

**Building Connections:  
A Description of the Relationship  
That Develops Between Paraprofessionals  
And Children Who Exhibit Challenging Behaviours**

By

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**BY**

**Bonnie E. Jarco**

**A Thesis/Practicum submitted to the Faculty of Graduate Studies of The University  
of Manitoba in partial fulfillment of the requirements of the degree  
of  
Master of Education**

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## **ABSTRACT**

The purpose of this qualitative study was to obtain a rich description of the relationship that paraprofessionals develop with students who exhibit challenging behaviour. The paraprofessionals interviewed were working with these students in regular classroom settings. These students were determined by Manitoba Education and Training to qualify for Low Incidence Level II and Level III Special Needs support for having Emotional/Behavioural Disorders (EBD)

In this study, six paraprofessionals were interviewed using a semi-structured interview format in which descriptive, structural and contrast questions were asked. The data were analysed to identify and explore emerging themes and elements common to paraprofessionals' daily practice. I developed an understanding of the experiences paraprofessionals had when working with these students. From this documentation, I determined the perspectives of the paraprofessionals regarding the type and the quality of the relationships that developed between paraprofessionals and students who have EBD.

Three main themes emerged from the analysis of the data. The theme of respect and caring is shown by acknowledging the individuality of the student, separating the challenging behaviour from the child, praising the child, being firm and consistent, ensuring confidentiality, allowing for independence, and acting like a surrogate parent. The theme of understanding the etiology of behaviour is evident in the paraprofessionals' knowledge of what causes the behaviour and the meaning they give to challenging behaviour. The theme of responses to challenging behaviour included prevention, removal, or helping the students to analyse and understand their actions.

## CHAPTER 1

In this study, I examine the perspectives of paraprofessionals who work with children who have Emotional/Behavioural Disorders (EBD), and who are included in regular classroom settings. I describe the relationship that develops between paraprofessionals and students with EBD from the paraprofessionals' perspective. I also determine how paraprofessionals negotiate meaning within the context of their working relationship with children with EBD.

There is a need for studying the area of paraprofessionals working with children with EBD for the following reasons. The literature (Benard, 1991; Brendtro, Brokenleg, & Van Bockern, 1998; Curwin, 1992; Gardner, 1975; Garmezy, 1993; Noddings, 1995; Werner & Smith, 1992) tells us that the development of a relationship with a significant adult is especially crucial for children with EBD. Children with EBD may have fewer connections with supportive adults than children without EBD. During the school day, it is often the paraprofessionals who undertake the role of an advocate and supportive adult towards children with EBD (French, 1999b & Wadsworth & Knight, 1996). By having the paraprofessionals describe their role in working with children with EBD, I was able to determine their perspectives of the relationship. Although there is information on the importance of the development of a mutual relationship between teacher and student (Benard, 1991; Brendtro, et al., 1998; Curwin, 1998; Lieberman & Miller, 1984), the study of the development of the relationship between paraprofessional and student is lacking.

Another reason for this study is that the topic of paraprofessionals working with children with EBD has not been widely studied in the professional literature (Pickett, 1986; Frith & Armstrong, 1984). What little professional literature there is on paraprofessionals has tended to focus mainly on their changing role. The role of the paraprofessional originally was clerical and helping teachers with large classes, then supporting the mildly learning disabled child (Frith & Lindsey, 1983; Jones & Bender, 1993; Pickett, 1986). The role of the paraprofessional today has expanded to include working with children with EBD and other disabilities. Therefore, studying this new dimension of their role will give us insight into how the paraprofessionals understand their role in working with students with EBD.

Another important reason for undertaking this study is that the paraprofessionals appear to be the forgotten voice in the study of children with EBD. The professional literature (Benard, 1991; Brendtro, et al., 1998; Curwin, 1992; Fenstermacher, 1993; Garmezy, 1991; Webster-Stratton & Herbert, 1994; Werner & Smith, 1992) relies primarily on studies and comments from social workers, therapists, parents, psychologists, psychiatrists, teachers, and corrections officers, with comments from paraprofessionals noticeably missing. "Although the literature on school reform and school improvement emphasizes teamwork among professionals, researchers have systematically ignored the role of the paraprofessional" (French, 1999b, p.69). The perspectives of paraprofessionals can help enrich the conversation and study.

In many schools, paraprofessionals have frequent contact with students who exhibit challenging behaviour. Challenging behaviours can be represented along a continuum from mild to very severe. There is no simple answer to the etiology of the



behaviours that these students exhibit. One of the current expectations in Manitoba schools is that paraprofessionals, under the supervision of a classroom teacher or resource teacher, will try to intervene to prevent or to manage challenging behaviours so that the ability of other children to learn and their access to a safe environment are not disrupted or jeopardized. They also carry out programs developed by teachers.

Success in dealing with and helping these children is often dependent upon the ability of adults to cultivate and nurture a healthy relationship with them (Benard, 1991; Brendtro, et al., 1998; Curwin, 1992; Gardner, 1975; Garmezy, 1993; Noddings, 1995). In many schools, it is the paraprofessionals who have the most frequent and individual contact with these children. Having the opportunity to become familiar with and close to these children enables the development of a relationship. Since the development of a relationship is important to the well being of these children and can buffer the effects of adversity, a description of this relationship is timely. Also, because there has been an increase in the use of paraprofessionals to assist children who have challenging behaviour (Manitoba Education and Training, 1999), but little documentation about the relationship between paraprofessionals and students with EBD, this study may provide insight into this process.

Paraprofessionals are a major component of the services provided to children in segregated and inclusive settings (French, 1999b; Frith & Lindsey, 1980; Jones & Bender, 1993; Pickett, 1990; Wadsworth & Knight, 1996) and are often used to support the special education student within both settings. In this study I examine the perspectives of paraprofessionals who work with children with EBD who are included in the regular classroom. Inclusive settings can be defined as follows:

An inclusive school or classroom educates **all** students in the mainstream.

This means that all students, including students with learning and physical disabilities, and those who are at-risk, homeless, and gifted, are included in integrated, general education classes. It also means providing all students within the mainstream with appropriate education experiences that are challenging yet geared to their capabilities and needs; and any support and assistance they or their teachers require (Stainback & Stainback, 1996, p.35).

Pickett (1986) states that “the expansion of the role of the paraprofessional has been one of the most significant changes in the delivery of education services in recent decades” (p.31). Many of these paraprofessionals have an impact on the lives of students, their families, teachers, and the schools in which they work. Charles, Gast, Servey, & Burnside (1978) believe that paraprofessionals will always play a significant role because of the support they provide to both students and teachers.

Students have many needs. They need to be listened to, talked to, read to, touched, and shown how. Young children ask for these things naturally and eagerly. Older children want these things just as eagerly, but ask for them in different ways. Young or old, most students learn best when they have someone at hand to encourage and assist them. Teachers have needs too. They need to have more time... to reach more students, and to be in three places at once. Teachers can teach better when they have beside them another adult who wants to help students learn. Because of what students need paraprofessionals are needed (p.392).

Paraprofessionals may become the adult that some of these children come to trust the most while they are at school. According to Gardner (1975), many of these students are vulnerable both academically and emotionally, and relationship-building is an effective component of remediation. "The paraprofessional must approach the child as a kind and decent person who can and will be helpful and who will not hurt or embarrass the child" (p.25).

### Definition of Emotional Behavioural Disorders

Since this study is about paraprofessionals working with students with EBD, it is important to clarify and define what the term EBD means. For this study, I used the descriptors provided by Manitoba Education and Training (2000) (Appendix A) to define Emotional Behavioural Disorders as:

The student exhibits profound emotional/behavioural disorders and associated learning difficulties requiring highly individualized programming and intensive support services at school and in the community. This applies to the student: who is a danger to self and/or others and whose actions are marked by impulsive, aggressive, and violent behaviour; whose behaviour is chronic – the disorder persists over a lengthy period of time; whose behaviour is pervasive and consistent – the disorder negatively affects all environments; who requires a combination of statutory and-non statutory services.

The challenging behaviour exhibited by a student who has EBD may be externalized. In such cases, the child acts out. Alternately, the challenging behaviour

may be internalized, in which case the child may withdraw from age-appropriate social interactions. The Manitoba Special Education Review (Manitoba Education & Training, 1998) characterizes behaviours for externalized EBD as: “acting out, non-compliant behaviour, teacher defiance, behavioural excesses, low achievement, disruption of classroom ecology, resistance to social influence tactics, and verbal and physical aggression” (p.140). Characteristic behaviours of students for internalized EBD are “low achievement, nonassertive behaviour patterns, social isolation and withdrawal, and low levels of negative behaviour” (p.140).

Manitoba Education and Training provides Low Incidence Special Education Categorical Funding support to school divisions for children who have EBD. The categorical funding support allows school divisions to fund the personnel and programming support necessary for the implementation of the students’ Individual Education or Behaviour Plan and to assist these children in the educational setting.

Depending on the severity of need, some of these children have adult assistance for only a portion of the school day, while others have full-time paraprofessional support. It is the expectation of schools that paraprofessionals will assist these children by trying to help manage behaviour and to help with instructional activities as planned and directed by a teacher.

#### Definition of Paraprofessional

Throughout the literature, adults, other than teachers, who support children in the school system have been referred to by many different names. Pickett (1986) confirms that the word paraprofessional means different things to different people.

Paraprofessionals, commonly called paras, may also be referred to as teaching assistants, teacher aides, educational assistants, instructional assistants, and paraeducators.

Regardless of what they are commonly called, paraprofessionals work under the direction of a professional to assist and provide support to students and teachers. French, (1998) when interviewing both paraprofessionals and teachers, came to the conclusion that the prime purpose for utilizing paraprofessionals to support special programming was to provide additional assistance in meeting the educational needs of students. Pickett (1990) defines a paraprofessional as:

an employee, whose position is instructional in nature  
who delivers direct service to students and/or their parents;  
and who works under the supervision of a teacher or another  
professional staff member who is responsible for the overall  
conduct of the class, the design and implementation of  
individualized education programs, and the assessment of the  
effect of the programs on student progress (p.2).

### Employing Paraprofessionals

This brief introduction about paraprofessionals outlines why schools go about employing paraprofessionals to work with special needs students. Most of the paraprofessionals who work with special needs children have little or no formal post secondary education or training (Fletcher-Campbell, 1992; French, 1999a; Frith & Lindsey; 1982). French (1999a) notes that most divisions “ hire people who have raised their own children and have thus acquired an informal education in child and adolescent development” (p.67). In many schools, the scenario is such that the school system’s least

educated and least remunerated personnel are dealing with some of the most difficult students the majority of the time (Friend & Cook, 1996; Marks, Schrader, & Levine, 1999; Miller, 1996). "Students with more complex needs are often served by those with the least academic and pedagogical preparation and with the least power in the school context" (Harper, 1994, p.67).

Although paraprofessionals are often the least educated, Gardner (1975) has witnessed their value as they have effectively supported children with emotional problems by listening to their problems, assisting with behavioural intervention, and conveying a sense of care towards the students. Without paraprofessionals to assist these children, many of these students with EBD might be removed from their classrooms or suspended from school because of their inappropriate behaviour (Kazdin, 1995; Brendtro & Ness, 1993; Dwyer, Osher, & Hoffman, 2000). Many of these students who have EBD are considered at risk for increased anti-social behaviour because they are unable to interact in socially appropriate ways, to cultivate positive adult or peer relationships, or to progress successfully in school (Miller, Brehm, & Whitehouse, 1998). Negative behaviour can manifest itself in verbal and physical aggression, bullying, defiance, non-compliance and truancy. A large portion of these students are referred for special education services (Kazdin, 1995) and have paraprofessional assistance to help meet the goals of their Individual Education Plan or their Individual Behaviour Plan.

Increased utilization of paraprofessionals to support inclusion (Jones & Bender, 1993; Lindsey, 1983; McKenzie & Houk, 1986; Pickett, 1986), which has led to the change in role and responsibilities of paraprofessionals from mainly clerical tasks to assisting with instruction or managing behaviour, (Frith and Lindsey, 1980; Lindsey,

1983; Pickett, 1986) has dominated the literature. Issues regarding what type of training paraprofessionals need or the lack of professional training they receive, (Bricker & Wilderstrom, 1996; Fletcher-Campbell, 1992; Frith & Lindsey, 1980; Nyquist, Abbott, & Wulff, 1989) are also themes found in the literature.

Paraprofessionals are a major support to students with EBD within the school setting. Although paraprofessionals play an important role in the lives of children with EBD, there has been little study of this area. A contributing factor in successful outcomes for students with EBD is the development of a relationship with an adult. The importance of the development of a relationship between the student with EBD and an adult is an important area to study.

### Relationship

There appears to be a paucity of information in the literature regarding the relationship that develops between paraprofessionals and the children with whom they work.

The value of paraprofessionals in working with behaviourally disordered children has been addressed to a very limited degree in the professional literature by Gardner (1975). A noticeable lack of attention has been devoted to paraprofessionals who work with behaviourally disordered students (Frith & Armstrong, 1984, p 113).

There is, however, a body of professional literature supporting the importance of the development of such a relationship between teacher and student (Benard, 1991; Curwin, 1992; Fenstermacher, 1993; Garnezy, 1991, Green, 1998; Lieberman & Miller, 1984;

Werner & Smith, 1992). The relationship between teacher and student is germane to this study as the paraprofessionals, in many cases, assume roles that are similar to those of teachers. "A major hurdle in the re-education process is to help the child build a new kind of relationship with an adult who can be trusted for support, understanding, and affection" (Brendtro et al., 1998, p.80). This is particularly true of the child with EBD who may be 'relationship-resistant' (Brendtro et al., 1998). The child may not want to have a mutual relationship or may fear expending the energy on cultivating a relationship because past relationships have been painful, unfulfilling, and non-nurturing. These children are hurt, vulnerable academically and 'emotionally burnt' (Gardner, 1975). Being 'emotionally burnt', they become unwilling to provide the emotional energy and effort needed to sustain a relationship. These children may view friendly, helpful adults with deep distrust (Brendtro et al., 1998).

Recent research into the phenomenon of resiliency, (Benard, 1991; Garmezy, 1993; Werner & Smith, 1992) indicates that fostering caring relationships which convey compassion, understanding, respect, and trust can be a protective factor in affecting long term success for youth at risk. Many students with EBD are at risk for academic and social failure. According to Weissburg, Caplan, & Harwood (1991), many youths at risk have well-developed anti-social behaviour patterns and high levels of aggression which they maintain during adulthood. However, by providing supports to these students, such as the development of positive relationships at an early age, the negative effects can be buffered (Weissburg, et al. 1991).

By interviewing paraprofessionals and documenting their perspectives about working with children with EBD, I was able to determine the quality and type of



relationship that is forged between the paraprofessional and the student. By examining how paras see their role with these children, I was able to examine the dimensions of the relationship as the paraprofessionals saw it. My desire to examine this relationship was driven by my belief that establishing a nurturing relationship is paramount for the emotional well being of these students. The professional literature also supports this notion (Benard, 1991; Garnezy, 1993, Werner & Smith, 1992). Esbener (1966) sees the paraprofessional taking on a role similar to that of a surrogate parent.

Teachers are often the most influential people in a child's life, outside of the home. But there is a larger world for children beyond the classroom. Many adults make valuable contributions to children's lives. Paraprofessionals – with guidance and supervision from teachers – can play a key role in bringing the wealth of experiences of life beyond school into the classroom to enrich the lives of students ( Manitoba Teachers' Society, undated, p.3).

#### Low Incidence Categorical Support in Manitoba

The study of the relationship between students who have EBD and paraprofessionals is timely in that increasing numbers of students are being funded with Low Incidence Support under the EBD category by Manitoba Education and Training. Prior to 1992, these students were not supported by any defined funding category because they were not present in significant numbers within the school system and could be adequately supported through Level I block funding. (Manitoba Education & Training, 1992 a). In 1992, a category was established by Manitoba Education and Training to

provide Low Incidence support for students who have EBD (Manitoba Education & Training, 1992 b). If they met the designated funding criteria (see Appendix A), these students could qualify for Level II funding support. The monetary amount that school divisions receive from Level II funding can be used to fund programs, provide clinical support, or provide a direct human resource (paraprofessionals) to support program goals for individual students with exceptionalities (Manitoba Education & Training, 1992 a). In 1995, an Interdepartmental Protocol Agreement for Children who have EBD (Manitoba Education & Training, 1995) was developed between the Ministers of Education and Training, Family Services, and Health and Justice for the co-ordination of services for children with severe to profound emotional/behavioural disorders. This new protocol allowed for the Low Incidence Level III Categorical Support to fund full-time paraprofessionals as part of a co-ordinated service plan to meet the needs of these children within the school setting. School divisions, because of the increasing number of children experiencing EBD, welcomed this Protocol Agreement. The Manitoba Special Education Review states that,

there is a growing concern in the education system regarding the increasing number of school-age children with EBD. Postl (1995) estimates that, in Manitoba, between 18-30% of children aged 0-18 years have mental health problems requiring intervention. Of those 3% experience severe psychiatric disorders (Manitoba Education & Training, 1998, p. 137).

Sprague and Walker (2000, p.368) pointed out that “schools often reflect societal trends and we are now seeing an increase in antisocial and violent behaviour by emotionally disordered children in schools which were relatively safe.”

The Manitoba Special Education Review found that children having “emotional/behavioural disorders regardless of their genesis are a principal concern for many educators, and teachers value having paraprofessionals to help support these children” (Manitoba Education and Training, 1998, p. 424). The major purpose of my study was to describe the nature of the relationship that develops between paraprofessionals and students with EBD. I did this by interviewing six paraprofessionals, describing the relationship from the paraprofessionals’ perspective, determining if any other information about how paras work with these children emerges from the data and drawing conclusions from the data obtained.

The following chapter will expand on the background literature framing these issues.

