual, 4th Edition Text Revision, American Psychological Association, 2000). For a small but significant proportion of these children, antisocial behavior is evident early in childhood and maintained at a high level in adolescence, and these “early starter” (Patterson, Reid, & Dishion, 1992) or “life course persistent” (Moffitt, 1993) aggressive youth tend to display more extreme behavior. For the majority of “adolescent limited” aggressive youth (Moffitt, 1993, 2003), antisocial behavior peaks during adolescence but decreases thereafter. Their antisocial and aggressive behavior may reflect discipline problems, increasing disengagement from school, reactions to an immediate serious stressor, or

adolescent rebellion. Each group of students experiences distinct developmental trajectories that require tailored approaches to intervention.

Students with Emotional and Behavioral Disorders (EBD)

Within schools, children who exhibit moderate or severe emotional and behavioral problems are often served in special education. In BC schools, for example, students with EBD have consistently outnumbered students with learning disabilities since 2001, representing the *largest* group of students in special education (BC Ministry of Education, 2006). Children with EBD are recognized as being at risk, not only for poor interpersonal relationships, but also for limited school success, with a school failure rate of 50% (U.S. Department of Education, 2001; Walker, Colvin, & Ramsey, 1995). These students pose significant problems for classroom teachers and are often unable to benefit from regular classroom instruction (Kauffman, 2005). EBD students are sometimes placed in special classes with reduced child:adult ratios and more intensive behavioral support. According to the U.S. Department of Education (2001), as many as 33% of the children receiving services for EBD receive 60% or more of their education outside the regular classroom; another 18% are educated in settings other than public school (e.g., separate or residential facility, hospital, etc.).

Early identification is key but complicated by the fact that there is a high degree of comorbidity (i.e., co-occurrence of disorders) among children diagnosed with EBD. Conservative estimates are that 10-30% of EBD students experience more than one psychological disorder (Tankersley & Landrum, 1997). Others suggest that comorbidity should be considered the rule rather than the exception (Angold, Costello & Erkanli, 1999; Armstrong & Costello, 2002; IDEA, 2004). The overlap of emotional and behavioral disorders with academic difficulties is also particularly noteworthy. For example, in the US about 25 to 50% of the students diagnosed with a learning disability (LD) also display social-emotional and/or behavioral disorders (e.g., Rock, Fessler, & Church, 1997). In an intervention study involving 22 students (grades 3-7) referred by teachers for significant behavioral difficulties (Hymel et al., 2005), educational assessments had only been completed on one student, despite the fact that the vast majority of students were rated by teachers as displaying clinically relevant levels of externalizing problems *and* school (academic) problems, reflecting a common misperception that these children display behavioral, not academic difficulties. Consistent with the notion that academic failure can have a domino-like effect, increasing risk, longitudinal research by McKinney (1989; McKinney & Feagans, 1984) indicates that elementary students with both LD and EBD demonstrate increased maladaptive behavior and decreased academic success over time. *“Lack of academic success can suppress further academic pursuit, reduce self esteem, and drive a student to greater affiliation with other students who have been “turned off” to the central objective of schooling”* (Hanley, 2003, p.328). Furthermore, academic support is often limited by categorical funding and support policies that permit only one “primary” disability designation (e.g., LD or EBD, but not both) (Altman, 1991; Schorr, 1991). Although new models of classification and service delivery for LD/EBD children have been proposed in the US (e.g., Rock et al., 1997), they have yet to be implemented in schools.

Aggressive and Antisocial Youth

A somewhat distinct literature has focused on aggressive and antisocial youth and has begun to change our understanding of childhood aggression. For example, although traditionally the focus has been on how and why some children learn to become aggressive, Tremblay (2000, 2003) argues that this focus may be inappropriate. Given that the highest levels of physical aggressive behavior are observed during the preschool years, Tremblay suggests that such behavior may be normative initially

