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TEACHERS' ATTITUDE TOWARD BEHAVIOR MANAGEMENT IN RESIDENTIAL SCHOOLS FOR STUDENTS WITH VISUAL IMPAIRMENT IN THAILAND

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by

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Behavior management is arguably the cornerstone of good teaching and this is particularly so in traditional educational school settings. In Thailand, the most common strategy for managing problem behavior is the use of the *Ministry of Education's Code of Conduct* for all children. However, reactive strategies produce negative side effects in terms of student prognosis, inclusion, and also teacher stress. There is currently no data regarding the types of problem behaviors experienced by teachers working in special residential schools for students with visual impairments. Therefore, the goals of this thesis are to examine teacher perceptions regarding the types of problems they typically encounter and the behavior management practices they use in their classrooms. Thai teachers working in these special residential schools completed a 61-item questionnaire rating the extent to which they agreed or disagreed that problem behaviors were observed and the extent to which they found specific behavior management practices effective. Results suggested Thai teachers occasionally experienced problem behaviors related to distractibility and stereotypy, which can interfere with instructional activities and learning. However, the teachers infrequently encountered more serious behaviors such as aggression or self-injury. Teachers also reported using more proactive instructional approaches and positive disciplinary practices to keep students engaged in instruction as opposed to more punitive management practices, like reprimands or office referrals. Results are discussed in the context of behavior management practices across traditional and self-contained educational

settings, and a focus on transition practices to facilitate including more Thai students with visual impairments into traditional educational settings with their non-disabled peers.

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CHAPTER 1

INTRODUCTION

Educational Foundations and Cultural Perspectives of Disabilities in Thailand

Thailand is a small country located in the central region of Southeast Asia. Between 1200 and 1868, access to education was only provided for boys of royal families in the palace and for commoners in the temples (MOENet Thailand Service, 1998). As a result of a rapidly evolving bureaucracy in need of an educated workforce, the Thai education system was made more accessible for the general public between 1863 and 1910. During this time Western missionaries strongly influenced the development of the Thai education system, emphasizing primary, secondary, special education, and higher education (MOENet Thailand Service, 1998). In 1932, the educational reform initiatives encompassed the entire country. Thailand's adoption of the 1997 Constitution mandated the development of Thailand's national education policy by ratifying the first National Education Act. The National Education Act was fully implemented in 1999 across the nation and promoted parity for all children, including those with disabilities, to receive at least 12 years of basic education (Ministry of Education, 1999; Sirirungruang, 2011).

Currently, educational services in Thailand are provided by the government through the Ministry of Education from pre-school through senior high school. The Constitution ensures every child receives *access* to a free, 15-year basic education (i.e., three years of pre-school, six years of primary, three years of secondary, and three years of high-school levels). However, there currently is no obligation for parents to ensure their children *attend* school for the 15-year basic education. Indeed, the subsequent Compulsory Education Act of 2002 only mandated

children receive formal education for six years at the primary level and three years at the secondary level (Sirirungruang, 2011).

The Thai education system is currently grouped into three main subdivisions: formal education, non-formal education, and informal education. Formal education is an educational service, which is mainly provided to students within the Ministry of Education's formalized school system. The aims, methods, curricula, assessments, duration, and conditions to complete the formal education are clearly described. Non-formal and informal education is provided for those who are unable to complete formal schooling, ensuring that all Thai people have the chance to access learning opportunities (UNESCO Office in Bangkok, 2011). One factor often used to decide whether or not a child will receive formal, non-formal, or information education under Thai law is the presence of a disability. In order to understand how disability can play a role in access to a formal educational system, it is important to understand the cultural perceptions of people with disabilities and their role in Thai society.

Approximately 95% of the Thai population consider themselves followers of the Buddhist religion, which heavily influences Thai culture (National Statistical Office, 2012). For example, a term used to describe people with disabilities in Thailand is "Pikan," which means incompletion. Broadly speaking, this term can be interpreted to mean that people with disabilities lack some parts of body or mind compared to the general population. From a Buddhist perspective, disability is caused by bad deeds in previous incarnations of the person with a disability. As a result, people without disabilities may take pity on these individuals but still exclude them from society (Palawat & May, 2012). Additionally, some families do not allow their children with disabilities to go to school because they believe that the home is the best place

to protect them from additional bad deeds. Because of this underlying principle (i.e., “Pikan”), many Thai children with disabilities do not receive quality educational opportunities.