## CHAPTER 2

### Review of the Literature

In this review, I will cover the historical context outlining how paraprofessionals have become an integral part of the school system in the effort to support students with special needs in regular and special education classrooms, along with the development of the role of the paraprofessional. I will also focus on the professional literature that supports the importance of establishing positive, caring, and healthy relationships with students.

There are three aspects important to the review of the literature. First, there is very little in the educational literature on the topic of paraprofessionals. This review will summarize the existing literature. Second, there is even less in the professional literature specific to the relationship that develops between paraprofessionals and students with EBD in regular classrooms. I am looking only at the relationship between paraprofessionals and students with EBD, as opposed to students with other special needs, because developing a healthy relationship is particularly crucial for successful outcomes for students with EBD. Third, the importance of the development of a relationship between teacher and student will be reviewed because the information gleaned may be pertinent to paraprofessionals, as paraprofessionals interact with students in many of the same ways that teachers do.

### Historical Background

The widespread use of paraprofessionals in schools was initiated as a response to a post-war teacher shortage in the 1950s and 60s, a situation which led to very large classes. During this time, school officials, feeling that teachers needed help with clerical and administrative tasks in order to spend more instructional time with students, hired paraprofessionals to do these jobs (Pickett, 1986, Jones & Bender, 1993). The use of paraprofessionals continued to increase during the late 1970's and 80's when school districts began to assume responsibility for educating students with disabilities in regular classroom environments. Educators believed that, "if students with disabilities could receive an effective program in a regular setting, they should not be placed in a special class" (Kirk & Gallagher, 1985, p.25). With more children with disabilities being placed in regular classes, the role of the paraprofessionals took on a new dimension. Paraprofessionals began to fulfil the increasingly important role of interacting directly with children and assisting with the implementation of individualized education plans (French, 1999a, Pickett, 1990).

Indeed, paraprofessionals in education have become specialists, who are more accurately described as paraeducators, just as their counterparts in law and medicine are designated as paralegals and paramedics. Their duties are no longer primarily clerical in nature, nor are they limited to maintaining learning centers, preparing materials, or monitoring study halls, lunchrooms, and playgrounds. Paraprofessionals work alongside their professional

colleagues and participate in the delivery of instruction and related services (Pickett, Vasa, & Steckelberg, 1993, p.7)

Although there has been increased utilization of paraprofessionals within the school system, training of paraprofessionals has been relegated to mainly on-the-job training, with occasional inservice instruction delivered by school personnel (Bricker & Wilderstrom, 1996; Frith & Lindsey, 1980; Giangreco et al., 1997). Many researchers indicate that paraprofessionals need training regarding the specific health or emotional needs of the student in addition to basic instructional procedures (Fletcher-Campbell, 1992; French, 1999a; Frith & Lindsey, 1982; Nyquist et al. 1989). According to Brown, Farrington, Knight, Ross & Ziegler (1999), "it was [originally] assumed that, as these special needs students could not learn very much, those hired to be with them did not need to know very much" (p.250).

Despite lack of training, paraprofessionals' effectiveness has not been impeded (Blalock, 1991; French 1998). According to Jones & Bender (1993),

very few data are available to suggest that enhanced student outcomes in achievement or social development can be attributed directly to the utilization of paraprofessionals. However, teachers, administrators and the paraprofessionals themselves believe that utilization of paraprofessionals is an effective method of service delivery" ( p.7).

When paraprofessionals are effective, their effectiveness may be attributed to the personal qualities of the paraprofessional and an instinctive sense of how to connect with children. Characteristics of a successful paraprofessional include the ability to express oneself verbally, an orientation toward people, personal functional knowledge, positive

attitudes towards students, and the ability to assist with instruction and to take the initiative to help support general and special education teachers in their teaching responsibilities (Blalock, 1991). "Most paraeducators live in the school neighbourhood and tend to have racial, cultural, and linguistic characteristics that are similar to the student population of the school" (French, 1999a, p.65).

Over time, the duties of paraprofessionals have been extended from simply carrying out clerical chores to facilitating instructional and behaviour support that may have originated in segregated classrooms but has moved to inclusive settings (McKenzie & Houk, 1986; Pickett, 1990; Wadsworth & Knight, 1996). Frith and Armstrong (1984) see the duties of the paraprofessional working with students with EBD to include; assisting with behaviour modification programs, listening to students' personal and school problems, monitoring behaviour for preventive purposes, assisting with instruction, collecting data using checklists or rating scales and performing other behaviour-related duties as assigned by the teacher or school team. "The mere presence of a second adult in most programs may serve to reduce inappropriate behaviours" (Frith & Armstrong, p. 114). In the best case scenarios, the paraprofessional is usually a welcome addition to a classroom, but in some cases this may not be true.

#### Dilemmas of Using Paraprofessionals

Although paraprofessionals represent an important and growing component of the support used in schools to assist special needs students in regular classrooms, having paraprofessionals in classrooms can be problematic at times. According to Giangreco et al. (1997), the increased use of paraprofessionals has created some dilemmas. The following problems, related to paraprofessionals hovering too closely to the students with

whom they work, were identified: "interference with ownership and responsibility to general educators, separation from classmates, dependence on adults, impact on peer interaction, limitations on receiving competent instruction, loss of personal control, and interference with other students" (Giangreco et al., 1997, p.11). Although paraprofessionals can help to facilitate social interactions among students with and without special needs, the "overindulgent and/or overprotective paraprofessionals presented a serious threat of becoming 'barriers' in such connection" (French & Chopra, 1999, p.271). According to French & Chopra (1999), overdependence of students on paraprofessionals worries both parents and teachers who want children to reach their maximum level of independence and potential. Brown et al. (1999) state that the symbiotic relationship between paraprofessionals and student sometimes produced counter productive results.

Specifically, assigning a paraprofessional to a student with disabilities in a regular education setting too often inhibited, prevented, or excused others from sharing the responsibility for educating all children and from developing a meaningful array of relationships with schoolmates who did not have disabilities. In addition one-to-one relationships often inhibited students from learning to do for themselves, because someone else was available to do for them (Brown et al. 1999, p.251).

Although assigning a paraprofessional to an individual student is intended to be a benevolent, supportive action, it can have inadvertent detrimental effects on the student, if the paraprofessional is not given some guidance by a teacher on the ill effects of such constant and continuous over-protective involvement (Giangreco et al., 1997). Close



teacher supervision and intervention can help to alleviate these concerns to create a balance between student independence and dependence within the relationship.

Although paraprofessionals are under the direct supervision of the classroom teacher, they often make decisions without direct teacher input. Particularly in inclusive settings, the paraprofessional has almost complete autonomy to make decisions about instruction, testing, and student safety (Giangreco et al., 1997), as well as direct instruction of students (Wadsworth & Knight, 1996). To some researchers, it appears as though paraprofessionals assume the burden of success for the inclusion of the student. (Marks, et al., 1999). Paraprofessionals are supposed to work under the direction of a teacher. If a teacher does not supervise them, teachers may have abdicated some of their responsibility to both the paraprofessional and the student. As stated earlier, paraprofessionals have little formal training, yet are often working in "surrogate" teacher roles when assisting with instruction or carrying out the objectives of a behaviour plan. There is some controversy in the professional literature over the paraprofessionals acting as teachers. According to French (1998), "just because a paraeducator does not have a college degree it does not mean that he or she cannot teach" (p.362). Harper (1994) disagrees and expressed concern that "without appropriate understanding of the theoretical and methodological rationale for sound educational practice, paraprofessionals often perform reductionist activities disconnected from individual needs and knowledge that each child brings to the classroom" (p.68). "What is striking about how paraeducators negotiated their roles and responsibilities is that many of them appeared to assume the primary burden of success for the student" (Marks, et al., 1999, p. 318).

Marks et al. (1999) feel that paraprofessionals take on too much responsibility, which may inadvertently downplay the role of the teacher.

Marks, et al. (1999) attribute paraprofessionals' taking on too much responsibility to the following factors: not being a bother to the teacher, wanting to meet the student's immediate academic needs and not waiting for the teacher, feeling they were an expert on the student because of daily close contact with the student, and acting as an advocate of the students to make them more a part of the classroom. In order not to "perpetuate paraprofessionals assuming an unbalanced responsibility for students, it is important that classroom teachers be provided training on how to supervise paraprofessionals" (Marks et al., p. 327).

This overview has provided an historical framework describing how paraprofessionals have come to be an important component in helping classroom teachers and schools meet the goal of having students with special needs included in regular classroom settings. Paraprofessionals, because of the close contact they have with children with special needs, have an opportunity to "affect the education and well-being of special needs children" (McKenzie & Houk, 1986, p. 246). Given the significant amount of time untrained paraprofessionals spend with students, and the inherent responsibilities they have in dealing with the students, the study of the relationship that develops is salient and provides information about another dimension of their ever-changing role. The balance of the literature review will focus on the benefit of an established relationship as a factor in the development of healthy, successful children. The importance of relationships as a protective factor within the resiliency framework and the importance of establishing a nurturing adult-child relationship will be reviewed.

### Resiliency

There are children and adolescents who, despite living with chronic stress, vulnerable homes, and in adverse conditions, achieve well both academically and socially in the public school system. These children, over time, have acquired the resources needed to manage or overcome the challenges of difficult conditions. A growing body of research is contributing to our understanding of such children. Researchers investigating the phenomenon of resiliency provide those working in the fields of education, child welfare, and crime prevention with a new knowledge base (Benard, 1991; Garmezy, 1991; Richardson, Neiger, Jensen, & Kumpfer, 1990; Rutter, 1990; Werner & Smith, 1992). This knowledge situates risk in the broader social context of racism, war and poverty and not solely in individuals, families, and communities. These children who live in less than ideal environments achieve resiliency in the face of disadvantage.

Until recently, most researchers investigating the effects of poverty on school performance have concentrated on factors in homes and families that place children "at risk." It is generally agreed (Garmezy, 1993) that the following six factors have been used to determine whether children are considered "at risk": when children live in homes characterized by severe marital discord, when children live in homes of low socio-economic status, when children live in over-crowded homes or in large families, when children have fathers who have engaged in criminal activity, when children have mothers who suffer from psychiatric disorders, and when children have been placed in foster care.

None of these factors, either singly or in combination, predicts with certainty that children will experience failure in school, will experience the stress of inadequate care and shelter, or will display aggression and violence (Benard, 1991; Garmezy, 1991). Resilience, with its elastic quality of being able to rebound from stress, can be defined as the heightened likelihood of success in school and in other life accomplishments, despite environmental adversity brought about by early traits, conditions, or experiences (Garmezy, 1991). Resilience is the antithesis of vulnerability and being at-risk. Crucial to the resiliency process is the presence of internal strengths within the individual or external characteristics of the family, school, or community that facilitate better outcomes for people at risk or exposed to adversity. These strengths are referred to in the literature as protective factors (Benard, 1991; Garmezy, 1991, 1993; Lifton, 1994; Richardson, et al. 1990; Werner 1989). "Whereas resilience is a characteristic that varies from person to person, protective factors or mechanisms are more specific and more narrowly defined. Protective factors modify a person's reaction to a situation that in ordinary circumstances leads to maladaptive outcomes" (Werner & Smith, 1992, p.5).

The protective factor triad (Garmezy, 1991), consisting of individual indicators such as easy temperament, reflectiveness and cognitive ability; familial indicators such as warmth, cohesion, and caregiver concern; and support indicators such as a caring teacher, adult, or social worker, are associated with resilience. Werner (1989) states that children who have succeeded, despite being labelled "at risk," have done so because they have:

qualities that have been labelled dispositional attributes of the

individual, such as sociability, intelligence, communicative competence, and internal control; affectional ties with the family that provide emotional support in times of stress; and external support systems that offer support, reward the individual's competencies and provide a belief system by which to live (p.80).

It would appear, then, that these three protective factors become crucial in any effort to create conditions which foster the development of resilience. Resilience is nothing less than the process of healthy human development. For most people, this process is a dynamic one in which personality and environmental influences interact in a reciprocal, transactional relationship (Benard, 1991). The educator's professional responsibility is to create conditions that nurture and support the development of socially competent children.

#### Resiliency and the Child with Emotional Behavioural Disorders

Some children succeed against the odds. Many children identified as EBD are born into high-risk families where parents are mentally ill, substance abusers, criminals, poverty stricken, exhibiting poor parenting practices and are separated or experiencing marital discord. Many of these children have been exposed to persistently non-nurturing environments, but, by developing a strong relationship with an adult, they may be able to alter or overcome potential negative outcomes. Paraprofessionals, because their role is similar to that of a teacher, can be part of the external support system for some children, a system that can help them in the face of adversity. Werner and Smith (1992, p.100) found that "an overwhelming majority of

the resilient youth in their study expressed a favourable attitude towards their school experience. A typical comment was "I liked the people".

Benard (1991) explains that resilience is a process of connectedness during which caring relationships develop. These caring relationships convey compassion, understanding, respect, and listening, qualities that can help establish a sense of safety and basic trust for the child. Connectedness, according to Maeroff (1998), is part of the support system that most students need to succeed in education. He contends that the "other side of feeling cared about is learning to care for others" (p. 430). For the child who has EBD, caring may help to decrease anti-social behaviours towards others. "During adolescence, a caring teacher was an important protective factor for boys and girls who succeeded against the odds. This teacher served not only as an academic instructor but also as a confidant and an important role model with whom a student could identify" (Werner & Smith, 1992, p. 178).

Researchers conclude that successful interventions and prevention programs are child-centered and are based on the establishment of mutual relationships embodying care, trust, and respect (McLaughlin et al., 1994; Miller et al., 1998; Schorr, 1988; Silva-Wayne, 1998). Werner and Smith, in their landmark longitudinal study of at risk Hawaiian, Kauai children, beginning with their birth in 1955 and continuing until they were 32 years old, considered the development of a relationship an important protective agent. They assert that effective interventions must reinforce "the natural social bonds that develop between young and old ...that give meaning to one's life and reason for commitment and care" (1992, p. 47). Benard (1991) states that connectedness, or a sense of belonging, can be built by transforming our schools

into “psychological homes” wherein youth can find mutually caring and respectful relationships. Wolin & Wolin (1996) feel that the ability to cultivate relationships helps children ease their loneliness and sense of rejection and that some of these relationships develop into substitute families.

The 1999 National [Canadian] Longitudinal Survey of Children and Youth (NLSCY) found that the more risk factors a child was exposed to the more likely the child would exhibit behaviour problems. The same study cited the importance of positive school environments where there was close contact between adults and students as a protective factor in building resilience. Jenkins and Keating (1998) found that about 4% of Canadian six and ten year olds live in very stressful situations. When risk factors for these children accumulate, coping becomes a challenge, and behavioural difficulties may develop. However, some children in stressful environments cope and function as well as those children not exposed to stressful environments. One factor Jenkins and Keating found consistently helpful to children in stressful circumstances was the quality of their relationship with others, particularly in the school setting. “Time taken in establishing a personal quality relationship is time well spent” (Rak, Patterson, & Lewis, 1996, p. 375).

Dwyer, Osher, & Hoffman (2000) contend that responsive schools embody a climate where children feel comfortable connecting with trained and caring adult staff. Feeling connected is a factor in supporting resiliency. According to Weissberg et al., (1991) when a child’s social systems and socializing agents, such as parents, school personnel or peers, reinforce their positive performance, they are more likely to function effectively and feel competent. Krovetz (1999) states that students who

become successful usually have known an adult who really cared about them, had realistic expectations and provided support to meet those expectations. Embedded within resiliency theory is the idea that “what you do or not do influences the lives of students” (Krovets, 1999, p138). Henderson (1997) sees bonding, which involves strengthening the connections between the child and any pro-social person, as a critical process that fosters resiliency because children with “strong positive bonds are far less involved in risk behaviours than those without these bonds”(p.12). The existence of a caring environment, which promotes trusting relationships, is an important component of a foundation for academic and behavioural success. Noddings (1988) notes that children will work harder and do things that they may not like for people they love and trust.

Children, according to Steinhauer (1996), may experience risks such as growing up in poverty or being maltreated. These risks may be counteracted by protections provided by external support systems, including school personnel. Given such supports, some children achieve resiliency despite even chronic exposure to disadvantage, and some are even strengthened by the struggle against adversity.

Although paraprofessionals are not teachers and are not directly mentioned in this literature, the literature on resiliency is important because it establishes the importance of at risk students developing a relationship with another adult. It is the protective process that promotes “self-esteem and self-efficacy through the availability of secure and supportive personal relationships” (Rutter, 1987, p.329) that will be reviewed in the context of the relationship that develops between paraprofessional and student.



## Relationships

### Student-Teacher Relationships

Although difficult to quantify, the essence of a relationship that develops between a teacher and a student is a powerful force in student motivation and future success. According to Manitoba Education and Training (1993), the most effective teachers with high risk students, or any student for that matter, are those individuals who were able to be creative, encouraging, respectful, empathetic and supportive, while making learning personal, relevant, and engaging. Caring teachers know their students well and establish nurturing relationships with them. Leiberman and Miller (1984), in examining the social realities of teaching, talk of teaching in terms of contradictory missions: the cognitive and the affective. The cognitive mission “demands a repertoire of skills in moving a group and making sure that knowledge builds, extends and is learned. The affective mission requires that teachers somehow make friends with their students, motivate them, arouse their interest and engage them on a personal level” (p.1).

The engagement on a personal level is usually the beginning of the development of a relationship that embodies more than just someone imparting knowledge and someone receiving it. Teachers work with kids, and many of the rewards they receive from teaching kids come from the kids; therefore, the development of mutual respect and caring relationships is paramount for successful schooling. “ For most, it is the personal interaction rather than the instructional interaction that is most valued” (Leiberman & Miller, 1984, p.15).

Relationships that students embark upon with teachers appear to be one of the most salient features of their educational experience. Garner (1995), in a study where disruptive adolescent boys were interviewed, states, "Teachers, rather than curriculum are the substantive opinion-formers [in relation to the boys' experience at school]" (p.28).