but decreases with age in response to socialization, as children learn alternatives to aggression for solving problems. For Tremblay, the critical question is why some children fail to benefit from such socialization processes and fail to learn to regulate their aggressive behavior. As another example, aggressive behaviour has traditionally been associated with low self-esteem, with the idea that aggression is used to enhance social dominance and bolster one's sense of self worth. However, empirical evidence to support such a claim has been limited or mixed (see Baumeister, Smart & Boden, 1996) and more recent research suggests that aggression may be linked to both low self-esteem and narcissism, or the tendency to deny one's negative characteristics as a defense aimed at protecting a fragile but high sense of self (e.g., Baumeister et al., 1996; Donnellan, Trzesniewski, Robins, Moffitt & Caspi, 2005). Thus, the motive behind aggressive or acting out behavior may vary across individuals. Finally, research on children's peer relations has long proposed that aggressive behavior is one of the most consistent correlates of peer rejection or low social status (Newcomb, Bukowski, & Pattee, 1993; Coie & Dodge, 1998; Rubin, Bukowski & Parker, 1998). However, other research indicates that actually only about 1/2 of the children who are aggressive are actually rejected by peers (Cillessen, van Ijzendoorn, van Liewhout, & Hartup, 1992) and at least some aggressive youth are actually popular, central members within the peer group (see Vaillancourt & Hymel, in press). Indeed, Vaillancourt, McDougall and Hymel (2003) found that over half of the students that peers nominated as "bullies" were in fact high status, popular students, viewed as popular and powerful by their classmates. Vaillancourt and colleagues further demonstrated that the links between peer status and aggressive behavior varies depending on whether individuals possess characteristics valued by the peer group. Aggressive students with characteristics that are valued by peers (attractive, athletic, stylish, etc.) enjoy considerable status and power and are seen as popular, whereas aggressive students who do not possess such characteristics are likely to be rejected by schoolmates. Research findings such as these have led to shifts in thinking about aggressive and antisocial behavior. Although aggressive youth have traditionally been characterized as disliked students who lack self-esteem and are socialized into aggressive behavior patterns, more recent research suggests that at least some aggressive youth are actually high status students who have a high but fragile sense of self but who have failed to benefit from typical socialization forces that encourage alternatives to violence.

Finally, research shows that aggressive behavior is not just a characteristic residing in the individual, but depends in large part on the social context in which students function. Studies indicate that aggressive children and youth are more likely to view aggressive behavior as normative (see Coie & Dodge, 1998; Guerra, Huesmann, & Hanish, 1995) and that children's approval of and admiration for aggressive peers tends to increase with age (e.g., Bukowski, Sippola, & Newcomb, 2000; Huesmann & Guerra, 1997). In addition to personal values and views of aggression, however, peer group norms and beliefs about aggression also contribute to the likelihood of such behaviour. For example, research shows that children who "morally disengage" from aggressive behaviors such as bullying, emphasizing personal benefits or justifying such behavior are more likely to bully others (Hymel, Rocke Henderson, & Bonanno, 2005; Menesini, Sanchez, Fonzi, Ortegba, Costabile & LoFeudo, 2003). However, beyond such personal beliefs, the degree to which the larger peer group values or justifies bullying behavior also contributes to the likelihood of such behavior (Vaillancourt et al. 2006). Thus, school-based efforts to address aggressive and antisocial behaviour must consider the social climate in which students function in addition to the aggressive students themselves when attempting to address such problems.

Adopting proactive ways of responding to students at risk

Addressing discipline problems in schools effectively requires a shift in thinking. Traditionally, our approach has been reactive, responding to immediate transgressions or outbursts, often in a punitive manner, offering supports only after a negative pattern of behavior has been established (e.g., Conroy, Hendrickson, & Hester, 2004). Indeed, the most common response to serious aggressive and oppositional behaviors includes suspension and expulsion. Understandably, in cases of severe transgression, priority is given to maintaining the safety of the larger student body. However, results of a nationally representative sample of 1,234 school principals or disciplinarians from the US suggests that administrators, when asked to identify the serious or moderate problems in their schools, were more likely to identify tardiness (40%), absenteeism (25%), and physical conflict between students (20%). More serious transgressions, such as drug use (9%), possession of weapons (2%) and physical abuse of teachers (2%) were seldom noted (National Centre for Education Statistics, Violence and Discipline Problems in US Public School, 1996-1997). However, Skiba and Peterson (1999) found that, although the single most frequent reason for suspension was fighting between students, the majority of suspensions occurred in response to minor school infractions that did not directly impact school safety, including disrespect, disobedience, tardiness and truancy. Are such discipline tactics effective? Research evidence indicates that such reactive responses are of limited treatment utility, rarely produce lasting or meaningful changes in behavior and in fact can have unintended, deleterious effects on the students (see BC Ministry of Education report "Focus on Suspension", 1999), including increased risk for school drop out (e.g., Ekstrom, Goertz, Pollack & Rock, 1986). Recent reviews of school discipline practices suggests that such practices are inconsistently applied and that reliance on zero tolerance policies (including expulsion and suspension) and physical safety procedures does not appear to be associated with reductions in school violence and may in fact be associated with increased school "disorder" (Skiba & Peterson, 1999; 2000), leading to questions regarding the rationale of removing these students for safety reasons.

