School Counselors Connecting the Dots Between Disruptive Classroom Behavior and Youth Self-Concept

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Abstract

Students exhibiting emotional and behavioral problems in the classroom can significantly impact the learning environment and often are referred to school counselors. The purpose of this study was to evaluate the relationship between high school students’ self-concept and disruptive classroom behaviors (DCB). High school students (N = 92) exhibiting DCB were compared with non-disruptive students using the Self-Description Questionnaire II to assess self-concept. High school students exhibiting DCB reported significantly lower levels of self-concept compared to their non-disruptive peers. Only non-academic aspects of self-concept were significantly lower in students displaying DCB. Findings are discussed within a broader paradigm shift advocating school counseling interventions based on the ASCA National Model® to support student self-concept and reduce DCB before such behaviors escalate to clinical levels and delinquency.
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Disruptive classroom behaviors (DCB) can be defined as overt actions in the classroom that disturb the teacher and/or other students. Some examples of this behavior include refusal to cooperate or participate in classroom activities, disregard for others, interrupting others, inattention to learning requirements, making noise, and not staying in one’s desks (Rivers, 1977). Obviously such behaviors can create significant emotional and academic problems for students as well as place heavy demands on school services and resources. Since school counselors are the professionals to whom teachers and administrators refer students regarding academic, emotional, and behavioral problems, DCB and their exigent consequences often necessitate school counseling services (Adams, Benshoff, & Harrington, 2007; Benshoff & Poidevant, 1994; Demanchick, Rangan, & Douthit, 2006; Jackson, 2000; Stickel & Satchwell, 1991).

Researchers (Levy, 2001; H. W. Marsh, Parada, Yeung, & Healey, 2001; Pisecco, Wristers, Swank, Silva, & Baker, 2001) are finding that adolescents with severe forms of behavioral problems have diminished self-concepts. Depending on a researcher’s discipline (i.e., psychology, psychiatry, criminology) these problems are categorized as attention deficit/hyperactivity disorder, externalizing behaviors, delinquency, antisociality, oppositional defiant disorder, or conduct disorder (Loeber & Farrington, 1995). While this research is important, it can obscure DCB by subsuming milder behavioral problems within the subset of more severe behavior manifestations and clinical diagnoses. Furthermore, these studies examine behavioral disorders in
multiple environmental settings that may or may not include the classroom or school campus. Therefore, it can be difficult for professional school counselors to draw meaningful conclusions from this literature on ways to effectively intervene with youth exhibiting disruptive behaviors in the classroom. The current study addresses the gap in the literature by focusing specifically on the relationship between disruptive behaviors exhibited in the classroom and high school students’ self-concept.

**DCB and Youth Self-Concept**

Youth self-concept includes competencies and adequacies such as behavioral conduct, physical attributes, academic competence, and social acceptance (Shavelson, Hubner, & Stanton, 1976). It is a multidimensional, developmental, hierarchical, and organized construct influenced by environmental reinforcements, self-appraisal, and evaluations from important others (Bracken & Mills, 1994; Shavelson, et al., 1976). The importance of a healthy self-concept in youth has been widely examined and is related to academic and school success (Guay, Boivin, & Marsh, 2003). A person’s sense of self as a child can reach into the future. Adolescents with lower levels of self-esteem/concept are more likely to have mental and physical health problems, diminished economic prospects, and higher levels of criminal behavior as adults (Trzesniewski, et al., 2006).