A fundamental basic human need is to care and be cared for. Within the development of a relationship comes mutual caring. Noddings (1992) describes caring as "an ethic of relation, a need and response-based ethic, that has its own rationality and reasonableness but whose emphasis is on living together, on creating, on maintaining, and enhancing positive relations" (p.21). Noddings (1995) expands on this notion of caring by defining caring as an individual ethic that "binds carers and cared-for in relationships of mutual responsibility. It requires each of us to recognize our own frailty and to bring out the best in one another. It recognizes we are dependent on each other" (p.190). Students will be better able to become carers themselves if they have caring modelled for them by a teacher or significant adult in their life whose behaviour is characterized by acceptance, fairness, and receptiveness. This modelling of caring is not relegated solely to the classroom but can be evidenced with informal conversation, coaching situations, and mentoring scenarios. Brendtro and Ness (1983) demonstrate that troubled children increase their own sense of self-worth as they become committed to the positive value of caring for others.

Developing a relationship takes time and mutual effort. "Relationships of caring are neither easily initiated nor sustained by the typically brief, bureaucratic interchanges between teachers and high school students that occur during class hours"

(Kolitch & Dean, 1999, p.37). A paraprofessionals who is assigned to a student on a one-to-one basis for the entire day has a good chance of forging a relationship with a student because of the proximity and amount of contact the paraprofessional has with the student. Many paraprofessionals are also assigned to the same students for more than one year, a situation that is not commonly the case with classroom teachers. Marks et al. (2000, p.325), when investigating the experience of paraprofessionals working with students, found that "the highly personal nature of the relationship that evolved between the paraeducator and the inclusion student appeared to contribute to a deep sense of personal reward for the paraeducator."

Glasser (1993) asserts that, in quality classrooms, teachers will allow their students to come to know them and like them, hoping that students will then work harder and increase their opportunities for success. Green (1998), in a study investigating nurturing characteristics of several schools, observed that the data support the notion that,

Students will be more interested in attending school, actively participate in the instructional process, receive fewer suspensions, and have better test scores if the environment of the classroom is nurturing. When students believe what is occurring in school is meaningful to them and their teachers' behaviour demonstrates a sense of caring and a belief in their ability to achieve, they have a greater interest in learning" (p.17).

O'Neil (1997) sums the situation up by saying that students need to establish a caring relationship with adults as much as they need books. Collinson and Killeavy (1999),

in a study of schools in the United States, England, and Ireland, suggests that “respect is an essential aspect of an ethic of care; that respect is an undergirding prerequisite for effective teaching; and that respect is powerful, multifaceted, and multidirectional” (p. 349).

### Teaching and Relationships

Fenstermacher (1992) studies the practice of teaching in terms of the moral and ethical dimensions of teaching. He talks of contradictions in teaching in his “manner versus method” analogy of the moral nature of the enterprise, and how both are concurrent, complementary, and critical attributes of pedagogy. He contends that most of the scholarship has focussed on method, that is, the skills and techniques necessary to enhance teachers’ understanding of classroom instruction and how to make it more effective. Fenstermacher (1993) claims that teachers must consider the relational aspect of teaching because “what makes teaching a moral endeavour is that it is, quite centrally, human action undertaken in regard to other human beings” (p. 133.) He contends that teachers can be exemplary models for students who try to emulate qualities seen in teachers, qualities such as honesty, fairness, respectfulness, and tolerance. Sykes (1990) contends that, when adults recall the teachers who touched their lives or made an impact on them, it is the “vivid human qualities that they remember – personality and style, passion and caring, even their eccentricities. Good teaching, then, seems to be less a matter of technique, skill, and knowledge than of personality” (p.80). According to Lightfoot (1983, p. 250), “it is difficult to disentangle teacher character from teacher competence.” The competent teacher is one that not only is an expert in pedagogy but accepts students and understands that

“classrooms contain children of enormous diversity in language, culture, family background, socio-economics, preparation for school activities, as well as tremendous variation in both readiness and ability to learn” (Fenstermacher, 1993, p.142).

### Relationships and the Child who has Emotional Behavioural Disorders

Brendtro et al. (1998) and Curwin (1992) understand the importance of students, particularly those who have EBD, developing relationships with caring teachers and adults. They interpret the origin of the difficulties of youth that exhibit EBD as stemming from broken social bonds between adults and children. They contend that most children who have nurturing attachments to their caregivers will have positive social development. Children who have EBD may not have these attachments. These students often display violent and aggressive behaviours because these behaviours have been learned as a way of coping with the harsh and non-nurturing environments in which they have been raised. They are resistant to give up strategies that have been instrumental to their survival, and they may over-generalize and use adverse behaviours across settings (school) even when they are not helpful. It is important to address violent and disruptive behaviour in school early because it is often associated with academic underachievement and poor social adjustment. For students with difficult lives, the school can become a place of refuge. “Children could benefit from surrogate bonds with understanding teachers and other adults. Their behaviour, however, usually drives most adults away” (Ellis, 1997, p.18).

The structure of schooling and its personnel are important in nurturing children because schools are one of the few societal institutions that can provide long-term, on-going healthy relationships with children at risk. Curwin (1992) feels that

school personnel who take pride when students succeed and provide encouragement to them in times of difficulty might be the most important influence in their lives.

“For those students with little or no positive contact with their parents, a school mentor might make all the difference in the world” (Curwin, 1992, p. 166).

Paraprofessionals have the capacity to be that mentor.

Brendtro et al. (1998, p. 71) contend that “ the quality of human relationships may be more influential than the specific techniques or interventions employed.”

They say that some youth who feel rejected struggle to find belonging in such unhealthy substitutes as gangs, or they simply abandon the pursuit of forming relationships. They are afraid to expend their energy in becoming attached to another human being because past experiences suggest that someone expected to nurture and protect them will only hurt them. “Their unmet emotional needs can be addressed by corrective relationships of trust and intimacy that can help them overcome insecure attachments” (Brendtro et al. 1998, p.73). I believe that teachers and paraprofessionals can be a force in helping to nurture healthy relationships.

According to Douglass (1996, p. 750), “young children are at their best in a situation in which they are relating with an adult with whom they have a loving, nurturing, and empowering relationship. It is only this context that a child’s true competencies, strengths, and challenges can be accurately measured.”

I have reviewed the importance of relationship as a protective factor within the resiliency construct and the importance of nurturing student/teacher relationships. In the educational literature, there is a dearth of information on the relationship that develops between paraprofessionals and students who have EBD and are educated in

inclusive classroom settings. The professional literature on relationship and resiliency emphasizes that a personal connection with an adult is very crucial to children who have EBD, because they may not have previously had healthy nurturing relationships. Since the literature supports a student's need for a positive relationship, this is a potential role for a paraprofessional. For this reason, the study of the relationship between paraprofessionals and students with EBD is important.

## CHAPTER 3

### Methodology

In this chapter, I will provide an account of the methodological procedures that were used in this study to describe the perspectives of paraprofessionals. I chose qualitative research methods for this study as I wanted to understand the phenomenon of the relationship from the paraprofessionals' perspective. I wanted to understand how the paraprofessionals see their role with students who have EBD. I wanted to gain a descriptive picture of how paraprofessionals perceive the relationship, through interviews, in order to recreate their perceptions for the study's reader. I wanted to give the readers of this study "a feeling of walking in the informants' shoes – and seeing things from their point of view" (Taylor & Bogdan, 1998, p.135). From a phenomenological perspective, how paraprofessionals understand the relationship will be a "product of how people define their world. It is this very process of definition and understanding that the qualitative researcher wants to document, describe, and analyze" (Bogdan & Lutfiyya, 1996, p. 229). I was able to develop "concepts, insights, and understanding from patterns in the data rather than collecting data to assess preconceived models, hypotheses, or theories" (Taylor & Bogdan, 1998, p. 7).

#### Role of the Researcher

Because I have had repeated contact with many of these paraprofessionals in my role as Special Education Coordinator for the school division, I feel I have a positive rapport with these people. As Special Education Coordinator, one of my responsibilities is placing students with special needs in general education classes and providing programming supports to these children. Although one component of programming



supports may be paraprofessionals, the Assistant Superintendent of the school division is responsible for assigning them to schools and evaluating their performance. I have contact with the paraprofessionals as I visit various schools to see the special needs students and discuss their progress. I often ask for the paraprofessionals to be included in school meetings about the children with which they work because I feel that they offer valuable contributions to conversations about the progress of these students. The paraprofessionals have expressed that they are very pleased about being included in these meetings as they feel they have valuable information to contribute. Although I feel that I know these paraprofessionals well, the researcher must acknowledge the “power of the researcher and the responsibilities that come with that recognition” (Brizuela, B., Stewart, J., Carrillo, R.G. & Berger, J., 2000, p.xvii). Because some of these paraprofessionals could be threatened by my administrative position within the division, concerns or fears they might have were likely eliminated because they voluntarily chose to be interviewed for this study and contacted me about their willingness to participate after receiving a recruitment notice. All of the participants were informed that I appreciated the depth of experience they have had working with students with EBD, an experience that is important to understand, and one that I have not directly experienced. By interviewing paraprofessionals, I hoped to “understand the informants’ perspective on their lives, experiences, or situations as expressed in their own words” (Taylor & Bogdan, 1998, p.88). Interviews were used so that I could learn about events and activities that paraprofessionals experienced with these children that could not be observed directly. As I am unable to work with students with EBD on a day-to-day basis, I felt that the interview was a good way to study the relationship,

since the paraprofessionals are in that unique position. I also chose interviewing as a method for collecting data because, when paraprofessionals are discussing their involvement with children who have EBD, some of what they say may be based on past events. Also, relationship is something that develops over time. By interviewing paraprofessionals, I was able to gain their perspectives on having worked with children over a lengthy time period.

### Participants

#### Recruitment

The participants in this study were drawn from paraprofessionals from a metropolitan school division in Manitoba. The school division consists of 20 schools with approximately 9,000 students from a diverse socio-economic and cultural mix. Although the philosophy of the division supports inclusion, it does offer three clustered or partially mainstreamed settings exclusively for students who are profoundly multi-handicapped. Students who have emotional/behavioural disorders are included in regular classroom settings, with their age appropriate peers, for the majority of the day, but they may receive some instruction outside of the classroom in smaller group settings for a portion of the day. In this division, there are no segregated classes for students who have EBD.

The paraprofessionals were selected from those working with students who exhibit challenging behaviour and thus receive Level II and Level III Low Incidence Special Needs categorical support for having Emotionally Behavioural Disorders. Currently, in the division, there are 180 students who receive Special Needs Level II and Level III funding. There are 114 students who qualify for Level II support and 66

who qualify for Level III support. Of this total number of 180, there are 42 students funded Level II EBD. Of these 42, there are 31 boys (10 in Elementary and 19 in Middle Years and two in High School) and 11 girls, seven girls in Elementary and four girls in Middle Years. Of the students who have EBD who qualify for Level III support, all six are boys, one in Elementary, four in Middle Years and one in High School. The division employs 150 paraprofessionals, approximately 20 (13%) of whom work directly with students who have EBD. The students who have EBD who receive Level II and Level III support account for approximately 22% of the total number of funded students within this school division. Many other provincially funded children (Autistic, Multiply Handicapped, FAS, FAE, Developmentally Delayed) also exhibit challenging behaviours, but, for the purposes of this study, these students were excluded as my focus was only those who meet the provincial criteria for having Emotional Behavioural Disorders.

Six paraprofessionals were selected to participate in this study from nine who responded to a recruitment notice (see Appendix D) sent to the 42 paraprofessionals who work with children who receive funding for having EBD. The notice that was endorsed by the president of the School Division's Paraprofessional Association outlined the nature of this study and requested that paraprofessionals who might be interested in participating contact me. Of the nine respondents who contacted me, two were male and seven were female; four worked with students at the elementary level; and five worked with students at the Middle years level. There were no responses from paraprofessionals who work in the High Schools. From the nine paraprofessionals who

contacted me and said that they would be interested in participating in this study, I used the strategy of theoretical sampling, "consciously selecting cases to be studied according to their potential for developing new insights" (Taylor & Bogdan, 1998, p. 27), to select the six participant. In "theoretical sampling, the actual number of cases is relatively unimportant. What is important is the potential of each case to aid the researcher in developing theoretical insights into the area of social life being studied" (Taylor & Bogdan, 1998, p. 93). I chose two men and four women to interview. I thanked the three paraprofessionals who volunteered and were not interviewed, and I explained that they were not chosen to be interviewed because they worked in the same grade level as two of the other paraprofessionals.

The six paraprofessionals who were interviewed were provided with a letter of consent (see Appendix B) that they were asked to sign, thereby indicating consent. The letter outlined the nature of the study, the expectations of the participants, and the fact that results and conclusions of the study would be written to protect the confidentiality and anonymity of all data sources. In addition to the letter, a list of some of the potential interview questions (see Appendix C) was provided to the respondents to read over a few minutes before the interview began to ensure that the respondents were comfortable answering all of the questions. A list of questions was used to "minimize interviewer effects by asking the same question of each respondent" (Patton, 1990, p. 285). Those paraprofessionals who volunteered to be interviewed were asked to pick a time and place that was comfortable and convenient for them. Four paraprofessionals requested that I come to their school to interview them. I asked that they first check with their school principal if this would be acceptable and it was. They were once again informed

that each interview was going to be audiotaped and transcribed at a later date, even though this was stated in the letter of consent. They were also told that each interview would be about one hour in length, and they were alerted to the fact that a second interview might be necessary to complete data collection. The respondents were assured that they could refuse to answer any of the questions posed or could withdraw their participation at any time. The data were then transcribed from the audiotapes and analyzed to determine commonalties or differences in the responses. Upon completion of the study, all participants received a brief summary of the findings by mail.

#### Description of the Participants

The participants for this study were six paraprofessionals who worked students who had emotional behavioural disorders. Pseudonyms have been used for both paraprofessionals and the students with whom they work.

Wanda is a paraprofessional who works with Seth, a boy in grade two, who has Level III categorical support. She works one-to-one, full time with this student within the grade two classroom. When Seth's behaviour is such that it disturbs his class, she will remove him from the class and work in a designated space within the school until he is able to return to the classroom. Seth's classroom has 21 other children. Wanda has worked with Seth since kindergarten. She has been a paraprofessional for a total of eight years, having spent five years working with students who have EBD. She has three children of her own, ages 14 to 23. She works in a medium sized (200-400 students) elementary school. Her interview took place in the school division Education Resource Centre (ERC). I booked a room at the ERC and interviewed Wanda after school. Her interview lasted about 75 minutes. After an hour was up, Wanda was

asked if she would like to stop and continue at another time, but she said that she would prefer to go on with the questions. Wanda was relaxed during the questioning, but tears welled up in her eyes when she was talking about Seth.

Barbara works in a large (over 400 students) elementary school. She is assigned to a grade three classroom of 23 students where there are two students who receive level II categorical support, one for EBD, and the other for a physical disability. Barbara stated that having two funded students in one classroom allows her to work fulltime in that classroom. She stated that most of her time in the classroom was spent with Ashley, who had EBD. Although she was assigned to the other student as well, that student required minimal paraprofessional support (assistance with dressing and toileting), and the classroom teacher and resource teacher requested that she spend the majority of her time with Ashley. Barbara has been a paraprofessional for 18 years and has worked with EBD students for approximately half of those years. She has grown children. She is active within the paraprofessional association. I interviewed her in one of the extra offices at her school, early in the morning, prior to school starting.

Cathy works with a grade five boy, Craig, who receives level II support for having EBD. She works in a large elementary school (over 400 students) in a classroom with 22 students. She has two sons who are in high school. I interviewed her after school in the classroom in which she works. She told me that Craig only received level II support and, therefore, should only have support for one-third of the day, but the principal had assigned her full time to this student using level I support.

To clarify this statement, I spoke to the Assistant Superintendent who is responsible for assigning paraprofessional support to schools and confirmed that, in

most circumstances, the division assigns one paraprofessional to a school for three level II funded students and one paraprofessional for every level III student. Additional level I paraprofessional support is also assigned on the ratio of one paraprofessional for every 200 students. Consequently, a school of 400 students with three level II students and two level III students would have a total of five paraprofessionals (two assigned for the total number of 400, one assigned for the three level II students and two assigned for the two level III students).

Ray works in a large middle school (over 400 students) with Andy, a grade seven boy, who receives level III support. Ray has only been a paraprofessional for four years, all of them with EBD students. He is very athletic and plays hockey and other sports. He is married and has a young daughter. He is very involved in the life of the school and also helps coach one of the school's sports teams. Andy is in a classroom of 19 students. Because he has one teacher who teaches all of the core subjects, his classroom is structured much like an elementary classroom. This interview also took place at the divisional ERC after school.

Jack is a paraprofessional who works with a grade seven student, Jason, who receives level III support. He works full time with this student in a classroom with 19 students. John has been a paraprofessional for nine years and has worked in this medium sized middle school (350 students) for all of his nine years. He has always worked with students who have EBD. He is married and has three young children. Jack has just completed his Bachelor of Education, taking courses at night school and during the summer, but said that, at this point in time, he prefers to work as a paraprofessional

and perhaps will look for a teaching job in September. Jack was interviewed after school at the school in which he works.

Dianne works in a grade eight classroom of 28 students for a portion of the day with Curtis who has level II funding. She works in a large middle school of over 400 students. She had worked in corrections prior to becoming a paraprofessional and has been a paraprofessional for 11 years. She has always worked with students with EBD. Dianne is divorced with grown children and grandchildren. Her interview took place at her school, after school, in the vice-principal's office.