Although special education in Thailand was formally introduced and developed in the mid-1990s, the number of students with disabilities who attended school was limited because children with a physical or mental impairment could be exempted from formal schooling according to the National Primary Education Act of 1980 (Ministry of Education, 1999). However, several laws were passed to circumvent the exclusion of people with disabilities. First, the educational rights of people with disabilities were enforced by the 1991 Rehabilitation of Disabled Persons Act of Thailand, which prohibited discrimination against people who may have acquired a disability after birth. Second, the adoption of the Constitution of 1997 set a precedent for the fair and equitable treatment of people with disabilities. The 1997 constitution was the first in the nation’s history to guarantee the rights of people with disabilities to receive public conveniences, facilities, and other assistance from the state as provided by law. Finally, the educational rights of children with disabilities according to the National Education Act in 1999 aligned with their rights under the 1997 Constitution (Chambers, 2012; Ministry of Education, 2008).

Although the mandate of the 1999 National Education Act ensured that children with disabilities received formalized public educational provision, children with disabilities still lacked opportunities to fully participate in educational and related services. For example, a national survey in 2007 revealed that approximately 82% of children of school age with disabilities were not enrolled in formal school settings (National Statistical Office, 2007). The reasons given for limited opportunities of students with disabilities were the insufficient number of schools that could offer special education for students with disabilities, along with the lack of

facilities and skilled teachers. Due to these circumstances, the Thai government recently passed the Education for Children with Disabilities Act (2008) to ensure the right of individuals with disabilities to receive free appropriate educational services and accommodations from birth or when they are first diagnosed with a disability (Ministry of Education, 2008). Indeed, the administration of the Individualized Educational Program (IEP) was recognized publicly for the first time as it was linked to inclusive education under the Education for Children with Disabilities Act (2008). The following paragraph describes the legal mandate that ensures every school is held accountable for providing and administering the IEP for each child.

According to the Education for Children with Disabilities Act (2008), students deemed eligible for special education and related services must be diagnosed with at least one of nine disability classifications recognized by the Thai Bureau of Special Education Administration (i.e., hearing impairmen, mental impairment, visual impairment, physical impairment, learning disability, autism, emotional and behavioral disorders, speech and language disorders, and multiple disabilities). Broadly speaking, a child with disabilities must be diagnosed by medical doctors prior to being registered by the Ministry of Social Development and Human Security as a person with disabilities. Once the person is registered by this Ministry, he or she becomes eligible for special education services through the Thai Bureau of Special Education Administration. Children with disabilities who are deemed eligible for special education services receive free formal education provided by the Ministry of Education in one of three settings.

One of these settings includes provincial special education centers where early intervention is provided for young children with disabilities. There are 76 centers throughout Thailand (i.e., one center in each province) under the supervision of the Bureau of Special

Education Administration. These centers are responsible for providing early intervention for pre-school children with disabilities at the ages of 3 to 5 years or when a child is first diagnosed with a disability in order to promote physical, cognitive, and social development. The centers also provide parent training and a referral system with traditional education schools. The early intervention programs are implemented at the centers, hospitals, and even a child's home before he or she is transferred to either special residential or inclusive schools in his or her local community.

Another setting in which Thai children with disabilities may receive special education services is special residential schools which specialize in a specific disability. These special residential schools provide special education and related services for students with disabilities from kindergarten through high school. There are currently 54 special residential schools: 20 schools for students with hearing impairments; 19 schools for students with intellectual impairments; 13 schools for students with visual impairments; and 2 schools for students with physical impairments. Educational services in these schools are tailored to the specific needs of each child with similar challenges resulting from his or her disability.