How others view children and adolescents regarding their emotions and behaviors plays a significant role in their wellbeing and development. There is mounting evidence connecting poor self-concept and severe behavioral problems in youth (Donnellan, Trzesniewski, Robins, Moffitt, & Caspi, 2005; Levy, 2001; H. W. Marsh, et al., 2001; Pisecco, et al., 2001). In a two year research study of 4th and 5th grade
students, Lopes, Cruz, & Rutherford (2002) found that students having problems with peer relationships and acceptance have more academic problems and come to be seen by teachers as more disruptive as well as socially inappropriate. These problems tended to get worse with time. Sternlof (2005) examined the perceptions of approximately 200 elementary through high school teachers, counselors and media specialist/librarians, regarding students with internalizing and externalizing behavioral problems. The school professionals that participated in the study reported the strongest and most negative perceptions towards the externalizing students regarding interpersonal attractiveness and their willingness to interact with these youth. A longitudinal study (Pisecco, et al., 2001) of youth at ages seven, nine, eleven, and thirteen indicates that low academic self-concept is a risk factor for later development of behavioral problems. Early onset of disruptive behaviors tend to get worse with time and are predictive of delinquency and dropping out of school (Broidy, Nagin, Tremblay, & Bates, 2003; Loukas, Zucker, Fitzgerald, & Krull, 2003; Stouthamer-Loeber & Loeber, 2002; Tremblay, et al., 1992; Vitaro, Brendgen, Larose, & Trembaly, 2005).

Disruptive students receive disciplinary interventions, which often results in the removal of these youth from their classrooms and schools via disciple referrals, detention, suspension, or ultimately expulsion. School disengagement usually portends ominous outcomes for these at risk youth. These youth have a significantly disproportionate probability of academic failure, often comprising the bottom 20% to 25% in academic achievement (Planta & Walsh, 1996) and are at considerable risk for delinquency, substance abuse, and subsequent legal adjudication as well as dropping out of school (Ayers, Dohrn, & Ayers, 2001; Tremblay, et al., 1992). Approximately 75%
of state prisoners in the United States dropped out of high school and it is estimated that students dropping out of school are 3.5 times more likely to be incarcerated versus those that obtain a high school diploma (Harlow, 2003).

**DCB and Youth Self-Concept in the Schools**

Ask any school personnel, seasoned or new, about their experiences with persistently disruptive students and you are almost guaranteed to hear stories filled with extreme frustration and feelings of exasperation. Less effective teaching, teacher-student conflicts, and lower teacher morale are all associated with DCB (Stage & Quiroz, 1997). In fact, teachers report that dealing with DCB is a leading cause of professional burnout since classroom disruptions require considerable time and energy as well as institutional support that may or may not be available (Davidson, 2009; Friedman, 1995; Hastings & Bham, 2003; López, et al., 2008). With the current trend to include students with emotional and behavioral problems into mainstream classrooms, the issues disruptive students can create for teachers are not likely to subside (Sutherland, 2000).

To meet these challenges, teachers communicate and collaborate with their school counselors and rely on them for help and support with students experiencing emotional and behavioral problems (Beesley, 2004; Clark & Amatea, 2004; Jackson, 2000; Tatar, 2009). Addressing student behavioral problems is clearly part of a professional school counselor’s responsibility (Demanchick, et al., 2006). Yet, addressing DCB can add significantly to a school counselors work activities regarding direct services, IEP assessment and reporting, collaboration with other school professionals, as well as student discipline issues. Studies (Partin, 1993; Rayle &
Adams, 2007) have documented that high school counselors report spending less time than elementary and middle school counselors implementing and delivering comprehensive school counseling programs to students. Moreover, high school counselors report that writing and implementing student IEP’s consumes a significant portion of their time (Rayle & Adams, 2007). Since DCB often result in IEP assessment and planning, these findings highlight the challenges of developing and implementing high school counseling services that redress the problems associated with DCB.

**Purpose of Study**

This study’s purpose is to examine the differences in self-concept between non-disruptive students and those students referred to the school counselor for DCB. Specifically, we want to know if there are differences in the overall and domain specific (academic vs. non-academic) self-concept between disruptive and non-disruptive high school students. The dearth of research on the connection between self-concept and less extreme forms of school aggression underscores the need for such investigation. Understanding the relationship between DCB and youth self-concept, will help professional school counselors intervene before disruptive classroom behaviors and their destructive consequences escalate.

**Method**

**Participants**

The sample for this study was selected at a public high school in a Southwestern city from a pool of tenth through twelfth grade students (N = 92). School enrollment was approximately 2,700 and participants were selected from the general education population and reflected the ethnic, social, economic, and demographic make-up of the
school. The participants ranged in age from 15 to 18 ($M = 16.26$ years, $SD = .09$). There were 26 males (28%) and 66 females (72%) in the study. Their ethnicity included 51 Caucasians (55%), 33 Hispanics (36%), and eight “Others” (9%). The “Others” category consisted of five Native Americans, two African Americans and one Asian American.