In the four cases in which the paraprofessionals were interviewed in the schools in which they are employed, the principal had given permission. In each of these cases, the principals spoke to me while I was in their school about each of the paraprofessionals I was going to interview. In all four cases, the principals of each school clearly valued the job the paraprofessionals did and felt that each of the children involved had greatly benefited from having paraprofessional assistance. One of the principals commented that "I don't know what we'd do without Barbara. She probably understands Ashley better than any of us, and we've really seen an improvement in her." Another principal said that Jack "had a unique relationship with Jason." When I asked him what he meant by that, he said, "Well, he just can read him so well and knows what makes him tick. I don't know where we'd be without him." Although these were anecdotal comments, it was gratifying to hear these compliments about the paraprofessionals, as I feel that it gives more credibility to my findings as I am getting a very one-sided perspective, interviewing only the paraprofessionals.



## The Interview

### Data Collection

The qualitative interview method was chosen for this study following a review of the literature (Bogdan & Biklen, 1992; Patton, 1990, Taylor & Bogdan, 1998). Bogdan & Biklen (1992) claim that "an interview is used to gather descriptive data in the subject's own words so that the researcher can develop insights on how subjects interpret some piece of the world" (p.96). Using an interview format allows for the opportunity for clarification on the part of the interviewer and the respondent. The interview method also allowed for subtleties in responses to be detected and offered a higher level of co-operation between participants than other methods of research. I also had the capacity to probe for more specific data during the course of the interview. Having a single interviewer also allowed for consistency in interviewing style and sensitivity to the respondents.

The validity and reliability of qualitative data depend to a great degree on the methodological skill, sensitivity, and integrity of the researcher. ...Skillful interviewing involves much more than just asking questions. Content analysis requires considerably more than just reading to see what's there (Patton, 1990, p.11).

In this research study, every attempt was made to pursue the research questions in a disciplined, thorough, and sensitive manner, to ensure that the interviews would be a valid perception of the paraprofessionals' perspectives. A criterion for the validity of interpretative studies is trustworthiness - "the degree to which we can rely on the

concepts, methods, and inferences of a study, or tradition of inquiry, as the basis for out theorizing and empirical research” (Brizuela et al., 2000, p. xvi).

### Interview Guide Format

The interview questions were designed to be used as a guide to gain a description of the relationship that develops between paraprofessionals and children who exhibit challenging behaviour. The interview guide was used to “make sure key topics were explored with a number of informants...to remind the interviewer to ask about certain things” (Taylor & Bogdan, 1998, p.105). The interviews, while structured by the interview questions, were flexible enough to allow respondents the opportunity to express their own views around the issue of how they perceive their involvement with students with EBD. A “recursive” approach (Brizuela et al., 2000; Stainback & Stainback, 1989) was also used as the information shared by the respondents determined some of the probing questions that were asked. The questions were open-ended, descriptive questions, that “allowed people to tell you about things that are important to them and the meanings that they attach to these things” (Taylor & Bogdan, 1998, p.102). Structural questions, which allowed me to find out how the respondents have organized their knowledge, and contrast questions, to discover the dimensions of meaning, were also asked (Spradley, 1979). The word ‘relationship’ was intentionally omitted from any questions in order not to influence the respondents who may have different understandings of the meaning of the word ‘relationship’.

### Data Analysis

According to Bogdan & Biklen (1992, p.153), “analysis involves working with data, organizing them, breaking them into manageable units, synthesizing them,

searching for patterns, discovering what is important and what it is to be learned and deciding what you tell others". After initially collecting, transcribing, and analyzing the data, it appeared that there were two main ideas or themes. The ideas were coded as the caring paraprofessionals exhibited towards the students and the understanding paraprofessionals had about the students and their behaviour within the context of not only school but of home, self, and family. Upon further study, a third idea emerged, the paraprofessionals' responses to situations with the students. While rereading and studying these initial three ideas, sub-themes emerged within each of the categories.

The data gathered from the interviews were organized so that salient information, key issues, emergent themes, consistencies and inconsistencies could be examined. The data were read repeatedly in a search for "recurring regularities. These regularities represent patterns that [were] sorted into categories" (Patton, 1990, p.403). The two criteria of external homogeneity and internal homogeneity were then used to judge these categories. "The first criterion concerns the extent to which the data that belong in a certain category hold together or 'dovetail' in a meaningful way. The second criterion concerns the extent to which differences among categories are bold and clear" (Patton, 1990, p.403). In the process of data organization and categorization, both the data and the categories were explored alternately "to verify the meaningfulness and accuracy of the categories and the placement of data in the categories" (Patton, 1990, p.403).

### Limitations

There were some limitations of the study. The collection of data in this study was influenced by a number of factors. Because this study represents only a small

selection of paraprofessionals within the division, these interviews may not reflect the perspectives of all paraprofessionals who work with students who have been diagnosed with EBD; therefore, generalizability beyond the six paraprofessionals may be limited. Also, because no paraprofessionals who work at the high school level volunteered to be interviewed, the interviews only reflect the opinions of paraprofessionals who work with elementary and middle years children.

Each respondent may have had different perspectives based upon the personality, age, and degree of challenging behaviour exhibited by the student. The age, sex, and experience of the paraprofessional also may have affected their responses. The location they chose for the interview may also have affected their responses. How well paraprofessionals feel they are supported by the school in which they are employed may also have an effect on their perspectives. Other limitations of the study included possible bias of the interviewer and the person interviewed. Also, in addition to how my administrative position may affect their responses, my manner, disposition, or clothing may have made subtle differences in responses. The interviews may have been "biased or affected by reactions to the interviewer either positive or negative" (Gay, 1987, p.203). The interviewer was a coordinator interviewing paraprofessionals. Some paraprofessionals may have given responses biased by perceptions of coordinator/paraprofessional relationships. In other words, they may have reported different encounters with students with EBD than actually occurred. Upon studying the transcripts, I feel that this was not the case. The objectivity of the paraprofessionals' responses was further verified when I talked to the principals of the schools (in the course of my administrative duties and not as part of this study) about how well these

children with EBD were progressing. In each case, as the progress of each student was discussed, mention was made of the positive effect these paraprofessionals had on the children with whom they worked.

There also may be some bias due to variance in interview questions. Although all participants were asked the same general questions (Appendix C), the probing questions differed depending on interviewee responses. Audiotaping the interviews ensured that accurate transcripts were used for analysis.

The fact that I only used data from one side of the relationship was also a limitation. Because I only interviewed the paraprofessionals, I do not know how the students involved feel about the relationship with the paraprofessionals that assist them. I am only seeing one perspective of the relationship. I feel it is valid to study only the perspectives of paraprofessionals because there is an obvious void in the professional literature on the relationship that develops between paraprofessionals and any student, but particularly the student with EBD. By interviewing only the paraprofessionals, I have "tried to give a voice to people who are rarely heard...in qualitative studies the unheard receive a forum for their views" (Taylor & Bogdan, 1998, p.9).

Another limitation was the fact that I was unable to see the negative cases. Of the paraprofessionals that volunteered to be interviewed, all appeared to enjoy and have positive feelings about their work with their respective students. I suspect that some paraprofessionals have different perspectives. My recruiting procedure ensured that I had voluntary participation, a situation which may have excluded paraprofessionals with a negative position. Also, if I had done the recruitment in a division other than my own school division, I may have had paraprofessionals who felt negatively apply to be

interviewed. The reason I chose my own school division was that it is the only division in the city that does not have any separate classes for students with EBD. The kind of relationship that a paraprofessional might develop with a student in a segregated class may be different because of how the students in such classes may perceive themselves.

There are many factors that contribute to students' behaviour, but, in school, the "seed may be planted the first time they feel unwelcome. It begins with an attack on their dignity, or when they sense that other students are valued or appreciated more than they are" (Curwin, 1992, p.12). A self-fulfilling prophecy is created when students are labelled behaviour problems because they may be placed unnecessarily in segregated classrooms. The more segregated behaviour classrooms that are available, the more students there will be to fill them. Students learn that "they can always be good at being bad, and being bad meets their needs for attention, for power, and for fitting a clearly defined niche" (Curwin, 1992, p.64).

The results of the data obtained from interviewing the paraprofessionals will be discussed in the following chapter.

## CHAPTER 4

### Perspectives of Paraprofessionals

The purpose of this study was to describe from the paraprofessionals' perspective, the relationship that develops, between themselves and children who exhibit challenging behaviours. The results of the interviews with the paraprofessionals are presented in this chapter. From the data collected from the six interviews, three main themes emerged, although many of the ideas were interwoven among the themes. These themes were the respect and caring paraprofessionals show towards these children, understandings that the paraprofessionals had about the etiology of challenging behaviour, and the paraprofessionals' responses to the challenging behaviour. As I continued to study the interview transcripts, I came to the conclusion that the broad theme of respect and caring in establishing a meaningful relationship appeared to be integral to all of the interviews and seemed to be the basis for establishing rapport with these children. This theme of care and respect and how it helps to develop a relationship also has direct impact on the other identified themes. Although none of my questions directly asked about respect, respect for these children and their situation was evident as I interviewed the paraprofessionals. Care and respect was evident through their voices and physical mannerisms (two paraprofessionals had tears in their eyes when talking about the children) and could be teased out of the data by various comments they made. The results are organized into three main areas: respect and caring; understanding the etiology of challenging behaviour; and paraprofessionals' responses to challenging behaviour. Each of the three main areas is then divided into sub-themes.

Themes	Sub-themes
1. Respect and caring	<ul style="list-style-type: none"> <li>● respect for the individuality of the student</li> <li>● separating the behaviour from the child</li> <li>● the importance of praise</li> <li>● the importance of being firm and consistent</li> <li>● confidentiality and understanding of family dynamics</li> <li>● dependence versus independence</li> <li>● acting in "loco parentis"</li> <li>● trust as the basis of a relationship</li> </ul>
2. Understanding the etiology of challenging behaviour.	<ul style="list-style-type: none"> <li>● the meaning of challenging behaviour</li> <li>● causes of challenging behaviour</li> <li>● descriptions of challenging behaviour</li> </ul>
3. Responses to challenging behaviour	<ul style="list-style-type: none"> <li>● prevention</li> <li>● removal</li> <li>● understanding their actions</li> </ul>

### Respect and Caring

From the data derived from interviewing six paraprofessionals, the theme of respect and caring was a major focus of the conversations and appears to be a key element in helping to establish successful relationships between these paraprofessionals and the children with whom they work. All paraprofessionals spoke consciously about developing a relationship and about how having a relationship and rapport with the student with whom they worked was crucial to how they establish a bond with that student.

Although I did not formally ask a question about respect, this notion was prevalent in the responses the paraprofessionals gave. Webster's Dictionary (1991) defines respect as "(n) the special esteem or consideration in which one holds another person, (v) to feel or show respect or consideration" (p.848). Despite some of the



negative or challenging events that happened between the paraprofessional and student, it was evident in every interview that each paraprofessional understands and respects the student with whom he or she works. Even though some of the paraprofessionals had been both verbally and physically victimized, (Wanda stated: "He'll kick and throw chairs and I've been bruised by him"; Ashley tells Barbara, "I hate you. You're ugly. You're mean"; Ray stated "You've got him swearing at you, spitting at you"; Jack stated "His teacher and I get a lot of verbal abuse and swearing"), they all seemed to understand that the children were not intentionally trying to hurt them. Upon listening to the responses the paraprofessionals gave to the interview questions, it was evident that the paraprofessionals showed respect and consideration in dealing with the children in their care. This respect and caring was evident in the following responses that they gave. Wanda stated,

He's [Seth] hit me if I try to tell him something he doesn't want to hear, but I just say to myself, "It's not me he's angry with." If he's hit me, he'll often say, "Hit me. Come on. Hit me back", but of course, I haven't. Maybe because he knows that I'm not going to hurt him, he feels that it's safe to tell me these things. I don't over-react.

Barbara responded similarly when she talked about Ashley saying, "When she's said, 'I hate you' many times during a day, it will bother me a bit, but I know that the next day it will be hugs and kisses and 'I love you, Barbara.'" Ray also is careful not to overreact. He stated, "Usually they're just trying to get a response out of you, and it becomes a game to them, and, if you react, they've won. If they see I'm

not reacting, it usually cuts a lot of the game playing.” Jack claimed that “on some days he can’t tell me why he’s doing something. I don’t know. It’s almost like he’s jumping out of his skin.” Dianne tried not to lay blame on the students. She illustrated not laying blame by saying, “Sometimes it’s not always their fault. Sometimes they have terrible lives, and they have a lot to be upset about. And sometimes that anger just spills over into the class or school. It’s just their way of letting off steam.”

Upon reviewing all the transcripts, it was evident that the paraprofessionals were respectful of and cared deeply about the children with whom they worked. This respect enabled relationships to develop. Paraprofessionals appeared to be able to establish relationships by being respectful and building rapport with their students. Upon studying the interview transcripts, the responses from the paraprofessionals indicate that respect was shown in many different ways by the paraprofessionals. From the data, there appear to be eight different ways that respect and caring is shown. I have taken the major theme of respect and caring and have broken it into a number of sub-themes. The sub-themes of respect that I see emerging from the data are: respect for the individuality of the student, separating the behaviour from the child, the importance of praise, the importance of being firm and consistent, confidentiality and understanding of family dynamics, dependence versus independence, acting in *loco parentis*, and trust as the basis of a relationship.

#### Respect for the Individuality of the Student

One of the first examples of respect from the data was the willingness of the paraprofessionals to look at the individuality of all students and their specific needs.

Looking at the individuality of the students helped to set the tone for the development of a healthy relationship. Barbara stated "What you do with a child really depends on that particular child. What I mean is that, as you get to know them, you know what makes them tick and what works best with them." Barbara sees that there isn't a template to guide her in dealing with Ashley. Barbara is also conscious of the student's individuality when she talks about Ashley being different. "Well, it's like she is so used to being the one singled out. She's the only one in the room with a paraprofessional. She's really the only one with such extreme outbursts. I think she's embarrassed and sensitive." Barbara also recognized that Ashley's physical stature may cause some problems. She sees that Ashley may feel better and get more attention in the family if she plays a sport similar to that of her brother. In addition, Barbara saw exercise as important to Ashley's health. She said,

She's gained quite a bit of weight since she's started taking medication and that's another thing that makes her different and that she's sensitive about. That's another reason I think the skating and ringette or hockey would be good for her because she could burn off some calories.

It appears that Wanda clearly understands how Seth feels when she states, "I think he feels like an outcast at home and at school. He's really insecure. He knows that he's different than other kids." Dianne shows that she understands the individuality of students by making allowances for different actions. She says, "Kids aren't the same, and their situations aren't the same. Like, I might let some kid get away with swearing, and I might get after another kid. It depends on the situation. If

they were swearing just to get a rise out of me, I'd probably ignore it, but, in another situation, I might not."

Jack and Cathy take into account the individuality of their respective students when they recognize that schoolwork may have to be adapted or modified. Jack says, "One of the things that also works is adapting and modifying some of the work he has to do. Like, if the class has 20 questions to do, I'll tell him that he can pick eight to do, things like that". Cathy says, "I know that he's not up to speed in Math, and sometime I have to give him lots of review and help him with every single question." Cathy also sees Craig as a unique individual and shares "Get to know them as a person, not just as student who is funded."

Understanding students' individual differences is also evident when the paraprofessionals try to share some of their personal lives with the students so that the students can get to know them on a more personal level. Wanda has brought her son and the family cat to school to meet Seth because he likes cats. "My son brought one of our cats to school for Seth to see because he's always talking about cats." Cathy shares the fact that she is a single parent and can relate to some of the situations in which the students find themselves. "I'm a single mother. I tell the kids this and that I know what some of these kids are feeling from my own kids' situation. I tell them that sometimes it doesn't work out but to remember that they've got two parents that love them."

Dianne also tells the students about her family and that she, too, sometimes had difficulty in school. She says, "I tell them about my family and myself and that I had some trouble in school. I try to develop a rapport without becoming too personal

as the kids may be embarrassed ...it's important with kids this age not to pry." Even though Wanda works with a much younger student, she says something similar. "I don't try to pry, but he'll often talk to me and tell me things." Dianne also shows her understanding of students' individuality when she says, "There's no sense doing anything threatening, like [saying] 'I'll keep you after school,' because you'll ruin your relationship with them."

The paraprofessionals recognize that these students with EBD have very distinct needs, and they are willing to make allowances for the circumstances of their lives as it affects their behaviour.

#### Separating the Behaviour from the Child

Within the theme of respect, the ability to see the behaviour as challenging, not the student, also appeared to be an important factor in establishing rapport and a relationship with the student. Understanding this aspect of the paraprofessional and student interaction helped enable the paraprofessionals to keep their feelings about the children's behavior separate from their feelings for the children. Comments were made regarding the nonacceptance of the challenging behaviour, not the child. As noted by Pittaway (1993), these paraprofessionals are able to separate the 'deed from the doer.' Barbara claims,

Well, I guess you really have to reassure especially the little kids but even the bigger ones that it's the behaviour that you don't like, not them. You need to keep telling them that you still like them but don't like their behaviour. Sometimes that's hard to do when they are really off the wall, swearing, yelling, screaming,

or telling you that they hate you, but, when they've stopped and calmed down, there's just usually a frightened kid underneath it all.

Cathy has a good understanding of this notion and clarifies it by saying:

But regardless of what the child has done, and sometimes it can look pretty awful and very mean, you have to let them know that the behaviour might be unacceptable, but they are acceptable as a person. The kid cannot become the behaviour, and it's important that they know that because, if they just keep on thinking they are bad persons, it will be really hard to change any behaviours because they won't see it as worthwhile to change.

Ray says, "You need to acknowledge what they did no matter what they did. You tell them you didn't like it, but, just because they did something, it's not necessarily true that they are a bad person." Cathy states, "I give him lots of praise when things have gone well, and he likes that. I also keep telling him that he really is a good person and that we just have to work on some of the things he does."

It appears from the data collected that part of the paraprofessionals' ability to be empathetic towards the children with whom they work was being able to see beyond the frustration and anger they may have felt toward the children, and being able to understand the feelings and perspectives of the children.