If suspensions and expulsions are ineffective, what other options exist? First, it would seem important for school administrators to find out *why* students were late or skipped school or engaged in a fight with another student and attempt to work with them to solve the problems in more socially acceptable ways. Students may have a variety of reasons for skipping school, including peer victimization and anxiety, owing primarily to peer maltreatment in school. Oppositional and conduct disordered youth may also be seeking support outside of the school context (Kearney & Albano, 2004). Reactive responses, including suspension and expulsion, typically address the symptoms, not the causes of behavior when it is possible, if not critical, to address both. Students who display aggressive and oppositional behaviors at school are expressing their need for help. Understanding the function and "communicative intent" of such behavior becomes a critical task for educators (see Brady & Halle, 1997 on functional assessment practices).

Despite the seriousness of their transgressions, it is important to remember that these are children, still developing a sense of self, an understanding of the world, and a mature sense of morality. In doing so, educators would benefit from viewing such transgressions as a teaching moment rather than a discipline problem, helping children to find alternative ways to address the problems that they face, some of which cannot be addressed without adult support. This requires that teachers, who often report feeling ill-equipped to handle classroom management (Bullock, Ellis, & Wilson, 1994; Maag & Katsiyannis, 1999), receive appropriate training, recognizing that teachers are required to address multi-faceted problems while maintaining classroom decorum and attending to 25 to 30 students' academic needs. Indeed, even simple techniques such as increased use of positive reinforcement have been shown to decrease suspension and dropout (see Skiba & Peterson, 2000). However, teachers need to have a variety of techniques at their disposal in order to effectively address

disruptive behavior before it escalates. They also need to recognize that behavior difficulties often reflect underlying academic difficulties. Treating the behavior directly may not get at the underlying problem, be it interpersonal or academic. However, the effectiveness of any technique depends on the relationship the teacher has with his/her students.

To effectively work with students who have significant discipline and behavioral challenges, it is critical for educators to understand the importance of relationships – relationships between students and teachers, relationships with other students, and ultimately, the child’s relationship to the school. A growing body of research demonstrates the importance of student bonding to school, to classmates, and to teachers. According to attachment theorists (e.g., Ainsworth, 1963; Bowlby, 1969, 1973), human beings are biologically predisposed to develop and maintain emotional bonds with others and recent research from social neuroscience confirms that we are “wired to connect” with others (Goleman, 2006). Human beings need to belong (Baumeister & Leary, 1995) and academic motivation theorists have now recognized that one’s sense of belonging is critical for optimal learning in school (Ryan & Powelson, 1991). Students who lack a sense of belonging or bonding to school are at risk for school failure and other negative outcomes (e.g., Cernkovich & Giordano, 1992; Wehlage, Rutter, Smith, Lesko & Fernandez, 1989) including delinquency (Jenkins, 1997). In contrast, students who are more engaged in extracurricular activities not only feel a greater sense of school belonging, but are also less likely to dropout or engage in antisocial behavior or delinquent activities (Mahoney, 2000; Mahoney & Cairns, 1997).