**Procedures**

The goal of this study was to make statistical comparisons between students who exhibited DCB and those who did not exhibit such behaviors. In order to obtain study participants, the school counselors assisted in systematically identifying disruptive and non-disruptive students. Students with no current or prior history of disruptive behaviors in the school or classroom or diagnosed with attention deficit/hyperactivity disorder and/or disruptive behavioral disorders as defined in the DSM-IV-TR (Association, 2000) were randomly selected from 10th through 12th grade students to be included as non-DCB research participants.

To select students exhibiting DCB, school counselors were given a checklist of specific behaviors to identify students exhibiting DCB that included: a) expressing aggression toward the teacher or other students, b) making negative verbal statements in the classroom, c) making unnecessary noise in the classroom, d) expressing disrespect toward other students or the teacher, e) talking out of turn, f) inappropriately getting up from school desks; and or, g) consistently staring in a direction other than toward the teacher or the blackboard (Kamps, Tankersley, & Ellis, 2000; Rivers, 1977). To be included in the DCB portion of the sample, students needed to exhibit at least three of these characteristics, have no current or prior suspensions or expulsions, and
not be diagnosed with attention deficit/hyperactivity disorder and/or disruptive behavioral disorders as defined in the DSM-IV-TR (American Psychiatric Association, 2000).

A quantitative assessment tool, the Youth Self Report (Achenbach & Rescorla, 2001), was also utilized to verify placement of students in either the DCB or non-DCB groups. All potential student participants were administered two YSR subscales (Rule Breaking Behavior and Aggressive Behavior). The initial school counselor screening combined with the YSR profile identified 28 students for the DCB group and 64 for the non-DCB comparison group. School personnel notified the parents whose children were selected for the study. Both parents and students completed appropriate consent forms indicating their willingness to participate in the study. The students who participated were provided with cold drinks and received extra credit for their participation. All data was aggregated and analyzed using SPSS software.

**Measures**

**Youth Self Report** (YSR; Achenbach & Rescorla, 2001). The YSR is a self-assessment that describes youth functioning. Over one thousand youth made up the normative testing sample for the YSR. The normative sample consisted of 52% boys and 48% girls. Sixty percent of this population was non-Latino White, 20% was African American, 8% Latino and 11% mixed or other. The children in the normative sample resided in 40 U.S. states and the District of Columbia. This sample was utilized to establish the instruments reliability and validity. Two subscales, rule breaking behavior (RBB) and aggressive behavior (AB), were used in the current study to assess levels of externalizing behaviors (EB). The rule breaking behavior subscale contains 15 items,
and the aggressive behavior subscale contains 17 items. The YSR authors computed an alpha of .81 for rule breaking behavior, an alpha of .86 for aggressive behavior, and an alpha of .90 for the two scales combined. For the current study, the Cronbach’s alpha was .92 for the two subscales combined, indicating the subscales were a reliable and consistent measure of problem youth behaviors.

**Marsh Self-Description Questionnaire II (SDQ II; Marsh, 1990).** The SDQ II is a self-report measure that assesses youth self-concept. Normative data for the SDQ II was established from the responses of 5,494 Australian students, 2,658 males and 2,836 females. The normative sample was used to establish the reliability and validity psychometric data for the instrument. The SDQ II is based on Shavelson’s (1976) hierarchical model of self-concept. It is comprised of 11 sub-scales that can be divided globally between total academic and total nonacademic self-concept. Total academic self-concept includes 30 items and three subscales (Mathematics, Verbal, and General School). The General School subscale assesses self-concept with respect to the adolescent’s perception of his or her academic ability, enjoyment of school, and interest in school subjects. Non-academic self-concept consists of 72 items and seven subscales (Physical Abilities, Physical Appearance, Parent Relations, Emotional Stability, Honesty/Trustworthiness, Opposite Sex Peer Relations, and Same Sex peer Relations). The SDQ II requires no special training to administer and most respondents complete the 102 questions in about 20 minutes.