### The Importance of Praise

The importance of praising these children as a way to help their self-esteem and as a way of building rapport is another dimension in the development of a

relationship between the paraprofessional and the student. Given that many of these students are characterized by the socially unacceptable behaviour that they tend to elicit as a coping mechanism, praising these children becomes increasingly important. Being able to praise a child is also an important factor in being able to separate the negative behaviour from the child. Webster-Stratton & Herbert (1994) assert that:

Even a child who misbehaves 90% of the time is doing some things right. That 10% of his/her behaviour which is positive or appropriate provides an opportunity for using praise to build the child's self-esteem and to break the negative cycle. Adults have to learn to spot the positive things children are doing and to praise them for their efforts. Then children will likely repeat and expand these positive efforts (p.254).

From the interview data, there is evidence of the paraprofessionals actively praising the students with whom they work. Wanda is dismayed because, in her opinion, Seth does not get much praise at home. Recognizing that praise is good for Seth, she remarks that she had made a suggestion to his mother. She states,

I've been sending a lot of the good work we do in school home with Seth, and the other day he said, "Don't send anymore of his work home because my mom says this is just junk and she doesn't even look at it. She just throws it away." So I put a little bug in his ear and talked to his mom about a wall in the

house that's just his where he could pin up his work so his mom and sister could see it when they come in his room. He feels really good when I praise him when he's done something well, and it would be nice for him to be able to show it off. And it isn't all junk. Seth thinks that what he does has no value.

What a message to give. I think this is one of the reasons he doesn't like to do work because he figures, "What's the point?"

Barbara appears to be sensitive to Ashley's need to be praised for her efforts, both good and bad. She illustrates how she praises Ashley with the following example:

When she's printing, she'll print absolutely beautifully. She's got great penmanship. But, on the other hand, sometimes, if she sees one letter that's not perfect, she'll erase the letter until there is a hole in the paper, and then that usually sets her off. I try to praise her whatever she does well to help her self-confidence. Even when she makes a mistake, I try to put it in positive terms for her.

When Barbara was probed further about her last statement, her response was:

Well, Spelling for example. She'll have words to learn from whatever theme or topic the class is working on. Lot's of times I'll practise the words with her. She usually knows the beginning and ending sound and maybe a sound in the middle of the word. So, if the word has seven letters and she was able to fill in four of the



Blanks, I'd say something like," WOW, you knew four of the letters," instead of saying, "No, you got the word wrong." And when she's reading, I'll always comment on how nicely she read that story or what a good listener she's been if she is in circle time.

Cathy also recommends praising students. She says, "If they do something right, praise them for it. Give them lots of praise. They need praise, and they thrive on it. They like to be successful and feel good about what they have done." Ray recognizes Andy's strength in art and tries to capitalize on that strength. In Ray's opinion:

Kids are fascinated by how well Andy can draw. So I've actually got him showing a small group of kids how to draw different things, which makes him feel good and makes the other kids see him in a more positive light. It's maybe one step to getting him some friends. Who knows? He could be an artist some day if he wanted to. I wish I could draw that well.

Jack and Dianne also talk about acknowledging when the students with whom they work have done well. Jack says, "When he actually does do some work, it is usually pretty accurate, and he's pretty proud of it. I try to praise him for even the littlest bit of work because I want him to know he's done something good." Dianne states, "I told him that, even though he'd screwed up at Field Day, this [a poster she'd purchased for him] was for the work he'd done on his project. I thought he deserved it because he worked so hard."

From the interview data collected, it was evident that each of the paraprofessionals was empathetic towards the children with whom they work and they provided them praise and encouragement. By praising these students, the paraprofessionals may have fostered the students' ability to see value in what they have done and perhaps be a start at changing negative behaviour. "Regardless of whether the reinforcer is attention, a hug, a smile, or verbal praise, the task of teaching a child a new behaviour is long, difficult, and often slow. It involves trying to reinforce the positive behaviour everytime it occurs" (Webster-Stratton & Herbert, 1994, p.251).

#### Confidentiality and Understanding of Family Dynamics

Being in close proximity to these students allowed the paraprofessionals the opportunity to learn things about the students' family dynamics as the students shared information with them. It appears that, as the students became comfortable and came to trust their respective paraprofessionals, they were willing to share their home life. In their quest to establish positive and healthy relationships, the paraprofessionals did not forget about the role the family has in shaping the lives of the individual students. Although the paraprofessionals were able to get a glimpse into the home life of these children, there were some judgmental, as well as subjective, comments about what they interpreted home life to be.

Wanda based this comment on what she saw and heard: "He told me he set fire to his bed and cut up his blanket and kicked holes in the wall. His parents have also told me this. I don't try to pry." She further states:

I think that over the weekend he's able to do whatever he

wants, at both homes, his mom's or his dad's. I know that, when I talk to him, he tells me he gets to stay up as late as he wants and watch whatever he wants on T.V., and it shows. He often comes to school on Mondays very, very tired and irritable. Sometimes I think it's just easier for his parents to let him do what he wants than to confront him and make him be responsible. I guess they don't want the hassle of trying to teach him what is appropriate or not.

Barbara, because she lives and works in the same community as Ashley, has the opportunity to see Ashley's parents outside of school and wants them to trust her.

Barbara explains the following:

You know I thought that maybe I'd be overstepping my boundaries. You know I did mention to her parent about her wanting to play hockey, and they didn't seem to do anything about it, so I thought I better not say anymore because it's important for me to have a good relationship with them.

When asked why it was important to have a good relationship with Ashley's parents, the response was:

Well it would be pretty awkward if I had to work with Ashley and they hated me. The trust is really important. They know they can tell me things, and it stays with me. I occasionally see them in the community when I'm grocery shopping or at the mall because

I also live in the area.

Cathy also respects the confidentiality of the family and Craig, the student with whom she works. She says, "Yah, they [the family] know that it's not going to go any farther and you hope to build a bond. You have to remember that a lot of what you learn can't leave the school. Don't be judgmental. Just look at it with no pre-conceived notions "

Communication with the families was also mentioned during the interviews. Jack says, "He's talked to his parents about me and will tell them about things that we've talked about in school. His mom tells me he shares a lot about what happens in school, and I guess I'm part of that." When probed as to whether Jack shares things with the family, his response about the reciprocity of sharing information was as follows:

Well, a fair bit I guess. His mom will often pick him up after school so we will chat, and we use the agenda book all the time. I'll write about what his day has been like, and she'll write about what has happened at home. She'll often let me know if the morning has been rough. It's almost like a warning to me that he might have a rough day at school. She tries to prepare me because what has happened at home affects what happens at school.

Dianne also talks about the need to communicate with the parents. She explains:

I'd call his mother and tell her what he said and encourage her to get help. There was that communication. But I wouldn't just phone for the bad things. I would also phone and tell how good Curtis was doing and not just how bad he was doing. It was positive and negative, not only negative. We had a good relationship after a while.

From the data, I got a sense that, for the most part, the paraprofessionals may have tended to see the situations that arose when they were dealing with the children within the context of their own generally positive experiences with childrearing. As Barbara states, "Both of my kids have done pretty well, and my husband and I are proud of them so I guess I've done something right."

#### The Importance of being Firm and Consistent

Respect and caring for these children is also evident in the ability of the paraprofessionals to be firm and consistent with these students in a nurturing and supportive manner. The paraprofessionals, however, did not let consistency become an inflexible policy; rather, they based their responses on situational circumstances. The value of predictability for these children is also very important. Barbara recognizes that "You have to be firm with her, but also you have to be very patient and understanding. There is a time to be firm, and then there are times when being firm is the absolute worst thing to do." Jack explains, "I just try to react to him consistently and calmly all the time so that things are predictable for him, and that seems to calm him." Ray responds, "They need consistency. You're always there for them. You're never fighting with them. You need to be fair but firm." Concerning

adolescents, Dianne says, "You need to have some pretty strict ground rules, and it's important for the kids to know where you stand and what the limits are, but sometimes there are exceptions." Barbara states, "When it's going to be one of those days, it's really important to stay very calm with Ashley, to not raise my voice, and to be really consistent." Later in the interview she stated:

It's really important that she know what is happening. I think that she needs to know what is happening in her life as she feels that is something she can control. Sometimes her behaviour is something I don't know if she can control. She can get really upset when something unexpected happens.

Wanda also expresses the same sentiments. She explains about Seth:

Change is hard for him. He needs consistency. A change in person or routine will be trying for him. The transitions can be really bad unless he knows they're coming and he's prepared for them. Even coming back to school over the weekend is hard for him because it's a change, and we usually see a lot of bad behaviour on Monday.

Understanding about issues of control has also helped to establish respectful and caring relationships. About Ashley, Barbara states, "I think that she needs to know what is happening, as she feels that is something she can control." Barbara feels that it is important for Ashley to have some control as she feels Ashley often cannot control some of her behaviour. "Sometimes these kids do things because they just can't control themselves and don't know a better way to handle themselves." Ray

explains, "You can sometimes see that Andy's trying to get control of the situation because he'll hold his pencil really tight and bear down on it and start writing really heavy and dark. It's like he's trying to get the physical control back and refocus his energy." Regarding Curtis, Dianne says, "He had to have choices. When he had choices, I guess he felt that he had some control over what he was doing."

The paraprofessionals were able to balance the students' need for firmness and consistency along with the students' need to have some control in their daily situations.

### Dependence versus Independence

Giangreco et. al (1997) talk about the dangers that can become inherent when there is an imbalance between dependence and independence in the relationship that develops between paraprofessionals and students. From the data collected, it was evident that the paraprofessionals recognized that the students could become too dependent on them, and they tried to do things to alleviate this situation.

Wanda, Barbara, and Jack talk about experiences that occurred when they were absent. Wanda stated, "The other day when I was ill [and] another paraprofessional in the school who he sometimes works with was ill too, Seth stayed home because working with a new paraprofessional would really throw him off." Barbara talks about trying to prepare Ashley for the fact that she was taking holidays and would not be there. Barbara's conversation also illustrates Ashley's need for predictability and control. She says:

Even though I told her I was going and we looked at books about Mexico and she knew when I was going, she just

couldn't handle it when I was gone. We used a substitute paraprofessional who is in the school a lot, whom Ashley knows, but she had a really hard time with her. When I got back, she was really naughty. It's almost like she was punishing me for being away. There was lots of "I hate you" and "You're mean" or "You're ugly" for about two weeks until we got back into the routine.

Barbara recognizes that Ashley may be too attached to her and says, "She's probably a little too dependent on me." When probed about what could be done about that fact, Barbara responded, "Well, when I take her out to do something special, I will usually take a group of kids from the room so that she can be with them in a cooperative way, but I have to watch when I take her in a group." When probed further Ashley said:

Well, on some days, she doesn't want to share me. And I know it's important for her to learn to become more independent so, when things are going well, I'll just walk around the room trying to help other kids. I will usually tell her, "Ashley, you are doing really well at this and are so smart. You don't need me to sit by you and help you." That little bit of praise usually makes it easier for her to let go.

Jack talks about the same type of situation that Barbara had even though the student he works with is older than the student with whom Barbara works. Jack says:

Last week when I was home sick, he told me that I shouldn't



get sick. Apparently he had had a very bad day with the substitute paraprofessional. Even if I'm a few minutes late from a break, he'll ask where I was because he's starting to get anxious. If I leave the room to photocopy something for him, I'll turn around and he'll be right by my side. He's very aware of where I am all the time. He'll often get really annoyed or angry if I go to help other kids in the room.

When asked to explain these comments, Jack recognized the need for Jason to become more independent and stated:

Well, if he's working at something and doesn't need my help and I wander over to help other kids, he'll get mad or maybe jealous, and he'll start to act up so that I have to come over to him. Now I'm trying to get him to pick another student that we can work with so he gets used to sharing and not having me always with him because I want him to try to be as independent as possible.

Cathy stated, "Even during the day, I just check in with him and see how he's doing, and, if he says he's okay, I'll back off and let him do things on his own because I don't want him to think that he can only do things if I help him." Ray has a similar response about working with Andy. He says, "Even when I'm with him, I'll back off if he's working well and doesn't need my help. I'll help other kids in the room. I hope that one day he won't need my help at all. Then we'd know he's really grown."

Acting in *loco parentis*

The extent to which the paraprofessionals respect and care for these students is evident in the nurturing that takes place. The paraprofessionals' responses indicated that, in many instances, they felt that the students saw them as a surrogate parent. Dianne states that, although students will call her Mom, she realizes "that she can't take the place of a family member, regardless of how bad things are at home. Their mom or dad is still their mom or dad." Wanda states that "I feel that a bond has developed, and I do care a lot about this child. He often has told me he wished that I was his mother, and I think it's because he knows that I'm trying to help him and care about him." She further explains that "sometimes he calls me Mom by mistake. I know I'll never be his mom, and I don't try to be his mom at school, but I feel that I try and nurture him. He cares about me, and he knows that I care about him."

The fact that all of these paraprofessionals were parents themselves was repeatedly mentioned in the interviews. When asked about what training the paraprofessionals had to work with children with challenging behaviour, all of them talked about the importance of being a parent. It is interesting to note from the interview transcripts that, although the paraprofessionals had taken courses such as Non-Violent Crisis Intervention, it was their parenting experiences that were more important and best equipped them for the job. Wanda says, "I've taken Non-Violent Crisis Intervention, but probably my best training is being a parent for 22 years of three children. It's going okay I think because I'm older and have more patience and

know a bit about children.” Barbara says, “I think that having been a parent is good training for being a paraprofessional.” Jack explains the following about Jason, “He’s angry at me just like my kids at home might be angry at me. He gets angry like my own kids, but, like my own kids, I think he wants to have some limits and boundaries.” Ray can relate his own childhood as assisting him with his duties as a paraprofessional. He says:

Having a messed-up childhood. I’ve gone through a lot of the same kinds of things, and I can relate, and I know that there is another side to it. Having my own kid now is really important. My parents split up when I was young so I know how it feels for some of these kids, and I know I sure don’t want my own child to feel this.”

Cathy was the only paraprofessional who had not had any formal training such as Non-Violent Crisis Intervention, but she did have a wealth of experience working with children. Her response was:

I’ve done a lot with kids. I volunteered in my kids’ school when they were in elementary, and I just like working with kids. Having kids of your own really helps because sometimes you know what to expect, and mine are 15 and 12. I’ve coached my kids’ teams, and coaching is a lot like being in school because you have to have that control, but you also have to be fair, and I think I’ve learned a lot about kids by being around all kinds of kids. Being a parent gives you a lot more patience

and tolerance, I think, especially being a mother.”

Dianne also draws upon her experience as a parent when working with students. Her experience working with youths at various settings, as well as being a parent is evident in the following comment,

When you get close to them, they will ask your advice, and I try to give the same kind of advice I'd give my own kids. I think the kids see me as their friend and someone who can be easy going, but, on the other side, as someone who can be strict and give them some limits, kind of like a parent I guess. You can't give these kids attitude, or they'll give it right back. I learned that from working at the Youth Centre and from being a parent, myself.”

#### Trust as the Basis of a Relationship

As mentioned previously in the “Methodology” section, the word “relationship” was purposefully omitted from any questions that the paraprofessionals were asked so that they would not be influenced and because they may have varying interpretations of the meaning of the word. All of the paraprofessionals articulated the necessity of developing a relationship and bond with these children. Often it appeared from the transcripts that the bond developed because the students were able to trust the paraprofessionals. Wanda says, “ Even though he exhausts me, I've built a relationship with him, but that, in itself, has taken me a long time to do.” When questioned further, she gives the following example. “Sometimes when Seth's calmed down after something has happened, he'll open up and tell me things. It's like he has

a need to talk about things. I'm glad that he feels secure enough to talk to me because that's the way that we'll make some headway with him. I guess he feels safe with me and knows that I will listen to him."

Cathy articulates the need to develop a good relationship. She says, "You just really have to build up a relationship with that child so that they know they can trust you and that you're there to help them so that they can do better and feel good about themselves." Cathy comments further about the need to develop a relationship when she says:

I think you have to try and get a good relationship going with them. You have to get that child's trust to begin with because sometimes there is so much hidden that we don't even know about, and we just have to give them the sense that you care about them and want to help them. You also need to get to know them as a person, not just as a student who is funded. When you've developed that trust between you and the child, after you've been with them for a while, they'll start to open up.

Ray also has some strong sentiments about the importance of developing a relationship with Andy, the student, with whom he works. Ray states, "At the beginning, he wouldn't agree to that [doing something Ray suggested] because he didn't know if he could trust me, but now, on most days, it's not a problem because he knows I'm fair with him." Ray also talks about working with Andy and says:

You have to really put your heart into it. Don't become a

para if you think it's just glorified babysitting, because it's not. You're dealing with kids' lives here and that's the important thing to remember. You can make a difference even if it's only small. If you can make a connection with just one of them, maybe they can see that the world's not such a bad life and they can strive for the positive.

From Jack's perspective, he, too, feels it is important to build a relationship with Jason. Jack says:

Well, it's a connection. Him and I have a real connection, a bond. In all of this, it's the connection with the student that matters the most. The key to all of this is to first connect with the student and build some kind of relationship with him before anything can work. When you've connected with him on a personal level and he can trust you, then you can push the limits everywhere else. Sit down and really talk to him. Find out about what he likes and what he doesn't like, what his interests are, about his family and what makes him tick and make a connection. Once you've made that connection, then you can do something positive with the student.

Dianne says, "Oh, ya. Curtis was my favourite. Our relationship just took off." When asked why, Dianne responded, "I think because he knew that he could come to me, confide in me, and, if he said, 'Don't tell,' I wouldn't tell. It was just a real friendship that seemed to take off."