Teachers are the key to creating a caring and safe educational environment for their students. Indeed, teacher warmth and support are critical in helping children achieve and thrive, even (and perhaps especially) high-risk children. Two studies illustrate this point. First, Hamre and Pianta (2005) compared a sample of high-risk first graders assigned to classrooms in which teachers provided emotional support regularly through everyday interactions, to a group of high risk students assigned to less supportive classrooms. By the end of grade 1, those in more supportive classrooms demonstrated better achievement and less conflict with teachers. Teacher support of this kind, even as early as grade 1, may have significant implications for later student behavior. When Kellam, Rebok, Ialongo and Mayer (1994) randomly assigned first graders to classrooms that were either chaotic or well managed, they found that students’ odds of becoming aggressive in middle school depended on the classroom management experienced early on. Among those students who began school as highly aggressive (according to their teachers), the odds of being identified as highly aggressive in middle school were 3:1 for those who had been assigned to well-managed classrooms, as compared to 59:1 for those who had been assigned to chaotic or poorly managed classrooms. These results underscore the importance of *early* positive teacher support for high risk, aggressive children. The challenge is to give teachers the skills needed to individualize support as needed while attending to the needs of a broad range of students. Attachment theory offers further insights regarding the importance of building positive teacher-student relationships, especially for high risk, aggressive and antisocial youth, with recent theoretical arguments regarding the links between poor attachment and aggression (Moretti, DaSilva & Holland, 2004) as well as decades of experience verifying the value of creating positive relationships when working with troubled youth (see Hayden 1989; Watson, 2003).

Peer relationships also matter. Two decades of research has shown that students who experience social difficulties and who are not well accepted within the classroom peer group are at risk for a number of negative long-term adjustment outcomes (see McDougall, Hymel, Vaillancourt & Mercer, 2001) and aggressive behavior is one of the major contributors to peer rejection (see

Newcomb, Bukowski, & Pattee, 1993; Rubin, Bukowski, & Parker, 1998). Being rejected by mainstream peers limits the child's opportunities for positive interactions with prosocial peers, and increases the likelihood of affiliation with other, equally rejected or aggressive peers who are more likely to provide models and support for deviant peer behavior (Parker & Asher, 1987) or what has come to be known as *peer deviancy training* (Dishion McCord, & Poulin, 1999). Peer rejection is predictive of academic difficulties (see McDougall et al., 2001 for a review), including greater likelihood of early school drop out (Hymel, Comfort, Schonert-Reichl & McDougall, 1996). Helping high-risk students to develop and maintain affiliations with prosocial peers is a worthwhile endeavour and may be a critical part of effective intervention.

Practical implications and future directions for research.

Schools are faced with the enormous and complex task of educating high risk students, a diverse group who display disruptive behaviors that compromise their own learning and that of others. However, these students are easily misunderstood. Suspensions and expulsions do little to help students with the difficulties they face. Based on the research reviewed above, we offer the following suggestions.

1. Early identification and intervention are critical.
2. Assessment and intervention for children with discipline problems must consider both behavioral and academic challenges that these children face and address both, as needed.
3. In order to provide an optimal classroom and school climate in which all students succeed, teachers need extensive training, beyond classroom management, that includes foundational knowledge in mental health, group processes and the most effective intervention strategies available. Teachers who work directly with high risk youth require more specialized training.
4. Prevention and intervention efforts should emphasize evidence-based practices (e.g., see www.casel.org) but should also include evaluation regarding the effectiveness of any efforts undertaken.
5. School-wide efforts to foster social-emotional learning and create a positive school climate are needed in all schools in order to create a safe and caring learning environment in which negative behavior is not encouraged.
6. Individualized supports are needed for students with chronic and/or serious behavioral problems, working in collaboration with outside agencies when appropriate. Recognizing that all students have strengths as well as weaknesses, assessment and intervention efforts need to be tailored to meet the specific needs of each student.
7. Expulsions/suspensions, if used at all, should be reserved for the most serious behaviors but should not be implemented without adequate follow-through on the part of schools.
8. Alternatives to suspension such as restitution (Gossens, 1992) or restorative practices must be considered.
9. Schools can begin by aiming to improve the school climate which can be promoted on a school-wide and individualized basis.

From a cost-benefit analysis, schools represent an ideal context for supporting high risk youth and the effort may be well worth it. Indeed, economist Cohen (1998) estimated that every high risk youth who drops out of school costs society \$232,000 to \$388,000 (US\$) and each high risk youth who becomes a career criminal costs society \$1.3 to \$1.5 million (US\$) in terms of external costs over their lifetime, in terms of such things as medical wages, incarceration, lost wages, stolen property, criminal

justice system costs, etc.. Investing in our youth by shifting our focus from discipline to care is an investment well worth making.