Marsh (1990) reported a Cronbach’s alpha of .94 for the SDQ II normative sample. For this study, internal consistency was determined by calculating Cronbach’s alpha for the SDQ II Total Self-Concept Scale ($\alpha = 95$), and for both the subscales,
General Academic Self-Concept ($\alpha = 93$) and Nonacademic Self-Concept ($\alpha = 94$). These reliability data indicated each of the scales utilized was a reliable and consistent measure for the sample.

**Results**

Table 1 lists the participants by gender and includes the means for each scale. As can be seen, females scored slightly higher on RBB while males scored slightly higher on AB. Males scored somewhat higher on EB (the overall DCB assessment) and on SDQ II, total self-concept. Independent sample $t$-tests were run on RBB, AB, EB, and SDQ II for mean gender differences. There was no statistical significance for gender and the following DCB subscales: (a) Rule Breaking Behavior subscale, $t(90) = -.06, p = .96$; (b) Aggressive Behavior subscale, $t(90) = .22, p = .83$; and, (c) Externalizing Behaviors subscale, $t(90) = .10, p = .92$. There was no statistical differences between male and female participants regarding scores on their self-concept (SDQ II), $t(90) = .42, p = .68$.

**Table 1**

*Means and Standard Deviations for DCB and Self-concept by Gender*

<table>
<thead>
<tr>
<th>Gender</th>
<th>RBB</th>
<th>AB</th>
<th>EB</th>
<th>SDQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male (n=26)</td>
<td>8.42 (6.29)</td>
<td>10.65 (8.43)</td>
<td>19.08 (13.86)</td>
<td>448.96 (65.75)</td>
</tr>
<tr>
<td>Female (n=66)</td>
<td>8.50 (5.95)</td>
<td>10.30 (6.26)</td>
<td>18.80 (11.07)</td>
<td>442.42 (67.90)</td>
</tr>
</tbody>
</table>

*Note.* RBB = Rule Breaking Behavior; AB = Aggressive Behavior; EB = Externalizing Behavior; SDQ = Marsh Self-Description Questionnaire II (self-concept). Standard deviations are reported in parentheses.

Independent $t$ tests were also computed to examine any mean differences in the four measures by ethnicity. Because the other ethnic groups were too small to analyze, Caucasian students, who made up 55% of the sample, and Hispanic students, who made up 36% of the sample, were the only groups included in this analysis. Table 2
reports the means and standard deviations for RBB, AB, EB and SDQ II for Caucasian and Hispanic students. Hispanic students had slightly higher mean scores in rule breaking behavior, aggressive behavior, and total externalizing behavior while Caucasian students scored higher in total self-concept. The independent samples t test run on the Caucasian and Hispanic groups DCB show no statistically significant mean differences by ethnic group for RBB, \( t(82) = -.33, p = .74 \), AB, \( t(82) = -.75, p = .46 \), and EB, \( t(82) = -0.60, p = .55 \). However, a mean difference on the SDQ II favored Caucasians and just missed significance, \( t(82) = 1.98, p = .051 \); thus, additional Pearson’s \( r \) correlations were conducted to further examine the relationship regarding ethnicity. The correlation between self-concept and DCB was a strong, inverse relationship for Hispanics in the present study (\( r = -.53 \)).

Table 2

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>RBB</th>
<th>AB</th>
<th>EB</th>
<th>SDQ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian ( (n=51) )</td>
<td>8.53 (5.71)</td>
<td>10.06 (6.40)</td>
<td>18.59 (13.27)</td>
<td>455.29 (69.46)</td>
</tr>
<tr>
<td>Hispanic ( (n=33) )</td>
<td>8.97 (6.41)</td>
<td>11.21 (7.61)</td>
<td>20.18 (13.27)</td>
<td>426.39 (69.36)</td>
</tr>
</tbody>
</table>

Note. RBB = Rule Breaking Behavior; AB = Aggressive Behavior; EB = Externalizing Behavior SDQ = Marsh Self-Description Questionnaire II (self-concept). Standard deviations are reported in parentheses.