Upon studying the interview transcripts, the paraprofessionals told of situations that they felt illustrated that these children had a mutual bond or kinship with them. Many of the children would do something special for these paraprofessionals. Some examples include the following. Wanda had contemplated quitting her job, [because Seth is so exhausting] but she changed her mind because of something Seth did. Wanda says:

One day I was going to tell the principal that I quit. But on this day, Seth was getting on the bus, and he said, 'Bye, Wanda. I'll miss you. I love you. See you tomorrow.' And I guess that's when I got taken in by him. He probably expected me to quit, but I just couldn't leave him."

Cathy says about Curtis, "He's warming up, and I can get a smile out of him. He'll even come up to me and say, 'Hey Cathy. Thanks for helping me,' and he's invited me to come and see him play indoor soccer, and I've gone, and I think he really liked that." From Ray's perspective, a bond has developed. He talks about giving things to Andy and Andy's reciprocating. Ray explains:

He'll ask me my opinion, or, when we're sitting down discussing something, he'll joke around with me, or, if he's doing good, I'll slip him a candy or buy him something when I go out for lunch, and he seems really appreciative and will say thanks. His mom made some dessert one night, and he brought me a piece the next day, or he'll draw me pictures. Things like that.

Dianne says about Curtis, "You know that he used to make all kinds of little cards for me. When he left for a while, he gave me a card that he was going to miss me, and he gave me a card on my birthday, stuff like that."

Respect and caring appear to be the main characteristics of the paraprofessionals' perspective of their role in working with children with EBD. Respect and caring is also shown in the paraprofessionals' response to the question, "What advice would you give the next paraprofessional who works with this child?"

Wanda says:

"You need to be very patient and have a very thick skin. He's not the kind of kid that everybody will be able to work with because, like I said before, he's draining emotionally and physically. But, if you let yourself really get to know him, you'll find that all he really wants is someone to care for him. You need to try and build a relationship with him by really getting to know him."

Cathy, Jack, and Dianne express similar sentiments. Cathy says:

Be patient, be tolerable, be firm, and find out as much as you can about the child. Try to talk to the last paraprofessional that worked with the child so that you can find out what works with that particular child. It's a really special feeling when you've clicked with a child.

I think it's wonderful to have that rapport with them."

Jack states, "Be patient, yes really patient. Don't push too hard. Be flexible. Be fair but firm and get to know that student really well. When the kids know that you care then you can really work with them." Dianne says, "Be understanding and patient



until they get to know you. Be yourself because they [the kids] will know if you are a phoney. They can feel when you care about them. If they know you care and respect them, it's easier to work with them because you're developing a relationship."

Ray states that "You need to always keep the big picture in mind. Realize that you can't fix everything, but you may be able to fix a little bit. Let the kid shine whenever possible. Build a relationship with the kid and respect their feelings."

Wanda expressed the value of working as a team. She said:

As much as these kids might be challenging, there is just something that I like and keeps me interested and wanting to work with them and develop a relationship with them. I truly believe that you can't do it [work successfully with the student] on your own. You need to involve the family, the teacher, the other people in the school, and even outside agencies. You need a team effort to make it work, because no one person has all the answers."

Respect and caring, although identified as a separate theme, are evident within the remaining two major themes.

#### Understanding the Etiology of Challenging Behaviour

From the interview data, it appears that the paraprofessionals' understanding of the etiology of challenging behaviour helps to frame their practice in dealing with these children. The more knowledge and understanding they have about the child and the circumstances surrounding that child, the better equipped they will be to work in an effective manner with the child. The broader concept of understanding the etiology of challenging behaviour has been divided into three categories: the meaning of

challenging behaviour; causes of challenging behaviour; and descriptions of challenging behaviour.

### The Meaning of Challenging Behaviour

When asked the question "What do you think the term challenging behaviour means?" these paraprofessionals had different notions about what the definition might be. It was difficult to determine from the interviews whether they recognized that the limits of normal or acceptable behaviour are based on subjective judgements related to environmental, cultural, and situational factors. All of the paraprofessionals hinted at behaviour being different than normal, but none actually articulated it as "behavioural and emotional responses that are so different from those appropriate to age, culture, or ethnic norms that they adversely affect academic, social, vocational, or personal performance" (Forness & Knitzer, 1991, p.18).

Without actually articulating what challenging behaviour is, Wanda states that "It [challenging behaviour] is quite extreme from normal, just not normal behaviour". Dianne recognizes that each child exhibits different kinds of challenging behaviour.

Challenging behaviour can be different because the kids all have had different challenges in their lives. They all have different homes and personalities. Like kids will get mad, which is normal, but they don't start swearing, throwing things, or kicking over desks....I guess it can be all kinds of things: not doing what is expected, being defiant, refusing to do things, or even withdrawing. It could be fighting or swearing or being rude and noisy, disrupting the class and not listening to the teacher. All those kinds of things.

Wanda and Barbara, who both work in elementary schools, and Ray, who works in a middle school, see challenging behaviour as behaviour that breaks the school or classroom rules. According to Wanda:

Challenging behaviour would be behaviour that goes against the norm of what is traditionally expected to happen in a classroom. Classrooms have rules, and schools have rules to keep students safe and keep the school orderly. So challenging behaviour would be behaviour that doesn't comply with the rules and regulations.

Barbara says,

Well, I guess it is behaviour that would not fit with what is expected in the classroom. The classroom has rules. One of the rules (and this is also one of our school rules), is treat everybody with respect, and how you would like to be treated. Another one is to talk in a polite voice and how you would like to be talked to. I guess when Ashley is yelling or screaming or blurting out, it's not talking politely plus it disturbs the rest of the kids in the room so that they can't get their work done. I think sometimes that it's hard for Ashley to understand that it's not just her needs that need to be met.

Ray confirms this notion by stating:

Well, I guess it's any behaviour that is not the norm or the rule.

Most classrooms have rules and expectations, and I guess, if the student refuses to follow those rules and expectations, it would be challenging. It could be something really simple, like not wearing your hats in school, to no physical violence or swearing.

The paraprofessionals have their own understanding of what they feel constitutes challenging behaviour. To build a relationship with a student it is also important for the paraprofessionals to understand the causes of challenging behaviour. According to Pittaway (1993), understanding the causes of challenging behaviour may help the paraprofessionals to be able to separate the behaviour from their feelings towards the child.

#### Causes of Challenging Behaviour

In trying to determine the paraprofessionals' understanding of the etiology of challenging behaviour, they were asked to respond to the question, "What do you think causes challenging behaviour?" Responses varied depending on the student with whom the paraprofessional was interacting. All students qualified for Low Incidence level II and III support for having emotional behavioural disorders, and most of the paraprofessionals felt the disorders had been caused in part by unhealthy home experiences. Understanding the causes of challenging behaviour is an important component in helping to treat children with EBD as many of them have been exposed to unhealthy relationships in their home environments.

There seems to be an inheritance and/or environmental factor wherein family conditions may predispose a child to act in a particular way or may be so difficult as to

produce negative stress for the child. A higher incidence of negative behaviour is found in children of families with divorce/separation, parental conflict, hostility, neglect or abuse, chronic illness or a parent or very lax discipline (Pittaway, 1993, p. 1407).

Dianne maintains that home factors play a big part in the life of the students.

Baggage from home, that is a constant carry over. They're just so, so exhausted by whatever is happening at home. They sometimes can't come to school and concentrate because they have so much on their minds about things that have happened at home. I think that part of the reason that Curtis is so angry and upset is the divorce.

Cathy and Ray also attribute challenging behaviour to home environment. Ray articulated some general feelings about home environment and rules as the cause of challenging behaviour.

Well, I think it's probably poor upbringing because they don't have any rules at home and just do what they want. When they come to school and they can't just do what they want, they get upset. The home life is very chaotic. They have no grounding, no base. Some of them have been dragged from pillar to post, and they haven't had good behaviour modelled for them at home. I'm probably just guessing from what Andy has told me, but I think he's never had much stability at home

when he was younger and he's just been tossed round and round and nobody took the time with him.

Cathy states that "they [the children] could get it [challenging behaviour] from family life. Maybe if they are not taught properly at home or sometimes their parents might not know, so they wouldn't teach their kids." She illustrates that she has a good sense of how family dynamics may affect a child when she says, "We don't know the total background of these kids, and we don't know how they've been, and they might have so much on their mind that they don't want to learn ...maybe can't learn because so much is happening in their lives."

In Wanda's opinion, lax parenting is part of the cause of Seth's problems. She states, "It's nurturing he's missed out on, like taking responsibility, structure and setting limits. He runs the show at home." Wanda, Barbara, and Jack see the causes of challenging behaviour as multi-faceted and not solely attributed to home conditions. About Seth, Wanda states:

It's a combination of factors, environmental, physical, his illness.

But his illness shouldn't be the cause of all his bad behaviour, so

it's probably things he's learned at home. I might sound judgmental,

but I think that this child wasn't given a fair shake when he was young.

His parents divorced when he was very young, and they are not on

friendly terms now, and I don't know that there was a good attachment

with the Mom and Dad or if true nurturing went on. I think, no I'm

positive, that he was exposed or seen a lot of things he should

not have.

Barbara comments:

Oh, well just from my experience, it's [causes of challenging behaviour] probably a lot of different things. It could be that the child's parents really don't know how to parent so the child is not used to expectations. Or it could be that they have a disorder. Ashley is starting to see a psychiatrist, and now they are exploring all kinds of things like ADHD and PDD or that Obsessive disorder. But I don't know, sometimes, I think it's just for attention. I think Ashley is really jealous of her brother. I guess negative attention is better than no attention at all. You know, at home, I think her brother gets all the attention. He's some ace hockey player, and the family is always going to tournaments. Ashley goes with them, but I wonder if she's jealous that he is getting all this attention. I think she's kind of put on the back burner at home.

Jack echoes similar sentiments. "I know he's diagnosed with ADHD and PDD, and he has all kinds of anxieties, but sometimes I think it's just for the attention he might get, good or bad."

The paraprofessionals were aware that home life could exacerbate challenging behaviour. However, it was not clear from their responses whether they realized that the behaviours exhibited at school, according to Webster-Stratton & Herbert (1994), were developed in the home as a coping or survival mechanism to protect the children from highly traumatizing circumstances. Challenging behaviour can be the student's

armour. The children may need those behaviours at home to survive and may generalize and use similar behaviours across settings, even when it is not helpful. Children are resistant to give up strategies that have been instrumental to their survival. Webster-Stratton & Herbert (1994) state:

Children learn to escape or avoid parental criticism by escalating their negative behaviours, which in turn leads to increasingly aversive parent interactions. These negative responses, in turn, directly reinforce the child's deviant behaviours (p. 17).

Dianne touches on this point when she states that "I want the parents to get help for themselves because, until they've helped themselves and worked through their own issues, they won't be able to help their kids." Ray states, "Well, there must be a reason why Andy is so physical and verbally aggressive. I think it's probably what he's learned at home, and it's hard to unlearn those things that you've been doing to cope for a long long time." Ray illustrates his understanding of how behaviour is generalized across environments when he says:

Well, if you go from a nutty or unhealthy environment and then you come to a place where it's safe and you're accepted and people want you to be there, the odds are you'll get more out of it and you'll value that spot more. And, if you value something, you come to respect it. The only problem is at first you challenge that safe environment because it's not home and what you're used to, and I'm supposed to feel safe at home and maybe I don't feel safe at home so there's usually some confusion



and that's when kids act up.

The paraprofessionals understood that an unhealthy home life, illness, traumatizing situations, or fear of an unfamiliar safe environment could cause differences in the types of challenging behaviour a student might exhibit.

### Descriptions of Challenging Behaviour

All of the paraprofessionals gave clear examples of what challenging behaviour looked like in their respective environments. Wanda and Barbara, who are both in primary classrooms, and Cathy, who works in an upper elementary setting, see more physical activity in examples of challenging behaviour. Wanda states that Seth will:

Scream incoherent things at the top of his lungs, flailing on the floor making all kinds of weird gestures with his hands or his body, spitting on kids' work, running out of the classroom and yelling, running into the staffroom and grabbing things off the table, lots of very foul language and swearing, motioning like he's shooting someone with a gun, taking kids' things [pause] Oh, I don't know, there's just so much. [pause while she wipes a tear away] He'll try to stab you with anything he has in his hands. [pause] He's tried to bite me and other kids. The other kids are afraid of him, and sometimes I'm even afraid of him. [pause] He'll act up and start to do aggressive things like knock things over or start to scream or swear or yell so he doesn't have to do something.

Barbara describes challenging behaviour as:

There's the pushing and shoving other kids, taking their things, throwing her belongings, fighting, constantly blurting out in the middle of the class, running around the room or trying to run out of the room, absolutely refusing to do what is asked of her. And then there's the language thing. Ashley is so young she doesn't swear yet, but she'll say things like 'I hate you' or 'You're ugly' to anyone, me, her teacher, the other kids."

Cathy, who works with Craig, a student in upper elementary sees the following:

Acting out, getting physical, like shoving or hitting, being loud, and trying to make himself the centre of attention in the class, refusing to do assignments, not having the materials ready that he needs, muttering under his breath, and things like that. Being disruptive, trying to get the attention he needs, and when Craig is doing that, he doesn't really care or realize that he's being disruptive. But with others, they can just become totally withdrawn, just the opposite. It works both ways. It depends on the kid and the situation.

Cathy, in providing an example of challenging behaviour, also shows a good understanding of why her student may refuse to do work. She states:

You need to reassure him that he can do the work even though he thinks he can't. I've found that he'll say he can't or won't do the work because he's afraid to make a mistake. I'll show him

how to do the work and let him try an example that's real easy so he can get it right, and then he can see that 'Yes' he can do the work and he's not so threatened."

For Ray, Jack, and Dianne who work with adolescent students, there was mention of the physical nature of examples of challenging behaviour as well as more subtle examples such as the students getting themselves kicked out of class. Ray sees challenging behaviour in Andy as:

Swearing, yelling out loudly, arguing about anything, looking for fights. If you ask him to do something, the 'No, I don't have to' and 'You can't make me' stuff so he can get himself kicked out. And the one that scares me the most is when he starts picking things up to hit. It can be anything, a book, a ruler, a coke can, anything that he can reach.

Jack sees the following with Jason.

Noise. He can get very noisy, screaming, shouting, swearing, banging things around. He'll just jump out of his chair and knock it over and go over and poke somebody and yell at them while they are working. He's always creating some kind of action or looking for attention. If it's the kind of attention that's looking at getting him back in the room to do some work, he just ups the ante. It's too bad it's negative attention. I try to explain that people are laughing at him, not with him, but on some days that doesn't help.

When Jack was probed as to why he thought Jason did these things, he responded:

Well, he just doesn't like to do schoolwork or write anything down, but the school psychologist has said that he's got above average intelligence, so it's not like he can't do it. When he actually does do some work, it is usually pretty accurate, and I try to praise him for it because I want him to know he's done something good.

Dianne describes challenging behaviour with Curtis as:

He wasn't going to do anything, and there was no way you were going to make him do anything because that's usually when he got angry, and there'd be hitting and lashing out or knocking things off desks, or slamming lockers, tagging and graffiti, swearing and getting himself kicked out.

From their statements, the paraprofessionals recognized more overt actions as descriptions of challenging behaviour, as opposed to covert symptoms such as withdrawal, anxiety, passivity, or melancholy. Although Jack does recognize that Jason "does have all kinds of anxieties that cause all kinds of difficulties," he sees the anxieties as a causal agent for the behaviours, rather than a specific behaviour. Responses to the overt behaviours tended to be time-outs, with safety being a major reason for this kind of intervention.

#### Responses to Challenging Behaviour

The paraprofessionals' responses to challenging behaviour depended upon the child, the situation, and the judgement of the paraprofessional. In describing how the

paraprofessionals react to challenging behaviour, results of the interviews show that they typically respond in three different ways: prevention; removal; and helping the children understand their actions.

### Prevention

Many of the paraprofessionals were very adept at recognizing the unique triggers and warning signals that precipitated challenging behaviour. The students had similar signals that would indicate that they were having difficulty. The signals were much the same whether the student was in elementary school or middle school. When the paraprofessionals could see a student starting to escalate, they often would try to prevent the behaviour so that the student would not be embarrassed by his or her behaviour, harm anyone, or disrupt the learning of peers. Paraprofessionals did mention that, although they could usually tell when a student was becoming agitated, there were times that challenging behaviour was totally unexpected. Wanda states:

Most often, 99% of the time, it's out of the blue. There is no warning. He can be working quietly or sitting quietly, and then 'poof', all of a sudden he's out of control. I could usually tell when he came in the morning just [by] the look in his face, the look in his eyes, you could tell it was going to be a difficult day. Even before he got in the building, I could tell what kind of day it would be by the look in his eyes, and that things were not going to go well. But there have been many times when it just surprises me. Things have been going well, but, within half an hour [pause] he was just [pause] I don't know where it came from.

Wanda goes on to say that “when I see him getting restless, I’ll try to talk very calmly and quietly to him and suggest that we do something that he likes, like me reading him a story, or going for a walk, something to redirect his attention. Sometime it works, but sometimes it doesn’t.”

Barbara notes, “I can tell by how she walks to school. If she is by herself or walking with her head down, it usually signals that she is not going to have a good day.” If Barbara sees Ashley starting to escalate, she “stays calm, tries to redirect, or try to catch it before it starts.” When asked about this last statement, Barbara said that “sometimes, if I see she’s in a mood before school even starts, I’ll often take her to the multi-purpose room before she goes into the classroom. Sometimes, if I give her some attention, like playing a game, or getting a drink of juice, or just talking to her, it’s much better for her the rest of the morning.” When asked about redirection, both paraprofessionals gave similar responses about directing the students to something they like to do as a way to help them forget what was bothering them. Barbara states, “Sometimes she gets so overwrought with her feelings and her behaviour escalates and sometimes it’s hard to talk her down.”