Appendix A

Suggestions for Further Reading

Walker, H.M., Ramsey, E., & Gresham, F.M. (2004). *Antisocial Behavior in School: Evidence-based Practices* (Second Edition). Belmont, CA: Wadsworth/Thomson Learning.

Conoley, J.C. & Goldstein, A.P. (2004). *School violence intervention: A practical handbook* (Second Edition).

Rutherford, Jr. R.B., Quinn, M.M., & Mathur, S.R. *Handbook of research in emotional and behavioral disorders*. New York: Guilford Press.

Biglan, A., Brennan, P.A., Foster, S.L., & Holder, H.D. (2004). *Helping adolescents at risk: Prevention of multiple problem behaviors*. New York: Guilford.

Kauffman, J. M. (2005). *Characteristics of emotional and behavioral disorders of children and youth* (8th ed.). Upper Saddle River, NJ: Pearson/Merrill Prentice Hall.

Books for Parents and Teachers:

Garbarino, J. & Bedard, C. (2001). *Parents Under Siege*. NY: Free Press

Greenspan, Stanley (1995). *The Challenging Child*. Perseus Books.

Green, Ross (1998). *The Explosive Child*. Harper Collins.

References

- Altman, D. (1991). The challenge of services integration for children and families. *Effective Services for Young Children*. National Research Council, Washington, DC: National Academy Press.
- Angold, A., Costello, E. J., & Erkanli, A. (1999). Comorbidity. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 40, 57.
- Ainsworth, M. D. S. (1968), Object relations, dependency, and attachment: A theoretical review of the infant mother relationship. *Child Development*, 40, 969-1025.
- American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.) Washington D.C.: Author.
- Armstrong, T.D., & Costello, E.J. (2002). Community studies on adolescent substance use, abuse, or dependence and psychiatric comorbidity. *Journal of Consulting and Clinical Psychology*, 70(6), 1224-1239.
- Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin*, 117, 497-529.
- Baumeister, R.F., Smart, L., & Boden, J.M. (1996). Relation of threatened egotism to violence and aggression: The dark side of high self-esteem. *Psychological Review*, 103, 5-33.
- BC Ministry of Education (2006). *Students with special needs: How are we doing?* Retrieved June 5, 2006, from <http://www.bced.gov.bc.ca/specialed/performance.pdf>
- BC Ministry of Education, Special Programs Branch (1999). Focus on suspension: A resource for schools. Retrieved December 10, 2006, from www.bced.gov.bc.ca/specialed/docs/suspension_resource.pdf
- Bowlby, J. (1969). *Attachment and loss, Vol. 1: Attachment*. New York: Basic Books.
- Bowlby, J. (1973). *Attachment and loss, Vol. 2: Separation*. New York: Basic Books.
- Brady, N.C. & Halle, J.W. (1997). Functional analysis of communicative disorders. *Focus on Autism and Other Developmental Disabilities*. 12 (2), 95-104.
- Buhs, E.S., Ladd, G. W. & Herald, S.L. (2006). Peer exclusion and victimization: Processes that mediate the relation between peer group rejection and children's classroom engagement and achievement? *Journal of Educational Psychology*, 98, 1-13.
- Bukowski WM, Sippola LK, Newcomb AF. 2000. Variations in patterns of attraction to same- and other-sex peers during adolescence. *Developmental Psychology*, 36, 147-154.
- Bullock, L. M., Ellis, L. L., & Wilson, M. J. (1994). Knowledge/skills needed by teachers who work with students with severe emotional/behavioral disorders: A revisitiation. *Behavioral Disorders*, 19(2), 108-125.
- Cernkovich, S.A., & Giordano, P.G. (1992). School bonding, rate and delinquency. *Criminology*, 30, 261-290.
- Cillessen, A.H.N., van Izeddoorn, H., van Lieshout, C., & Hartup, W. (1992). Heterogeneity among peer-rejected boys: Subtypes and stabilities. *Child Development*, 63, 893-905.
- Cohen, A. (1998). The monetary value of saving a high-risk youth. *Journal of Quantitative Criminology*, 14(1), 5-33.