The final setting in which Thai children with disabilities may receive special education services is in the traditional education school setting through mainstreaming practices. These schools collaborate extensively with special residential schools through a referral system. The residential schools provide the students with academic preparation and educational support for mainstreaming. They also make available student accommodations and residential services for those who live away from home while attending traditional education schools during the academic year. The students with disabilities who develop sufficient academic and social skills will be qualified to attend traditional educational schools based on the consideration of a teacher

committee. Because of this new service delivery model outlined by the Ministry of Education, including the legal mandates for educational service provision for children with disabilities, approximately 61% of students with disabilities in Thailand were enrolled in traditional schools in 2011 (Ministry of Education, 2012). Currently, approximately 3.25% of students with visual impairment are enrolled in Thailand's traditional education schools (Ministry of Education, 2012).

Problem behaviors are one of the most common challenges competing with school readiness skills for children with disabilities (Kalb & Loeber, 2003; Miles & Wilder, 2009). These behaviors adversely influence students' academic success and social relationships, including delayed acquisition of new academic or social skills, interference with daily classroom instruction, and reduced opportunity for social interactions with peers (Barriga, et al., 2002; Umbreit, Ferro, Liaupsin, & Lane, 2007; Utendale & Hastings, 2011). Researchers in many countries have revealed that problem behaviors are commonly displayed in students with disabilities regardless of geographical location (e.g., Emerson et al., 2001; Qureshi, 1998; Sartawi, AlMuhairy, & Abdat, 2011; Sigafoos, Arthur, & O'Reilly, 2003). Theoretically, if problem behaviors have negative consequences for children with disabilities in other countries, the presence of problem behaviors may impede students with disabilities in Thailand.

Problem behaviors also significantly affect teacher performance. Teachers often report feeling overwhelmed and dissatisfied by having students with disabilities who engage in problem behaviors in the classroom (Martin, Linfoot, & Stephenson, 1999; Obeng, 2007; Sugai et al., 2000). Furthermore, this perception of dissatisfaction is greatly influenced by a teacher's confidence in managing problem behaviors in the academic setting. For example, many teachers feel they are not properly trained to manage problem behaviors while concurrently meeting the

academic needs of the students (Ducharme, & Shecter, 2011; Martin et al., 1999; Oliver, Wehby & Reschly, 2011). As a result, the inability to appropriately manage problem behaviors is a common reason given by teachers for leaving the profession (Rose & Gallup, 2004).

Behavior management is arguably the cornerstone of good teaching and this is particularly so in traditional educational school settings. Children with behavioral difficulties are often considered to be among the most difficult to include in regular classrooms (Croll & Moses, 2000; Hodkinson, 2006; Scruggs & Mastropieri, 1996) and the more diverse the student population is the more teachers become concerned about inappropriate behavior. In Thailand, there is a lack of research in the area of teacher beliefs and preferred practices for problem behaviors. However, since teachers are currently using *The Ministry of Education Code of Conduct: Consequences and Sanctions* as a guide for disciplinary measures, it is arguably unnecessary to understand why the problem behaviors occur. Therefore, it can be argued that an understanding of the types and causes of problem behavior could help tailor social and/or functional skills training aimed at helping students with visual impairments, including behavior management programs, acclimate to traditional educational and social environment. Consequences and sanctions imposed for problem behavior are divided into four categories: verbal reprimand; contracting with permission from parents; deduction of points; and use of constructive activities to modify behaviors. Therefore, teachers who encounter problem behavior in students with disabilities do not have any practical strategies or guidelines to manage problem behaviors in a systematic, evidence-based manner. Furthermore, the *Code of Conduct* might not be a practical approach for managing problem behaviors among students with disabilities if it is not clear to the teachers what causes the problem behaviors, how disabilities influence the

development and maintenance of problem behaviors, or how the social and physical environment may preclude the exhibition of problem behaviors in lieu of socially appropriate ones.

The specific research questions that will be addressed by this thesis are:

1) What are Thai teachers' perspectives on the types of problem behaviors students with visual impairments demonstrate in Grade 1 to 6 classrooms?

2) What strategies do Thai teachers often use to manage the problem behaviors of students with visual impairments in Grade 1 to 6 classrooms?