Cathy states that “you can see Craig getting agitated in class. He’ll start to get louder, more fidgety. He can’t sit still or pay attention. He’ll start to get out of his desk and bug other kids. He’ll try to get into his locker which is in the classroom, and he’ll be noisy, banging the door.” To prevent an escalation of such behaviour, Cathy will:

Just try to calm him down and find out what’s going on,  
and then try to figure out in my own mind what might have

triggered this. "Was it something that happened in the classroom or something that happened at home that day?" Try to establish what broke down here.

When asked how she can calm down Craig, Cathy responded. "Sometimes you can calm him down by redirecting his attention or getting him focused on something else or even just joking around with him about the situation if it's not too serious or he's not too upset."

Ray notices that when Andy is starting to escalate, he sees a "steady progression. Little things that wouldn't bother most of us will be really aggravating to him. He gets louder and more fidgety, more agitated, and people who are around him will start pushing his buttons." Ray's response is:

If I see him getting that way, I'll just come over and talk to him very quietly and calmly and check over his work. He'll usually say quite angrily that he doesn't need anybody checking on his work, 'damn work,' and this usually helps redirect his anger towards me, and then he can get some frustration out at me instead of another kid in the room, and then he can calm down.

Dianne notes something very similar. "There can be different triggers for kids about what sets them off. It could be the way somebody says something to them. You can tell by the way they talk to you and their tone of voice." Some of the signs she sees include: "their shoulders go up, they get tense; the eyes are darting and searching; their feet will be rapping; they'll start tapping their pencils on their desks; they'll slam into their lockers." Dianne states that "sometimes you can catch it before it starts.

Like if you know they are in a bad mood, get them before they even get into class.

Talk to them and try to get them to open up before they get into the classroom.”

### Removal

In many cases when the students could not be calmed down, they were taken out of the classroom. Removal of students and ‘time-outs’ appeared to be another common method of controlling students who exhibit challenging behaviour, and who could not be calmed down enough to remain in their classroom. From the interviews, I could not determine if removal was at the teachers’ request or whether it was a strategy initiated by the paraprofessionals. From the interview data, I could not ascertain whether the removal actually helped the students recognize that their behaviour was unacceptable and needed to change or whether it primarily served a legitimate school need to maintain order and safety. Regardless, time-outs have been shown to be an effective disciplinary measure. “The procedure is intended to reduce the frequency of an undesirable behaviour by ensuring that it is followed by a reduction in the opportunity to acquire reinforcement, or rewards” (Herbert, 1989, p. 146). Removal or time-outs did seem to be in a non-punitive, calm, and gentle manner. The following comments were made about removing the children.

Wanda states that “sometimes I’m not sure what I can do to prevent some of the behaviour, especially when he escalates quickly, other than try to talk to him and, if that doesn’t work, to remove him from the room so I can protect the other children when he is like that.” Although Seth’s behaviour can be very physical, Wanda worries about his own safety as well as that of others. “What I try to do is keep him safe and others safe as well. He does do things very quickly and violently, very



quickly. We do spend a lot of time alone because of his behaviour, and, whenever he does something wrong, he does have a time out.”

Barbara’s comment about what she does with Ashley echos those of the other paraprofessionals.

When she starts to get escalated, sometimes she can’t be calmed down by talking softly to her or holding her hand or trying to redirect her. Then I usually will take her out of the room. I’ll try to talk her down, but sometimes she doesn’t even hear you, and then it’s better if sometimes I just let her yell. Usually, after about 15 or 20 minutes, she’ll actually start to get tired and then start to calm down herself.

For Cathy, removal or time-out for Craig can even mean his being removed from the school. With a remorseful look, she stated:

And then there are times when sometimes you try everything, and he just won’t calm down or be rational, and, in a few instances like that, Craig has had to go home. I feel badly when that happens, but it’s usually after we’ve tried everything, and usually the principal gets involved then. On days like that, it’s probably best that he not be in the class because he’s usually embarrassed by a real major incident and needs that time away so he can come back the next day, and it’s like a brand new start.

Ray has also experienced Andy’s having to leave the school and go home; however, in this instance, the going home is more as a preventative measure. Ray says,

“Towards the end of the day, when he’s really had it and I know that he might lose it again, he can go home a little earlier. He’s out of the environment where he’s likely to lose it.” When asked about what happens during the day, Ray’s response was:

During the day, I’ll often tell him I need him outside the room.

“I need to talk to you” and usually he’ll come, but sometimes he kicks up a fuss and doesn’t want to leave the room. So often, I’ll just talk to him at his desk very quietly, and I’ll point out to him what I’ve seen and what I think might happen if he continues doing what he is doing.

Jack has similar sentiments. He states:

Jason will fight you to no end. When it gets like that, I try to remove him to a quiet place so that he doesn’t embarrass himself as well as disturb the whole class. I’ll just let him be loud in his own time-out space, and eventually he’ll calm down and can get back to his class.

A good example of the paraprofessional’s recognizing a trigger and then using removal as a strategy to keep the child from becoming agitated is also evident. Cathy states that “when the classroom is too loud, sometimes Craig will get agitated and start acting up, and then he doesn’t pay attention. So, if it gets too loud I’ll take him out into a quiet room and review what the teacher has taught.” Jack says that “sometimes there’s just too much stimuli in the classroom for him, and I’ll take him out of the room where there’s less stimuli and it’s quiet so I can help him calm down and talk about the situation.” Jack is also well aware of Jason’s feelings and says,

“I’ll remove him so that the kids can’t make fun of him if he’s just had one of his incidents, and, that way, it’s easier to get him back into the room because he isn’t embarrassed about what he did.”

### Understanding their actions

After students had exhibited challenging behaviour, which may have resulted in their being removed from the classroom, there was evidence that the paraprofessionals tried to help the students understand why what had occurred was unacceptable. When students acted inappropriately, the paraprofessional helped the student to think through the steps or actions he or she could have taken to handle the situation properly. When the paraprofessional was debriefing with the student, it appeared to be done in a calm and non-threatening manner. Conversations might include modeling, alternate choices, and discussion and rehearsal of appropriate and acceptable behaviours. Dianne tells the students, “Let’s calm down and see if we can solve the problem.” She further states that: “ We go through a process that involves having the kids look at the reasons that they do the things that they do and what they could do differently the next time.” Wanda shows sensitivity and awareness of Seth’s age, maturity, and developmental level in the way she helps him understand what has happened. She explains:

When he hurts someone, I’ve worked really hard at letting him know what it feels like to be hurt and what the other kids are feeling. He used to always, like when he bumped his head on something or pinched his finger, it was always my fault or whomever was closest to him. It was always someone else’s

fault, but now, with a lot of talking, he's finally getting it. The other day he bumped his head, and I told him the table was just sitting there and it was only an accident and nobody's fault, and he said, "Yah." But, for other things that go wrong, he'll blame somebody else. It's always someone else's fault. He has a hard time taking any responsibility for his actions, but we're working on it. I know he's young, but I'm trying to get him to say "Sorry" or apologize if he's done something wrong. Sometimes he will, and sometimes he won't.

Barbara tries to help Ashley find the words she needs to express her feelings when she is angry rather than doing something inappropriate in her classroom. To help Ashley express her feelings verbally, Barbara tries to use some of the strategies that the school guidance counsellor has suggested. She explains that "the guidance counsellor is working with her [Ashley] to help her express her anger in better ways, and that works when she's not really worked up and I can reason with Ashley to use her words." Barbara further states that "she often writes me notes after she's done something. It's like her way of saying sorry." When further probed about "her words," Barbara says:

Oh, that's just some scripting that they've tried to teach her to use when she's upset. Like having her say, "I'm upset about this" or "I'm angry because," language to describe what she is mad at so she knows and so she can have choices. Like the counsellor has been trying to talk to her about saying sorry and meaning it,

because she seems to think that, if she says sorry, she's off the hook, but we know she doesn't always mean it. It's better to get her to apologize after some time has passed when we've had a chance to debrief because sometimes I don't think she even realizes what she's done. But other times when she's really upset, I know that's her way of letting off steam.

Cathy states that, "when a bond has developed between the paraprofessional and the student, the student will feel comfortable enough to say they're sorry because usually they know that they have disappointed you or upset someone so they want to make it better. They care about your feelings because they know you care about their feelings."

Ray understands that he really cannot make students do anything against their will and understands that right decisions are often made through discussion and understanding. Ray says, "I'm kind of like his advocate." When further probed about that statement, Ray explains. "I help him figure some things out. It's kind of like a team effort, more than 'I'm going to make you do this.' Because I really can't get him to do things. It's him who has to make the decision to do it." As a way to foster more positive behaviour, Ray also helps Andy see his strengths. He tells Andy that "you know you're smart and capable, and you just hope that they begin to see the strengths that they, themselves, have and start to use them in a positive way, and that's how I explain things to Andy by pointing out all the good things he can do and how he can make these work for him."

Jack tries to make Jason aware of what is acceptable behaviour for a student in grade seven. Because having friends is an important issue for Jason, Jack capitalizes on this fact. "He really wants to have friends. He really wants to be liked." Jack explains, " But, when he thinks about it, he realizes that now he's in grade seven, and he doesn't see kids acting like that, and I point out the other kids in the school and tell him, as he get older, he's going to have to act more maturely." Jack also states that he talks about "how it should look and how it might look if we did certain things. Like here you're walking around making noises when the rest of the class is working. Don't you want to do what the rest of the class is doing?" Jack also recognizes that Jason will acknowledge his unacceptable behaviour.

Well, often he'll tell me that what he's done has been wrong or that he's having a bad day or a bad afternoon. He doesn't apologize, but what usually happens is that he lets you know that he's sorry by being really cooperative and doing work and asking for my help or my opinion. He knows that what's happened is not so good.

A rich description of the perspectives of paraprofessionals has been presented in an effort to understand what type of relationship develops between paraprofessionals and students with whom they work. Even though the children varied in age, grade, school, and type of emotional behaviour disorder, these paraprofessionals have had very similar experiences. I found very little differences, inconsistencies, or irregularities in the responses from the paraprofessionals. This situation leads me to believe that they all have similar understandings and

perspectives about working with a child with EBD. The last chapter will outline the relationship that has developed with these paraprofessionals and the children with whom they work in accordance with the importance of the adult-student relationship and within the resiliency construct.

## CHAPTER 5

### Conclusion

“A caring relationship is, in its most basic form, a connection or encounter between two human beings ...” (Noddings, 1992, p. 15)

A caring relationship can be critical to a child’s success at school, particularly the success of a child who exhibits challenging behaviours as a symptom of an emotional behavioural disorder. According to Laursen (2001), a primary need of all children is the development of relationships and bonds with significant adults. They need to know someone is there for them and that they are part of someone else’s life. They need to be told what is right and what is wrong. Some of the children who have EBD have not had consistent, nurturing, familial relationships in their formative pre-school years; therefore, educators and other adults must build primary, authentic relationships with them.

During analysis of the data, three themes emerged from the interview transcripts that characterized the paraprofessionals’ perspectives of the relationship that developed between themselves and students with EBD: respect and caring, understanding the etiology of challenging behaviour, and the paraprofessionals’ responses to challenging behaviour. Respect and caring was the main theme of the data, and it pervaded many aspects of the remaining two themes. This chapter will summarize the understanding of the perspectives of paraprofessionals in respect to the development of a relationship because “every young person has a deep need to belong. Children with the greatest unmet needs for relationship are often those most



alienated from adults and peers. Schools must make a planned and concerted effort to nourish inviting relationships” (Brendro et al., 1998, p.88).

### Demonstrations of Respect and Caring

Caring and respect are the cornerstone of any healthy relationship. Following data analysis, the conclusion was drawn that the paraprofessionals interviewed cared deeply for the students with whom they worked. In dealing with them on a daily basis, the paraprofessionals treated the students with dignity and respect. Paraprofessionals treated students with respect even when the students were behaving inappropriately. The paraprofessionals modelled the idea that you earn respect by being respectful at all times. Care was shown as the paraprofessionals were able to respect the individuality of each student. Care and respect was shown in their ability to adapt classroom assignments, their ability to separate the behaviour from the child and their ability not to lose sight of the strengths of these challenging children. The paraprofessionals recognized the importance of praising the children for their efforts. They understood that praising each of the children’s successes might be the first step in ameliorating their negative behaviour. Although the paraprofessionals recognized the need for praise, they also articulated the need to be firm and consistent in dealing with these children. They understood that many of these children might have had less than stable home lives. Some of the paraprofessionals felt that what many of these children needed was a sense of limits and boundaries. In the paraprofessionals’ opinion, these children needed to know that someone cared enough to set those limits and boundaries.

Respect and caring was also illustrated in the manner in which the paraprofessionals respected the families of these children and in their sensitive approaches to each situation. The paraprofessionals appeared to understand the need for confidentiality in dealing with the families. The paraprofessionals became privy to some private information that was told to them by the students, but they knew that it was mandatory that the information did not leave the school building. Although the paraprofessionals understood many of the family situations, it was difficult for them not to see the family as a major causal agent of the students' misbehaviours. All of the paraprofessionals seemed to echo the same sentiments about nurturing or lack of it as being a probable cause of many of the difficulties the children had. Assuming that the parents' inability to nurture was the cause of the students' difficulties may seem somewhat judgmental; however, from interviewing the paraprofessionals, many of them did not present their responses to questions in a judgmental manner, but rather simply stated a fact.

Another aspect of caring and respect was also present in the paraprofessionals' understanding of the children's need to have a balance between dependence and independence. Although the paraprofessionals exhibited a sense of protectiveness for these children, the paraprofessionals understood, as stated by Barbara, that "being velcroed to the hip" was not healthy for the student or the paraprofessional. The paraprofessionals all made conscious decisions about encouraging their respective students to work independently when able or to work with another student or in a small group. These actions also helped control feelings of possessiveness that some students had regarding "their" paraprofessional.

Another aspect of caring that was articulated by the paraprofessionals was the nurturing they showed the students with whom they work. In all of the interviews, some reference was made by the paraprofessionals to the fact that they often relied upon their experiences as parents when dealing with these children. They spoke of treating these children as they would treat their own children, guiding, modelling, helping, talking, and letting the students know that they could always rely on the paraprofessionals to be there for them. There appeared to be an unconditional acceptance of the students by the paraprofessionals, even in the face of some highly offensive behaviour. This unconditional acceptance enabled the students to trust the paraprofessionals.

The relationship between the paraprofessionals and the student was also based upon an element of trust, which is another demonstration of respect and caring. The paraprofessionals, by being a consistent person in the lives of the students, came to be someone the students could trust in the school. It appeared from the transcripts that often the paraprofessionals would be advocates for these children within the school. In the interviews, the paraprofessionals articulated that, as the students came to know and trust them, they were able to start working on behavioural or academic issues with the students. Trust was also evident when the paraprofessionals mentioned that the students had shared both positive and negative aspects of their home lives with them. In many cases, the students looked to the paraprofessionals for guidance or for someone to talk to about various situations they were encountering at home or school. The trust within the relationship was also created by the paraprofessionals' ability to be "genuine and willing to be known – to share personal

experiences, feelings, and problems of his/her own” (Webster-Stratton & Herbert, 1994, p.117).

### Empathy

The paraprofessionals who were interviewed showed empathy towards the feelings of the students in their care. When interviewing the paraprofessionals, empathy, acceptance, compassion, and understanding of their child’s particular temperament and sensitivity to the child’s individual struggles were evident. The paraprofessionals articulated that, often, how the students reacted and demonstrated their feelings, although challenging, was behaviour they could see beyond and separate from the student. The ability of the paraprofessionals to understand the etiology of challenging behaviour helped frame their responses to the students. “Part of gaining empathy for the child was the [paraprofessionals’] being able to see beyond their own frustration and anger, to understand the feelings and perspectives of the children” (Webster-Stratton & Herbert, 1994, p.214). Although all of the students demonstrated varying degrees of challenging behaviour in different situations, each of the paraprofessionals recognized that the students’ behaviour was different than what was appropriate for the age and grade of the students. The paraprofessionals felt that they had a good understanding of what caused the challenging behaviour in each of the students. The paraprofessionals felt that they understood why the children felt the way they did, and many of them could predict the outcome of a school day by how their students acted when they came to school in the morning. Many of the paraprofessionals knew and understood that the children might be feeling badly, and they made efforts to be proactive in terms of trying to

avert difficult situations in which the students might react in a negative manner. The paraprofessionals appeared to understand that the challenging responses the students exhibited were often responses they had learned as coping mechanisms in response to difficult life situations. Their understanding of the children's feelings and their understanding of why the children reacted in certain ways are also evident in their responses to the behaviour. From the comments elicited, it appeared that the paraprofessionals' actions were neither punitive nor meant to shame or embarrass the students. In many responses, the paraprofessionals were careful to try to save the students from further embarrassment because they sensed that the students might already be embarrassed by the behaviours they exhibited in front of their peers. A further demonstration of the paraprofessionals being able to understand the feelings of these students was their ability to realize that many of the students would be unable to apologize verbally to them, and the paraprofessionals did not force the issue. They repeatedly said that they knew students felt remorse by their actions following a challenging incident. The paraprofessionals developed sensitivity to their children's temperament and emotional state.

#### Understanding the Individual Dynamics of the Student with EBD

Each of the paraprofessionals interviewed respected the unique individuality of the students with whom they worked. Comments from the paraprofessionals illustrated that they understood and had a good sense of "what made the students tick." The paraprofessionals tried not to compare these children, to other children who did not have EBD, and they made every effort to try to see them as individual students with unique situations. Many of these students were

diagnosed with psychiatric disorders, and each of the paraprofessionals had an idea of how these disorders could affect their particular student's behaviour. The paraprofessionals were cognizant of the fact that these children often could not keep up with the rest of the class academically, and they assisted them with adapted work, pre-teaching, completing assignments and studying for quizzes and tests. The paraprofessionals' understanding of the individual differences of each of these children was also evident in how they responded to the children's behaviours. The consequences given because of unacceptable behaviour generally accounted for the situational context, the mood of the child, and the child's understanding of how his or her behaviour affected others. Respect for the individual differences was also addressed by the paraprofessionals when they spoke of descriptions of challenging behaviour and their understanding that sometimes the same challenging behaviour might be less offensive in a different situation.