Conroy, M. A., Hendrickson, J. M., & Hester, P. P. (2004). Early identification and prevention of emotional and behavioral disorders. In R. B. Rutherford, M. M. Quinn, & S. R. Mathur (Eds.), *Handbook of Research in Emotional and Behavioral Disorders* (pp. 199-215). New York: Guilford Press.

Cooley, S. (1995). Suspension/expulsion of regular and special education students in Kansas: A report to the Kansas State Board of Education. Topeka, KS: Kansas State Board of Education. (ERIC document No. 395 403).

Coie, J. D., & Dodge, K. A. (1998). Aggression and antisocial behavior. In W. Damon, & N. Eisenberg (Eds.), *Handbook of child psychology, 5th ed.: Vol 3. (pp. 779-862). Social, emotional, and personality development*. New York: John Wiley & Sons.

Dishion, T.J., McCord, J., & Poulin, F. (1999). When interventions harm: Peer groups and problem behavior. *American Psychologist, 54*, 755-764.

Donnellan, M.B., Trzesniewski, K.H., Robins, R.W., Moffitt, T.E., & Caspi, A. (2005). Low self-esteem is related to aggression, anti-social behavior, and delinquency. *Psychological Science, 16*, 328-335.

Ekstrom, R.B., Goertz, M.E., Pollack, J.M., & Rock, D.A. (1986). Who drops out of high school and why? *Teachers College Record, 87*, 357-373..

Goleman, D. (2006). *Social intelligence*. New York: Bantam.

Gossen, D. C. (1992). *Restitution: Restructuring School Discipline*. New View Publications.

Guerra, N.G., Huesmann, L.R. & Hanish, L. (1995). The role of normative beliefs in children's social behavior. In N. Eisenberg (Ed.), *Review of personality, development, and social psychology: The interface* (pp. 140-158). Thousand Oaks, CA: Sage.

Hamre, B., & Pianta, R.(2005). Can instructional and emotional support in the first grade classroom make a difference for children at risk of school failure? *Child Development, 76*, 949-967.

Hayden, T. (1989) *Just another kid*. Toronto: Harper Collins.

Huesmann, L.R. & Guerra, N. G. (1997). Children's normative beliefs about aggression and aggressive behavior. *Journal of Personality and Social Psychology, 72*, 408-419.

Hymel, S., Comfort, C., Schonert-Reichl, K., & McDougall, P. (1996). Academic failure and school dropout: The influence of peers. In K. Wentzel & J. Juvonen (Eds.), *Social motivation: Understanding children's school adjustment* (pp. 313-345). NY: Cambridge University Press.

Hymel, S. Martinez, Y., Hearle, N., Darwich, L., Clarke, S., Rocke Henderson, N., & Matear, D. (2005). *Strathcona Social Interaction Program: An innovative, attachment-based approach to supporting elementary students with behavioral difficulties*. Paper presented at the 8th annual conference, "Investigating Our Practices", University of British Columbia, Vancouver, BC.

IDEA. (2004). Assistance to states for the education of children with disabilities and preschool grants to children with disabilities. *Individuals with Disabilities Education Improvement Act of 2004*. U.S. Department of Education. Washington, DC: Federal Register.

Kauffman, J. M. (2005). *Characteristics of emotional and behavioral disorders of children and youth* (8th ed.). Upper Saddle River, NJ: Pearson/Merrill Prentice Hall.

Kearney, C.A. & Albano, A.M. (2004). The functional profiles of school refusal behavior. *Behavior Modification, 28*, 147-161.