Literature Review

Definition and Prevalence of Problem Behavior

Generally speaking, the terminology used depends on one's individual perspective and understanding of problem behaviors. For example, problem behaviors have been broadly characterized as challenging behavior, inappropriate behavior, undesirable behavior, disruptive behavior, maladaptive behavior, and misbehavior (e.g., Anastasiow, Gallagher, & Kirk, 2003; Charles, 2008; Costa, 2008; Schachter, 2004). Regardless of terminology, each of these terms denotes actions taken by a student that interfere with learning, are harmful to the child or others and/or put the child at risk for social problems (Barlow & Stewart-Brown, 2000; Kaiser & Rasminsky, 2003). The most frequently observed behaviors considered to be inappropriate for educational settings include inattention (e.g., daydreaming, doodling, and looking out the windows); chatting during instructional times; wandering without permission; annoying peers by provoking, teasing, or picking on other students; talking out of turn during instruction; making others uncomfortable through touching, using sexually related language and aggression (e.g.,

Bibou-nakou, Kiosseoglou, & Stogiannidou, 2000; Hardman & Stephen, 2003; Martin et al., 1999; Woodcock & Reupert, 2012).

It is well known that teacher perceptions of problem behavior are judged according to the different social norms prevailing in each culture. For example, Weisz, Chaiyasit, Weiss, Eastman, and Jackson (1995) found that Thai primary school children were rated as showing much more problem behavior than their American counterparts based on teacher report. Although this could reflect true behavioral differences between Thai and U.S. students, there is also a possibility cultural perception of what constitutes problem behavior. For example, Thai children are perceived as being more orderly, attentive, and well-behaved in school than are American children (Weisz et al., 1995) and that Thai teachers are stricter than U.S. teachers in their expectations for student behavior. Thus, Thai teachers may have greater intolerance for deviations from these expectations.

Visual Impairments and Problem Behavior

People with visual impairments worldwide have 24% to 57% more problem behavior than their sighted peers (e.g., Alimovic, 2013; Brambring 2000; Buhrow, Hartshorne, & Bradley-Johnson, 1998; Kaffemaniene 2000; Maes & Grietens 2004; Sartawi et al., 2011; Sharma, Sigafoos, & Carroll, 2002; Tirosh, Shnitzer, Davidovitch, & Cohen, 1998). Problem behaviors appear to be more frequently observed in Braille learners compared to those with partial or low vision (e.g., Ambrose-Zaken, Calhoon, & Keim, 2010; Sharma et al., 2002). In addition, both the Ambrose-Zaken et al. and Sharma et al. studies revealed that the problem behaviors among Braille learners included being withdrawn, hyperactivity, stereotyped mannerisms which interfered with instructional activities, irritability, aggression, inappropriate speech, and self-

injury. Gunaratne (2002) also claimed that students who are totally blind commonly performed "autistic-type" features in their behaviors (e.g. flicking hands or fingers, rocking, spinning, tapping), which are commonly found in children with autism. This was substantiated in an investigation by McHugh and Lieberman (2003), who examined factors associated with the development of stereotypic body rocking among students who attended a sports camp for youths with visual impairments. McHugh and Lieberman (2003) reported that 28% of the students demonstrated rocking behaviors.

Conceptually, special residential schools in Thailand put an emphasis on teaching academic and functional skills concurrently so that students with visual impairments can meaningfully participate in general classes in traditional educational settings. Students with visual impairments are provided with skill development in Braille reading and writing, orientation and mobility, and academic, social, and daily living skills. The provision of specialized programs and related services must be considered based on each individual's needs, depending on the degree of visual capacity and additional disorders. As such, the developmental aspects of learning are addressed in Thailand's special schools for students with visual impairments. However, addressing the functional aspects of problem behavior has largely been absent from behavior management training received by teachers in Thailand (Ministry of Education, 2005). Thus, the scope of this review will focus exclusively on behavior management strategies from a behavior-analytic approach.