DCB and non-DCB Comparisons

A multivariate analysis of variance (MANOVA) was conducted comparing the overall Self-Description Questionnaire II score between DCB youth \( (M = 420.14, SD = 63.54) \) versus non-DCB youth \( (M = 454.83, SD = 66.21) \) and was significant, \( F(2,89) = 3.182, p = .046, d = .53 \). An additional test of between-subjects effects was conducted to determine differences between the two aspects of self-concept (Nonacademic versus
General Academic). There was a significant difference between the two DCB groups on Nonacademic Self-Concept mean scores, but not on General Academic Self-Concept mean scores. For Nonacademic Self-Concept Scores, the non-DCB group ($M = 327.27$, $SD = 46.73$) scored significantly higher than the identified DCB group ($M = 301.18$, $SD = 42.08$), $F(1, 90) = 6.435$, $p = .013$, $d = .59$.

**Discussion**

Disruptive behaviors in the classroom create serious and often systemic problems for students, parents, and school personnel. For students, their behaviors disrupt the learning environment not only for themselves but also for other students as well as teachers. If disruptive behaviors continue or escalate, these students are likely to become disengaged from their school, which can result in numerous of negative consequences. Our results support existing research (Donnellan, et al., 2005; Levy, 2001; H. W. Marsh, et al., 2001; Pisecco, et al., 2001) indicating lower levels of self-concept in youth with severe forms of externalizing behaviors. Findings from this study indicate that students with higher levels of disruptive behavior in the classroom report diminished self-concepts. Moreover, our results show that only non-academic self-concept (i.e., perceptions regarding physical abilities, appearance, personal relationships, and emotional life) was significantly related to DCB.

Historically, more attention has been given to boys regarding disruptive and aggressive behavioral problems (Skiba, Michael, Nardo, & Peterson, 2002). The emphasis of the current study was to examine the relationship between student self-concept and less extreme school behavioral problems that occur in the classroom. Since we focused exclusively on DCB and excluded students with acute disruptive
disorders and behaviors, the sample also contained a high percentage of girls. The demonstrated impact of DCB on non-academic aspects of self-concept might be explained by our focus on less severe forms of behavioral school problems, which resulted in more girls participating in the study. Disruptive girls report lower levels of non-academic self-concept (Hay, 2000). It is interesting to note that no significant gender differences were detected in the current sample regarding DCB and self-concept. Boys that exhibit less severe school behavioral problems may be more vulnerable to lower levels of non-academic self-concept. More research needs to be conducted on the connections between student self-concept, milder forms of school behavioral problems (i.e., DCB), and gender. School counseling interventions aimed at ameliorating disruptive classroom behaviors and poor self-concept may need to consider gender and behavioral severity to be most effective (Hay, 2000).

The relationships between student ethnicity, self-concept, and behavioral problems have important social justice implications for school counselors. Ethnic minority students receive disproportionately more discipline referrals as well as more severe forms of school punishment (Ayers, et al., 2001; McFadden & Marsh II, 1992; Skiba, et al., 2002). Kupchik & Ellis (2008) found that African American students perceive school safety and security measures as well as school rule enforcement being imposed in less fair and consistent ways. African American fourth- and fifth-grade students had significantly lower scores on the Piers-Harris Children’s Self-Concept Scale compared to Hispanic and Caucasian youth, and Caucasian students had a significantly stronger perception that they were better behaved than African American or Hispanic students (Kenny & McEachern, 2009).
While no significant differences were detected between ethnic groups and DCB, we did find that Caucasian students scored higher in total self-concept compared to Hispanic students. This connection was near statistical significance. Additional analysis indicated that the correlation relationship between low self-concept and disruptive behavior in the classroom was considerably stronger for Hispanic versus Caucasian students. In fact, this relationship was almost twice as strong. Professional school counselors need to take a leadership and advocacy role in their schools to address the social inequities regarding student behavioral problems and self-concept.