-
- Kendziora, K. T. (2004). Early intervention for emotional and behavioral disorders. In R. B. Rutherford, M. M. Quinn, & S. R. Mathur (Eds.), *Handbook of Research in Emotional and Behavioral Disorders* (pp. 327-351). New York: Guilford Press.
- Kessler, R.C., Berglund, P. Demler, D., Jin, R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, *62*, 593-602 (www.archgenpsychiatry.com)
- Mahoney, J.L. (2000). School extracurricular activity participation as a moderator in the development of antisocial patterns. *Child Development*, *71*, 502-516.
- Mahoney, J.L. & Cairns, R.B. (1997). Do extracurricular activities protect against early school dropout? *Developmental Psychology*, *33*, 241-253.
- McDougall, P., Hymel, S., Vaillancourt, T., & Mercer, L. (2001). The consequences of early childhood rejection. In M. Leary (Ed.) *Interpersonal Rejection* (pp. 213-247). New York: Oxford University Press.
- McKinney, J.D., (1989). Longitudinal research on the behavioral characteristics of children with learning disabilities. *Journal of Learning Disabilities*, *22*, 141-150.
- McKinney, J.D. & Feagans, L. (1984). Academic and behavioral characteristics: Longitudinal studies of learning disabled children and average achievers. *Learning Disability Quarterly*, *7*, 251-265.
- Moffitt, T. E. (1993). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. *Psychology Review*, *100*, 674-701.
- Moffitt, T. E. (2003). Life-course-persistent and adolescence-limited antisocial behavior: A 10-year research review and a research agenda. In B. B. Lahey, T. E. Moffitt, & A. Caspi (Eds.), *Causes of conduct disorder and juvenile delinquency* (pp. 49-75). New York: Guilford Press.
- Moretti, M. M., DaSilva, K., & Holland, R. (2004). Aggression from an attachment perspective: Gender issues and therapeutic implications. In M. M. Moretti, C. L. Odgers, & M. A. Jackson (Eds.), *Girls and aggression: Contributing factors and intervention principles* (pp. 27-56). Kluwer Academic.
- Morgan-D'Atrio, C. Northup, J., LaFleur, I., & Spera, S. (1996). Toward prescriptive alternatives to suspensions: A preliminary evaluation. *Behavior Disorders*, *21*, 190-200.
- Morrison, G.M. & D'Incau, B. (1997). The web of zero tolerance: Characteristics of students who are recommended for expulsion from school. *Education and Treatment of Children*, *20*, 316-335.
- Newcomb, A.F., Bukowski, W.M. & Pattee, L. (1993). Children's peer relations: A meta-analytic review of popular rejected, neglected, controversial and average sociometric status. *Psychological Bulletin*, *111*, 99-128.
- Offord, D. R. (1986). Ontario child health study: Summary of initial findings. Ontario, Canada: Queen's Printer for Ontario.
- Pierce, E.W., Ewing, L.J., & Campbell, S.B. (1999). Diagnostic status and symptomatic behavior of hard-to-manage preschool children in middle childhood and early adolescence. *Journal of Clinical Child Psychology*, *28*, 44-57.
- Rock, E.E., Fessler, M.A., & Church, R.P. (1997). The concomitance of learning disabilities and emotional/ behavioral disorders: A conceptual model. *Journal of Learning Disabilities*, *30* (3), 245-263.
- Rodney, L.W., Crafter, B., Rodney, H., & Mupier, R. (1999). Variables contributing to grade retention among African American adolescent males. *Journal of Educational Research*, *92*, 185-190.

Romano, E., Tremblay, R. E., Vitaro, F., Zoccolillo, M., & Pagani, L. (2001). Prevalence of psychiatric diagnosis and the role of perceived impairment: Findings from an adolescent community sample. *Journal of Child Psychology and Psychiatry*, 42, 451-461.

Rose, T. L. (1988). Current disciplinary practices with handicapped students: Suspensions and expulsions. *Exceptional Children*, 55, 230-239.

Rubin, K.H., Bukowski, W.M. & Parker, J. G. (1998). Peer interactions, relationships and groups. In W. Damon (Series Ed.) and N. Eisenberg (Vol. Ed.), *Handbook of child psychology: Vol. 3: Social emotional and personality development* (5th ed. , pp. 619-700. NY:Wiley.

Parker, J.G. & Asher, S.R. (1987). Peer relations and later personal adjustment: Are low-accepted children at risk? *Psychological bulletin*, 102, 357-389.

Patterson, G. R., Reid, J. B., & Dishion, T. J. (1992). *Antisocial boys: A social interactional approach*. Eugene, OR: Castalia.

Pierce, E., Ewing, L. J., & Campbell, S. B. (1999). Diagnostic status and symptomatic behavior of hard-to-manage preschool children in middle childhood and early adolescence. *Journal of Clinical Child Psychology*, 28, 44-57.

Reinert, H.R., & Huang, A. (1987). *Children in conflict: Strategies for emotionally disturbed and behaviorally disordered* (Third Edition). Columbus, OH: Merrill.