Best Practices in Behavior Management

Since the first applications of applied behavior analysis in the 1990s, special educators in the U.S. and abroad have been interested in the assessment and treatment of problem behaviors

(e.g., Clark-Bischke & Crowley, 2011; Woodcock, & Reupert, 2012). Much of the earlier research evaluated the use of arbitrary consequences that were used to eliminate or reduce problem behaviors. The consequence-based strategies aimed at reducing problem behaviors fell broadly into two classifications: punishment and differential reinforcement consequence-based interventions.

Punishment Strategies. Punishment strategies consist of a variety of techniques including frowning, signaling, reprimands, or saying the student's name as a warning. Punishment strategies can also be more intrusive, such as physical contact (e.g., slapping), or seclusion (e.g., timeout) (Woodcock, & Reupert, 2012). Prior to the use of functional behavior assessment for prescribing proactive behavior management strategies, 62% of demonstration studies for consequence-based interventions used punishment procedures (DeMario & Crowley, 1994). For example, some studies used overcorrection strategies, such as arm exercises to address self-stimulatory behaviors of eye pressing in students with visual impairments. A range of more and less intrusive procedures, such as restraint and timeout, were used to reduce severe head and body rocking in students with visual impairments. According to a survey conducted by Westling, Trader, Smith, and Marshall (2010) in the US, 64.7% of parents (n= 1,300) of students within all disability categories reported that their children were subjected to the use of restraints, seclusion, and aversive procedures at school. The most common reactive strategies reported were restraint (78% of the instances of problem behavior) and seclusion (70% of the instances of problem behavior) contingent on the occurrence of problem behavior in the school. Another 32.8% of respondents reported that their children were subjected to more aversive procedures, such as being pinched, slapped, or having food taken away contingent on the occurrence of problem behavior.

Reactive classroom management puts an emphasis on the implementation of techniques intended to correct problem behaviors and focusing on immediate termination of problem behaviors (i.e., punishment of problem behaviors). The consequences of reactive behavior management are typically assumed to be aversive to students (Ducharme & Shecter, 2011). Reactive behavior management results in desirable short-term outcomes in immediately stopping problem behaviors. It is also a quick and easy way to respond to problem behaviors. However, punishment strategies fell out of favor in recent years for a number of reasons.

For example, aversive treatments may produce emotional side effects, such as crying, tantrums, wetting, and general agitation. Contrastingly, the use of reactive behavior management techniques sometimes results in increasing of the occurrence of problem behaviors in the future, because the ways the teachers respond to the problem behaviors may inadvertently reinforce undesirable behaviors (Ducharme & Shecter, 2011). Furthermore, the use of aversive treatments with individuals who are unable to give informed consent is the source of extensive public controversies, and several state legislatures have banned the use of such protocols. Due to the negative side effects of reactive strategy, a proactive approach is more recommended as a practical strategy for managing problem behaviors in classroom settings.

Differential Reinforcement Strategies. Differential reinforcement strategies provide positive and/or negative reinforcers to a child for not engaging in problem behaviors. Examples of such strategies include differential reinforcement of other behavior (DRO) or differential reinforcement of incompatible behavior (DRI). With DRO, the individual receives a reinforcing stimulus if he or she does not engage in the problem behaviors for a predetermined period of time. In DRI, the individual receives a reinforcer when engaging in a behavior that is incompatible (e.g., washing dishes) with the problem behavior (e.g., striking head with fist).

Proactive classroom management, which uses the principles of differential reinforcement, is another approach for reducing problem behaviors. Proactive classroom management focuses on using positive strategies to prevent or stop problem behaviors before they start. In a proactive classroom, teachers create a classroom atmosphere that promotes positive behaviors instead of waiting and reacting to the problem behaviors after they are developed. To do this, social skill lessons can be combined with daily activities and routines to teach appropriate behaviors spontaneously, resulting in long-term behavior change (Oliver, & Reschly, 2010). Powerful preventative components for classroom organization and management plans are rules, routines, and well-established schedules and arrangement. That is, students know what they are expected to do and receive reinforcement for doing what is expected (Oliver et al., 2011).