**Limitations**

All research findings carry inherent limitations, not only in methodology and analysis but how results are construed. The findings in this study have similar limitations. Our data is based on a non-random sample and a non-experimental study design. Therefore results must be interpreted with caution because they do not establish causation. We cannot conclude that raising self-concept through school counseling interventions will cause disruptive behaviors to subside, or that lowering DCB will improve self-concept. We examined high school aged youth in a public school with predominately Caucasian and Hispanics students. Our results may not generalize to other demographic student populations. We focused our study on youth displaying disruptive behaviors in the classroom versus youth with clinical manifestations of externalizing disorder; thus, our findings and recommendations might not be relevant for youth with more severe forms of aggressive and delinquent behaviors.
Connecting the Dots – Recommendations for Professional School Counselors

Limitations notwithstanding, our findings suggest that high school students with less severe forms of school behavioral problems suffer from lower self-concepts. We recommend that professional school counselors draw on evidenced based interventions and engage in collaborative partnerships, in order to facilitate meaningful systemic change that can prevent and treat problems associated with DCB and diminished self-concept. These recommendations draw on the ASCA National Model® (ASCA, 2005) outlining school counselors’ professional role regarding leadership, advocacy, and collaboration to support student academic, career, and social development.

Wilson, Lipsey, & Derzon (2003) examined the effect sizes in over two hundred school-based intervention studies for aggressive preschool to high school youth. They concluded that a variety of interventions were effective, especially those based on behavioral and counseling approaches for higher risk students. Poorly implemented programs, peer mediated interventions, as well as multimodal treatments (programs including at least three intervention facets) resulted in less favorable outcomes. The authors note that the majority of studies examined were evidenced-based interventions (334 studies) implemented primarily by externally funded researchers in the schools and not practice based programs (26 studies) utilized by individuals that actually work in their school. Given the constraints most school counselors face, it may be unrealistic to expect comprehensive implementation of these evidenced-based interventions. Moreover, the inadequate representation of actual school-based programs overlooks potentially successful solutions already in use.
The National Panel for School Counseling Evidence-Based Practice was recently created to address school counselors’ need for more empirically validated outcome research (Carey, Carey, Hatch, Lapan, & Whiston, 2008). The Panel recently reviewed seven studies utilizing the Second Step Violence Prevention Curriculum (Committee for Children, 1997a, 1997b). This program, designed for students in kindergarten through eighth grade, improves emotional, social, and behavioral outcomes in students. School counselors need to keep up to date on the results and recommendations from the National Panel for School Counseling Evidence-Based Practice. More school counseling intervention research, especially with regard to high school students, is needed to help school personnel implement effective interventions that address DCB.

**Collaborative Interventions**

The ASCA National Model® underscores the importance of collaborative engagement by school counselors in addressing counseling interventions. Addressing conduct disorder in elementary students, Demanchick (2006) discusses not only the traditional roles but also the necessity of a school counselor to function as “consultant, collaborator, educator, [and] advocate” (p. 8). In order for school counselors to effectively treat DCB, they must become collaborative partners not only with the disruptive student but also teachers, administrators, and parents.

The centrality of the student – teacher relationship can be overlooked even though teachers are the primary referral source for school counselors (Adams, et al., 2007). Evidence is mounting that teacher collaboration and intervention can produce desired behavioral outcomes for students. In their meta-analysis, Wilson et al. (2003) concludes the most effective intervention for aggressive students are those
implemented by teachers. Jordan and Stanovich (2001) examined the effects of teacher-student classroom interactions on the self-concept of elementary students at risk for DCB. Interactive teachers, those providing more time and adaptive instruction, showed considerable gains in student self-concept compared to less interactive instructors. Elementary students enrolled in an ADHD group counseling program show greater behavioral improvements when teachers emphasize skills learned in the counseling intervention (Webb & Myrick, 2003). We strongly recommend that professional school counselors develop positive working relationships with teachers and develop collaborative interventions that include the teacher and the classroom.