Rubin, K.H., Bukowski, W. R., & Parker, J.G. (1998). Peer interactions, relationships and groups. In W. Damon (Series Ed.) & N. Eisenberg (Vol. Ed.). *Handbook of child psychology: Vol. 3: Social, emotional and personality development* (5th ed., pp. 619-700). NY: Wiley.

Ryan, R.M. & Powelson, C.L. (1991). Autonomy and relatedness as fundamental to motivation and education. *Journal of Experimental Education*, 60, 49-66.

Sawka, K. D., McCurdy, B. L., & Mannella, M. C. (2002). Strengthening emotional support services: An empirically based model for training teachers of students with behavior disorders. *Journal of Emotional and Behavioral Disorders*, 10(4), 223-232.

Schorr, L.B. & Both, D. (1991). Attributes of effective services for young children: A brief survey of current knowledge and its implications for program and policy development. *Effective Services for Young Children*. National Research Council. Washington, DC: National Academy Press.

Skiba, R. J. & Peterson, R. L. (1999). The dark side of zero tolerance: Can punishment lead to safe schools? *Phi Delta Kappan*, January, 1999, 372-382.

Skiba, R.J. & Peterson, R. L. (2000). School discipline at the crossroads: From zero tolerance to early response. *Exceptional Children*, 66 (3), pp 335- ???

Tankersley, M., & Landrum, T. J. (1997). Comorbidity of emotional and behavioral disorders. In J. W. Lloyd, E. J. Kameenui & D. Chard (Eds.), *Issues in educating students with disabilities* (pp. 153-173). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.

Tremblay, R.E. (2000). The development of aggressive behaviour during childhood: What have we learned in the past century? *International Journal of Behavioral Development*, 24(2), 129-141.

Tremblay, R.E. (2003). Why socialization fails: The case of chronic physical aggression. In B. Lahey, T. Moffitt, & A. Caspi (Eds.), *Causes of conduct disorder and juvenile delinquency* (pp. 182-224). NY: Guilford.

U.S. Department of Education. (2001). The condition of education. Institute of Education Sciences: National Center for Education Statistics. Washington, DC.

Vaillancourt, T. & Hymel, S. (in press). Aggression and social status: the moderating roles of sex and peer-valued characteristics. *Aggressive Behavior*.

Vaillancourt, T. & Hymel, S. (2004). The social context of children's aggression. In M. M. Moretti, C. L. Odgers, & M. A. Jackson (Eds.), *Girls and aggression: Contributing factors and intervention principles* (pp. 57-73). Kluwer Academic.

Vaillancourt, T., Hymel, S., Duku, E., Krygsman, A., Cunningham, L., Davis, C., Short, K., & Cunningham, C. (2006). *Beyond the dyad: An analysis of the impact of group attitudes and behavior on bullying*. Paper presented at the biennial meeting of the International Society for the Study of Behavioral Development, Melbourne, AU.

Vaillancourt, T., Hymel, S., & McDougall, P. (2003). Bullying is power: Implications for school-based intervention strategies. Special issue: *Journal of Applied School Psychology*, 19, 157-175.

Walker, H., Colvin, G., & Ramsey, E. (1995). *Antisocial behavior in public school: Strategies and best practices*. Pacific Grove, CA: Brooks/Cole.

Waddell, C. & Shepherd, C. (2002). *Prevalence of Mental Disorders in Children and Youth: A research update prepared for the British Columbia Ministry of Children and Family Development*, October, 2002. Mental Health Evaluation and Community Consultation Unit (MHECCU), Department of Psychiatry, University of British Columbia, Vancouver, BC.

Watson, M. (2003). *Learning to Trust: Transforming Difficult Elementary Classrooms through Developmental Discipline*. Mississauga, Ontario: John Wiley & Sons Canada.

Wehlage, G.G., Rutter, R.A., Smith, G.A., Lesko, N., & Fernandez, R. (1989). *Reducing the risk: Schools and communities of support*. New York: Falmer Press.

Wittchen, H.U., Kessler, R.C., Pfister, H., & Lieb, M. (2000). Why do people with anxiety disorders become depressed? A prospective-longitudinal community study. *Acta Psychiatrica Scandinavica*, 102 (Suppl. 406), 14-23.