Likewise, Reid and Green (2003) revealed that preference-based teaching is another proactive approach that can effectively reduce inappropriate behaviors of students with severe disabilities. This method emphasizes designing enjoyable classroom activities for students. Preference-based instruction teachers construct the instructional process like easy learning-teaching tasks, short breaks during teaching sessions, and use preferred activities to increase the students' responsiveness. With the preferred student activities, students can fully participate in instructional activities, leading to a decrease in problem behaviors in classrooms. Horner and colleagues (2002) also pointed out that problem behaviors diminish when the environment, such as preferred activities, consistent schedules, and effective communication, allows the child to have access to rewarding activities, along with reducing aversive events (Horner, Carr, Strain, Todd, & Reed, 2002).

When social skills have been explicitly taught and the expectations of classroom behavior are established, teachers usually offer rewards to strengthen desirable behaviors and withhold

rewards for undesirable behaviors. The idea is that if someone receives a reward for a behavior, then that person is more likely to perform that behavior again (Ruef, Higgins, Glaeser, & Patnode, 1998). In terms of classroom management, these proactive strategies can reinforce expected behaviors of all students in the classroom, not just students with disabilities. However, when specific interventions need to be more targeted for a particular student, these interventions may not be as effective.

Special educators working with students with visual impairment have used interventions based on the principles of applied behavior analysis procedures to teach academic and social behaviors for decades, even though this method has been scrutinized for the reasons mentioned in the previous sections (Clark-Bischke & Crowley, 2011). Students with visual impairments can learn complicated tasks step-by-step and eventually master all the steps, leading to the desired behaviors through proactive and function-based interventions and strategies. Clark-Bischke and Crowley (2011) analyzed the implementation of procedures guided by the principles of applied behavior analysis for students with visual impairments over the past two decades. The findings of their review indicated the use of behavior management strategies to increase positive behaviors of students with visual impairments significantly increased. The review indicated that 62% of the published articles focused on augmenting students' positive behaviors through function-based assessment and intervention. The Clark-Bischke and Crowley (2011) review also indicated that 92% of the studies used modeling, shaping, prompting, and a combination of these strategies to promote positive behaviors. In other words, interventions were based on teaching appropriate skill sets and reinforcing the occurrence of desired behaviors. Furthermore, the focus has shifted significantly from problem solving ways to reduce problem behavior to teaching the skills students need to successfully navigate inclusive social environments.

Summary. Teachers use several strategies to manage student behavior in their classrooms and schools. Behavior management strategies can be grouped by the purpose of their implementation, such as preventing or correcting problem behavior. For example, reactive management strategies are often used to correct problem behaviors and focus on immediate termination of problem behaviors. Conversely, proactive management strategies establish clear rules of student behavior, allow students to practice the appropriate behaviors in the settings the behaviors will be used in, and reinforce the use of the appropriate behaviors. Historically, behavioral treatments were aimed at decreasing problem behaviors. As such, many of these treatments were reactive and/or aversive and did little to accommodate prosocial behaviors for individuals with disabilities in socially inclusive environment. To date, punishment and exclusion are generally used to respond to problem behaviors in schools, especially in the countries with lower living standards (Society for Research in Child Development, 2013). However, the implementation of behavioral strategies largely depends on an implementer's (e.g., teacher's) perspective of how easy or how well an intervention may work within the context of the teaching environment. The next section will describe the literature pertaining to teacher perspectives on behavior management for students with disabilities.

Teachers' Perspectives on Behavior Management

Grieve (2009) claimed that some teachers respond to inappropriate behaviors depending on their knowledge, experiences, and perceptions. For example, teachers in an Australian primary school reported and were observed being more likely to implement proactive management strategies to manage problem behaviors because reactive strategies created more stress for the teachers (Clunies-Ross, Little, & Kienhuis, 2012). However, it has also been found that some teachers use reactive strategies due to a lack of training in proactive intervention

strategies (Grieve, 2009). Ruef et al. (1998) noted that many teachers without specific training in applied behavior analysis intervention strategies use trial-and-error interventions and immediately effective strategies, such as timeout, when responding to problem behaviors instead of using functional analyses and other data-based intervention strategies. According to Bibou-nakou and colleagues (2000), most elementary teachers in Greece reported that when encountering problem behaviors, they observed and interrupted the process of problem behaviors rather than imposing a punishment.