The paraprofessionals spoke of seeing beyond the problems of young people to seeing their possible potential. Individual differences in the families of the children were recognized. Many of the paraprofessionals knew of difficulties that the families might have encountered in parenting these children. Although they tried not to, stereotyping the families as inadequate or poor parents was subtly implied by the paraprofessionals. Implying that the parents were to blame for the child's behaviour was particularly true of the students who did not have a medical diagnosis to account for their challenging behaviour. From the tone and manner of the paraprofessionals' responses, as well as from some of their statements, it appeared that the paraprofessionals felt sorry for these students. The paraprofessionals may have felt

sorry for these students because some of the paraprofessionals may have tended to evaluate the situations with these children against their own generally positive experiences with childrearing.

### Nurturing the Child

“The desire to be cared for is almost certainly a universal human characteristic” (Noddings, 1992, p.17).

These children were fortunate that each of the paraprofessionals interviewed took responsibility for meeting one of the basic human needs - to be cared for. Care took the forms of listening to the children’s problems, assisting them with work, helping them work through difficult situations, removing them from potentially difficult situations, continually offering praise and support, setting limits and boundaries, modelling positive behaviours, sharing stories, and generally being a significant and kindly “other” to these children. The paraprofessionals commented that, at times, the students would even call them “Mom.” Noddings (1992) conceptualizes the state of consciousness of the caregiver as “engrossment, an open, nonselective receptivity to the cared-for” (p. 16). From the data, it appeared that the paraprofessionals were receptive to the students and could articulate what they thought the students needed and their desire to help meet those needs, whether expressed or unexpressed.

The paraprofessionals responded to the behaviour of these children with dignity, which helped meet their needs, as well as rest of the classroom’s needs. The paraprofessionals helped instil a sense of dignity in the children by tailoring interventions to meet the individual developmental and maturational levels of the

students. The paraprofessionals described actions and interventions that were not punitive, and they tried to help the students understand how they could have responded to a given situation in a more positive manner. All of the paraprofessionals recognized that these students were easily upset and angered. They tried to help the students understand that anger was a natural emotion but that the students would have to take responsibility for how they responded when angry. The paraprofessionals spoke of trying to talk to the students about appropriate responses to anger, and they often spent time giving students verbal cues to deal with their anger. The paraprofessionals spoke of cueing the students to use verbal responses when upset rather than to become physical or disruptive. The paraprofessionals helped the students to "make the best decision possible" (Curwin, 1992, p.68). The paraprofessionals also took responsibility to meet the needs of these students by making their environments as predictable as possible for the students so that the students could anticipate what would happen next and react appropriately.

Being an advocate for these students with other students, teachers, and even parents was another way in which the paraprofessionals took responsibility for meeting the needs of these students. Because the paraprofessionals knew these students very well, they could help other adults or children understand the children's actions. Some of these students lack the skills necessary to behave responsibly, and the paraprofessionals helped them to learn those skills.

According to Curwin (1992), adults can take responsibility to meet the needs of such children by trying to teach them to behave responsibly. The paraprofessionals accomplished teaching the students to behave responsibly by providing opportunities



for the students to practice responsible behaviour and to trust that these students would improve at making correct decisions. The paraprofessionals understood that poor choices could lead to improved responsibility if the students learned from them.

From the data gained from interviewing the paraprofessionals, I believe that the paraprofessionals have caring, respectful, and healthy relationships with the students in their care.

### Resiliency and the Importance of Relationship

The resiliency literature (Benard, 1991, Garmezy, 1993, Werner & Smith, 1992) indicates that a relationship with a primary adult is a protective factor for many resilient children. "A sense of belonging and of close personal relationships is essential to personal growth"(Laursen, 2001, p. 72). Each of the paraprofessionals spoke of the importance of taking the time to develop and nurture a relationship with the children with whom they work. Although the paraprofessionals stated that building a relationship sometimes took time to develop, they all felt that it was imperative to the success of the student. All of the paraprofessionals knew that it would take time for the students to come to trust them and to build a connection with them. It is this sense of connectedness and belonging that is the essence of a healthy relationship. From the paraprofessionals' perspective, they felt that they were each a significant person in the lives of these children. From the interviews, it appeared that some of these children were at-risk. Perhaps the relationship that developed between the paraprofessional and student could be a factor in helping resiliency flourish within these children. By nurturing a relationship with these students, the paraprofessionals are helping to create a sense of connectedness which is the

experience of “strong and reliable interpersonal relationships” (De Civita, 2001, p. 78).

Belonging is a key factor in any relationship. When familial relationships are damaged or non-nurturing, it is extremely important that a “surrogate” family or significant adult becomes part of a child’s life. From the interviews, it appears that the paraprofessionals were significant to the children and the children interacted with them as they would with a parent. Similarly, the paraprofessionals spoke of treating the students as they would their own children, thus helping the relationship flourish.

A critical question that must be asked is, “Why is a caring relationship so important?” A caring relationship is important because of what we know and understand about the concept of resilience in children at risk, and how a caring relationship can help build success and buffer adversity. Given this information, it would be important to look for paraprofessionals to work with children with EBD who can be non-judgemental, who can separate the behaviour from the child, who can be firm and consistent and yet offer praise when necessary, and who can balance the need for the student to be independent while being helped. Paraprofessionals with these qualities are likely to nurture relationships that are characterized by respect, caring, knowledge, and understanding with students who have EBD.

#### Possibilities for Further Study

This study was limited by the fact that only the paraprofessionals were interviewed. A more comprehensive study of the relationship that develops could be undertaken by interviewing the students and possibly their parents and teachers or by observing the interactions between paraprofessional and student in the classroom.

Ascertaining whether the students feel the same way about the paraprofessionals as the paraprofessionals appear to feel about them would further validate the findings of this study. Studying the relationship of paraprofessionals who have worked with the same student for a lengthy period of time would also provide a descriptive narrative that would track a long-term relationship. Another area for study would be the nature of the relationship that develops between paraprofessionals and students with challenging behaviour who are in separate, segregated classes.

The interviews with the paraprofessionals lead me to believe that they feel that a healthy relationship develops between themselves and students with challenging behaviour in inclusive classrooms. The long-term benefits of developing relationships are supported within the resiliency literature. According to Hewitt (2001), a healthy flourishing relationship is “price-less.” Hewitt (2001) also claims that relationships that treat students with respect, kindness, and empathy not only improve the relationship for the child but for the adult as well.

From this study, the themes of respect and caring, understanding the etiology of the behaviour, and responses to challenging behaviour appear to characterize the relationship that develops between paraprofessionals and students. Respect and caring is shown by acknowledging the individuality of the student, separating the adverse behaviour from the child, praising the child, being firm and consistent, ensuring confidentiality, allowing for independence, and acting like a parent. Understanding the etiology of behaviour is evident in the paraprofessionals’ knowledge of what causes the behaviour and the meaning of challenging behaviour. Responses to challenging behaviour included prevention, removal, or helping

students to understand their actions. The paraprofessionals appeared to have a deep affection for the students, and their optimistic hopes and actions towards these children may indeed provide the supports necessary to help these youth surmount the difficulties they have encountered. It is often the respectful and caring work done by paraprofessionals, who understand and accept the pain encountered by these students, that enhances the opportunity for students with EBD to be accepted and respected and to succeed in inclusive school settings.

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## APPENDIX A

### **Guidelines for Special Needs Funding (Manitoba Education and Training, 2000)**

Special Needs Funding is available for students who require and receive extensive supports based on a comprehensive educational needs assessment. This support is provided at the three (3) levels defined below.

**Level I Support** is included in the school division's/district's Base Support Funding. A portion of Base Support Funding is designed for students who require extensive supports for a major part of the school day.

Students with the following conditions may be eligible for Level I Support:

**Moderate Mental Disability:** The student has an intelligence quotient (IQ) of less than 50 (+ or - 5), based on a valid intelligence test administered by a qualified person, and has significant difficulty in adaptive functioning.

**Severe Physical Disability:** The student has a severe physical disability that requires significant specialized support and physical rehabilitation.

**Moderate multiple-disabilities:** The student has more than one moderate disability, the combination of which affects his or her adaptive functioning at school.

**Very severely learning disabled:** The student's reading, language, and/or mathematics performance is significantly lower than expected on the basis of his or her intelligence or learning potential

**Severely emotionally disturbed:** Based on a comprehensive psychological assessment administered by a qualified specialist, the student is confirmed to have severe emotional, social, and behavioural disorders.

**Severe hearing loss:** Based on a comprehensive assessment administered by a qualified specialist (audiologist, deaf education specialist, and/or speech-language pathologist), the student is confirmed to have a severe hearing loss that affects speech and language development.

**Severely visually impaired:** After all possible visual correction has been made, the visually impaired student requires special materials and services, but uses visual media (including print) as the primary method of learning.

## **Guidelines for Level II and Level III Categorical Support**

**Level Two Categorical Support** is available for students with special needs who require and receive extensive supports based on a comprehensive educational needs assessment. Level II and Level III support is in addition to Level I and Coordinator/Clinician support.

Definitions of conditions considered for Level II and Level III support are provided to assist school divisions/districts in selecting students for funding applications. The Program Implementation Branch will determine final eligibility in consultation with school division/district personnel.

The school requesting Level II or Level III support for students with special needs will complete an application form and submit the student's existing Individual Education Plan (IEP). The completed application and IEP are forwarded by school division/district administration to Program Implementation Branch, Manitoba Education and Training, W310- 1970 Ness Avenue, Wpg, Mb., R3J 0Y9.

### **Level II Support - \$ 8, 565 per student**

Funding eligibility criteria for Level II support are based on the student's need for individualized instruction for a major part of the school day.

Students with the following conditions are considered for Level II support:

**Severe multiple-disabilities:** The student has a combination of two or more severe disabilities that produce severe multiple developmental, behavioural, and/or learning difficulties. The student may have a severe cognitive disability compounded by a physical disability so severe that he or she requires adaptations and modifications beyond the usual education programming provided for students with moderate special needs. If not cognitively disabled, the student may display two or more severe physical disabilities and consequently requires intensive assistance and/or individualized supervision.

**Severely psychotic:** This diagnostic category includes students with severe thought disorders and associated inappropriate behaviours that are beyond control and that do not appear to be caused by inappropriate school expectations. The severely psychotic student displays highly inappropriate school behaviour that is both chronic and excessive and may necessitate his or her removal from the regular classroom and placement in a specialized, highly intensive therapeutic setting.

**Severely autistic:** Students with autistic characteristics present a combination of behaviours such as extreme self-isolation, severe language and communication problems, hypersensitivity and/or hyposensitivity in the sensory dimensions, and ritualistic behaviours. The severely autistic student exhibits characteristics that

severely inhibit his or her learning and overall functioning, and therefore requires highly individualized programming.

**Deaf or hard of hearing:** The student is confirmed to be deaf or hard of hearing based on a comprehensive assessment administered by a qualified specialist (audiologist, deaf education specialist, and/or speech-language pathologist). Due to a hearing loss that has significantly affected the development of speech and/or language, the student requires major programming modifications to participate effectively and benefit from instruction in the educational setting.

**Severely visually impaired:** The student's vision is impaired to the degree that extensive adaptations to the learning environment are necessary, specifically to print medium. Individualized programming is required. This may include direct instruction in Braille and Orientation and Mobility.

**Very severely emotionally/behaviourally disordered:** The student exhibits very severe emotional/behavioural disorders, characterized by inappropriate or disproportionate emotional and behavioural responses to various life situations. The student required individualized programming and supports with ongoing formal interagency involvement.

### **Level III Support - \$ 19, 055 per student**

Funding eligibility criteria for Level III support are based on the student's need for individualized instruction for the entire school day, additional specialized supports provided by the school division/district, and programming requirements significantly beyond those established for Level II support.

Students with the following conditions are considered for Level III support:

**Profound multiple-disability:** The student has a combination of extremely severe disabilities that produce profound multiple developmental, behavioural, and/or learning difficulties. Consequently, the student requires continuous individualized attention and instruction, as well as extensive additional supports.

**Deaf:** The student is deaf or has a hearing loss that affects communication so profoundly that he or she requires appropriate, full-time, individualized programming to participate effectively and benefit from instruction in the educational setting.

**Blind:** The student's vision is impaired to the degree that the primary learning mode is not visual. This necessitates extensive adaptations to the learning environment and highly individualized instruction. Students require on-going direct instruction in Braille and Orientation and mobility.

**Profoundly emotionally/behaviourally disordered:** The student exhibits profound emotional/behavioural disorders and associated learning difficulties requiring highly

individualized programming and intensive support services at school and in the community. This applies to the student:

- who is a danger to self and/or others and whose actions are marked by impulsive, aggressive, and violent behaviour
- whose behaviour is chronic – the disorder persists over a lengthy period of time
- whose behaviour is pervasive and consistent – the disorder negatively affects all environments, including home, school, and community
- who required a combination of statutory and non-statutory services from Manitoba Education and Training, Family Services, Health, and/or Justice as defined within the Child and Family Services Act, the Mental Health Act, and the Young Offenders Act



## APPENDIX B

### Information/ Letter of Consent

Dear Participant,

I am currently a Master's student in the Faculty of Education. This study is part of the requirement for completion of a Master's of Education Thesis at the University of Manitoba.

The purpose of this study is to describe the relationship that develops between paraprofessionals and children who exhibit challenging behaviours. I hope to develop an understanding of the experiences paraprofessionals have when working with these students. I would like to interview you, in a location of your choice, for up to one hour. I may request a second interview in person of up to an hour, if necessary, to finish data collection or to clarify information given during the first interview. No new questions will be asked if a second interview is necessary.

All interviews will be audiotaped and transcribed. All of the data collected will be confidential and will remain with me, in a secure place. When my Master's Thesis is completed, the tapes will be destroyed. Although I intend to publish my study, no names, locations or identifying descriptions will be used in any of my documentation.

Your participation in this study is completely voluntary, and you may refuse to answer any questions or you can withdraw without penalty at any time. You will receive a brief analysis of the findings, by mail, upon completion. If you require any further explanation about this study, please contact my advisor, Dr. Charlotte Evans, University of Manitoba, 474-6393. If you have any questions or concerns I am available at 334-4391 (work) and 334-7910 (home).

Sincerely,

Bonnie Jarco

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### Informed Consent by Subjects to Participate in Study

I have read the above, and I agree to take part in this study.

Name \_\_\_\_\_

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher \_\_\_\_\_

Thank you.

## **APPENDIX C**

### **SUGGESTED INTERVIEW QUESTIONS**

In order to describe the relationship that develops between paraprofessionals and children who exhibit challenging behaviour, the following questions will be asked in an interview and audiotaped. Additional probe questions that are not listed may be asked dependent upon the responses of the participant.

1. I'd like to know about your job. Would you tell me about the kinds of things you do in your work?
2. Can you tell me about the student you work with?
3. What do you think the term challenging behaviour means?
4. Can you please describe some of the things you do with children who exhibit challenging behaviours?
5. Can you please describe some of the behaviours that you have seen that would be indicative of challenging behaviours?
6. What are some of the things you do or can be done to help prevent challenging behaviour?
7. Do children show difficulty with learning that is a result of challenging behaviour?
8. Have you had any formal training to work with children who exhibit challenging behaviour?
9. What advice would you give the next paraprofessional who works with the child?
10. Is there anything else you would like to add regarding your experiences working with students?

**APPENDIX D**  
**Notice to Paraprofessionals**

Bonnie Jarco is doing a study as part of the requirements for completion of a Master's of Education Thesis. The purpose of this study is to describe the nature of the relationship that develops between paraprofessionals and children who exhibit challenging behaviour. She is interested in interviewing six paraprofessionals, in person, for up to one hour. She may request a second interview in person of up to an hour, if necessary to finish data collection or to clarify information given during the first interview. All interviews will be audiotaped and transcribed. All of the data collected will be confidential and will remain with her, in a secure place. When her Master's Thesis is completed, the tapes will be destroyed. Although she intends to publish her study, no names, locations or identifying descriptors will be used in any of the documentation. If you are interested in participating in this study please call Bonnie Jarco at 334-4391(work) or 334-7910 (home).

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Paraprofessional Association President

34 Durward Street  
Winnipeg, Manitoba  
September, 2000

Dr. John Wiens  
Superintendent  
Seven Oaks School Division No.10  
830 Powers Avenue  
Winnipeg, Manitoba  
R2V 4E7

Dear Dr. Wiens,

**Re: Request for Consent**

I am currently a Master's student in the Faculty of Education. This study is part of the requirements for completion of a Master's of Education Thesis at the University of Manitoba.

The purpose of this study is to describe the nature of the relationship that develops between paraprofessionals and children who exhibit challenging behaviours. I hope to develop an understanding of the experiences paraprofessionals have and the relationships that develop, when working with these students. I would like to do this by interviewing six paraprofessionals from Seven Oaks School Division # 10. Each interview will take approximately one hour. I may request a second one hour interview if necessary to finish data collection.

All interviews will be audiotaped and transcribed. All of the data collected will be confidential, and will remain with me, in a secure place only to complete my Master's of Education Thesis, and then be destroyed. Although I intend to publish my findings, no names, locations, or identifying descriptions will be used in any of my documentation.

Participation is completely voluntary with full assurance that the participants may refuse to talk about any questions or may withdraw at any time. All participants will receive a brief summary of the findings, by mail, upon completion. I would also be happy to provide you with a summary of the results at the completion of my study. If you have any questions please contact my advisor, Dr. Charlotte Evans, University of Manitoba, 474- 6393 or myself at 334-7910.

Thank you in advance for your support.

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**Informed Consent of Stakeholders**

I have read the above, and I give permission for this study to take place.

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher \_\_\_\_\_