Since DCB typically involves some form of discipline referral, school counselors need to work with their principals regarding conduct policy as well as counseling based interventions. Collaboration and clarification of the school counselor’s role are vital with respect to effectively addressing DCB. Working with students and school administrators to develop conduct and discipline polices that students perceive as fair and unambiguous can be a successful means to reduce delinquency, victimization, and suspension rates (Day-Vines & Terriquez, 2008; Gottfredson, Gottfredson, Payne, & Gottfredson, 2005). Addressing disparities regarding the suspension and expulsion of minority students, Day-Vines and Terriquez (2008) reported a 75% reduction in school suspensions by implementing a program focused on discipline policy as well as the enhancement of student strenghts. Jonson, Militello, and Kosine (2008) discuss how the purposeful collaboration relationship between school counselors and principals can facilitate collaborative partnerships that support school goals and help struggling students. In this approach, school counselors clarify their role and create an open
dialogue regarding ways principals’ can tap into counselors’ unique skill set to address pressing school problems (Jonson, et al., 2008).

Home life and family involvement are critical considerations for school counselors when working with student emotional and behavioral problems. Issues such as relational or marital problems, separation or divorce, substance abuse, violence or exposure to violence, and disagreements regarding child rearing practices can increase negative externalizing behaviors in youth (Adams, et al., 2007; Connor, Steingard, Cunningham, Anderson, & Melloni, 2004; Cui, Donnellan, & Conger, 2007; Schiff & McKay, 2003). Miller, Loeber, and Hipwell (2009) found that diminished parental warmth and harsh discipline were contributing factors to the early development of disruptive behaviors in children.

While parents can contribute to problem behaviors in their children, their involvement in treatment can also have an ameliorating effect. Treatments evaluating the effectiveness for externalizing disorders and aggression find that interventions, which include parental components, produced the best results (Farmer, Compton, Burns, & Robertson, 2002; Lochman & Wells, 2004). Kazdin & Whitley (2006) found that children between the ages of 3 – 14 whose families had negative perceptions regarding their participation in treatment for severe disruptive behavior showed the least improvement and had significantly more symptoms compared to children from families with more positive perceptions. The researchers recommend that incorporating specific techniques, which build a positive therapeutic relationship between counselors and families, will likely increase the successful outcome of treatment (Kazdin & Whitley, 2006).
Conclusion

Youth disruptive behaviors in the classroom cause significant problems for students, schools, families, and communities. They raise difficult questions regarding how best to intervene. Punitive interventions remove the child from the classroom and eventually with time, and repeated disciplinary referrals from the school. Detention, suspension, and expulsion are successful methods of eradicating the identified perpetrator of disruption from the classroom and campus. These interventions do almost nothing to help the student develop appropriate behaviors and a positive self-concept. Furthermore, they have social and human costs if the disengagement leads to delinquency and dropping out of school. It is not our intent to dismiss problematic and even dangerous behaviors by youth in the school setting, nor rebuke those individuals responsible for enforcing necessary rules and boundaries that ensure a positive and safe learning environment for all students. Instead, we encourage school counselors to connect the dots.

We cannot underscore the necessity for school counselors to expand their reach into the classroom, the principals office, and the student’s home to be truly effective. If we are trying to reconnect these youth, we must become connected as well. Hay (2000) strongly supports this premise stating:

To prevent antisocial behaviour, adolescents need to be reconnected with social institutions such as families and schools. Without this reconnection (through mentoring, counselling, parenting programmes, and modified school programmes), antisocial behaviours are likely to continue. This reconnection involves ongoing dialogue, relationship building, and communication between all
parties, rather than seeing the problem as being within the student suspended from school (p. 348).

Reexamining students that are disruptive not from the perspective of being bad, but as needing assistance with significant emotional, social, and self-concept issues, provides counselors optimism that effective school counseling interventions can reengage these youth in their educational, peer, and social communities. Addressing disruptive classroom behaviors and youth self-concept provides an opportunity for school counselors to promulgate advocacy and social justice in their work to advance equitable access and success for all students (Ratts, DeKruyf, & Chen-Hayes, 2007).
References


Biographical Statement

Dr. Bidell is a counselor educator in New York City at Hunter College’s School Counseling Program. He is a certified school counselor and has provided extensive school counseling services to youth and families. Dr. Bidell’s research focuses on at-risk youth as well as multicultural and sexual orientation counselor competencies.

Dr. Deacon is in private practice where he provides a variety of consultation services. He has extensive experience counseling youth with behavioral problems and their families. Currently, Dr. Deacon’s area of inquiry focuses on the role of spirituality and behavioral problems in youths and adults.