According to Kaff, Zabel and Milham (2007), some special education teachers (n= 211) in the study revealed that some behavior interventions generally taught in the teacher preparation program are too complex to use in real situations. Indeed, many teachers report the use of behavioral analyses and other data-based practices are time-consuming (Bibou-nakou et al., 2000; Ruef et al, 1998). In addition, Martin and colleagues (1999) reported teachers use non-physical punishment to manage problem behaviors rather than referring the students to other school personnel and consulting with non-school personnel (e.g., psychologists and medical professionals).

As mentioned earlier, the most common disabilities observed in Thailand's special residential schools are visual impairments. The review suggests students with visual impairments are more likely to exhibit problem behaviors that would interfere with transition to more inclusive academic and social environments. Therefore, one of the goals of the current thesis is to identify the types of problem behaviors the students with visual impairment in Thailand exhibit in the classroom setting. There are currently no data on this topic.

Also mentioned earlier was the fact that the most common strategy for managing problem behavior in Thai schools is the use of the *Ministry of Education's Code of Conduct* for all children. However, as pointed out herein, reactive strategies produce negative side effects in terms of student prognosis, inclusion, and also teacher stress. Thus, the academic environment may be hampered by a lack of effective behavior management strategies, and a lack of adequate training for incorporating evidence-based instructional strategies for students with visual impairments in mainstream inclusive schools. Therefore, a second goal of this thesis is to examine how Thai teachers manage problem behaviors in self-contained classrooms for students with visual impairments, and what information and supports the teachers perceive is required for more effective management and instruction of students with visual impairments. Specifically, this thesis will focus on a group of teachers who teach in special residential schools for students with visual impairments throughout Thailand because they are directly responsible for helping younger students with visual impairments gain prerequisite knowledge and social skills prior to being transferred to integrated education programs.

CHAPTER 2

METHOD

Participants and Setting

Thirteen special schools throughout Thailand were identified for participant recruitment. The schools included two public schools (Northern School for the Blind and Southern School for the Blind) and 11 private schools for students with visual impairments (Lampang School for the Blind, School for the Blind Santi-Jintana, Lopburi School for the Blind and Multiple Disabilities, Bangkok School for the Blind, Ramintra School for the Blind and Multiple Disabilities, Khon Khean School for the Blind, Roi-Et School for the Blind, Nakornratchasima School for the Blind, Pattaya School for the Blind, Dhammicwittaya School, and School for the Blind Dhammasakol Had Yai).

Because of the relatively small number of schools serving students with visual impairments, the researcher specifically recruited all 92 preparatory program teachers in first through sixth grade in every school. The researcher directly contacted every school administrator to get permission to conduct this study. Then the researcher made appointments with each school to provide information and have conversations with teachers on the teacher meeting via video conference. Each administrator asked all the teachers to sign consent forms to agree to participate in the study. One hundred percent of the teachers responded to the researcher's request to participate in the survey.

Overall, 68% of participants were female, and the vast majority of participants worked in private schools. Fifty-two percent of respondents were between the ages of 26 and 35 years, and the majority (36%) had 5 to 10 years of experience teaching. Most of the participants (76%) held

a undergraduate degree, with 20% of the respondent holding a specific degree in special education. The remaining respondents held a degree in general education (46%) or a degree outside of education (34%). Only 13% reported having formal behavior management training as part of their professional development.

Instrumentation

This study employed a cross-sectional survey methodology to explore the opinions of teachers who teach students with visual impairments in special residential schools about their behavior management practices. The participants from 13 schools will be asked to complete the questionnaire containing 61 questions pertaining to their opinions toward problem behaviors of students with visual impairments they work with on a daily basis, and behavioral management practices they have applied.

The researcher designed the questionnaire based on a review of the literature to identify teachers' perspectives toward problem behavior management in a self-contained classroom for elementary students with visual impairments. The questionnaire consisted of three parts. The first section consisted of seven questions about demographics, including age, gender, highest degree earned, teaching education degree or certificate earned, how long teaching, and the level of training in any behavioral management strategies.

The second section consisted of 35 questions, asking the respondents to rate the degree to which they agreed (or disagreed) with student problem behavior statements pertaining to the seriousness and frequency of problem behaviors they had encountered on a 4-point Likert-type scale (4=very serious/extremely frequently, 3 = serious/frequently, 2= little serious/occasionally, 1 = not serious/never). This was dependent on the respondents' own observations of students in

their class. The items were selected by the authors to provide a list of a range of behaviors expected to concern teachers. Brief descriptions were drawn from behavior rating scales including the Conners Rating Scales (Goyette, Conners, & Ulrich, 1978), the Child Behavior Checklist (Achenbach & Edelbrock, 1982), and the Teacher Observation of Child Adaptation (Wehby et al., 1993).

The third section consisted of 26 questions, which asked the respondents to rate the degree to which they agreed or disagreed with the frequency and success of behavior management strategies through statements pertaining to the frequency and success of each behavior management strategy they have used on a 4-point Likert-scale ranging from 4 (extremely frequently/ extremely successful, 3 = frequently/ successful, 2 = little frequently, occasionally, 1 = never/not at all).

Procedure

Respondents were given an explanation of the purpose of the study and the following instructions:

> Thank you for taking the time to answer these questions. We are going to ask you for your opinions about problem behavior and the Behavior Management in Self-Contained Classrooms for Students with Visual Impairment you have encountered. It is dependent on your own observational information on students with visual impairment while meeting your class. You are going to provide your answers on the questionnaire, which consists of 3 sections: section 1--providing your demographic information; section 2--rating problem behaviors of your

> students; and section 3--rating behavior management strategies you have used to handle problem behaviors. It will take approximately 20 to 25 minutes to complete the questionnaire. All your responses will be kept confidential. Only the researcher and the researcher's academic advisor will have access to the questionnaire. All questionnaires are anonymous.

Once consent was obtained from school administrators to conduct this study, a questionnaire packet was sent to the school administrators of the 13 schools participating in the research project via e-mail. The questionnaire packet consisted of a letter of request for participation, a copy of returning letters of participation, and a copy of the questionnaire. While awaiting consent, the researcher personally contacted a designated teacher in each school (not included in this study) to assist with data collection. Once participation in the study was approved by the school administrators and the consent forms were signed by the teachers who agreed to participate in the study, the researcher held a video conference with the research assistants (i.e., designated teachers not participating in this survey) and participants in each school through Skype. During the video conference, the researcher stated the purpose of the study and explained the instructions to complete the questionnaire. Additionally, the participants were informed by the researcher in the meeting that all their responses would be kept confidential and all questionnaires were anonymous. The research assistants from each school distributed the questionnaires, collected the completed copies, and directly mailed them back to the researcher. All teachers consented to participate in the study. The researcher received 72 completed questionnaires (n=72, 78%) within the first week of disseminating the questionnaires. A follow-up phone call to obtain unreturned questionnaires from the research assistants resulted

in an addition 16 questionnaires. Therefore, the total of the completed questionnaires the researcher received was 100%.

CHAPTER 3

RESULTS

Types of Problem Behaviors

The forms of problem behaviors in the questionnaire were divided into four categories: Distractibility (consisting of behaviors such as immediate need for demand to be met, disruption of others' activities, chatting with friends, and talking out of turn), Disobedience (consisting of behaviors such as arguing when reprimanded, not following classroom rules, refusing to obey teacher-imposed rules, ignoring requests to put books or supplies away, and disregarding safety rules), Aggression (defined as behaviors such as damaging others' property, fighting, and bullying), and stereotypy (including behaviors such as eye-poking, head rocking, body rocking, and knocking on objects). Table 1 displays reliability coefficients for each of the four subscales of problem behavior. Internal consistency for rating items within each problem behavior category on the questionnaire was assessed by obtaining alpha coefficients for all respondents (Cronbach, 1951). Using the rules of thumb provided by George and Mallery (2003), i.e., "> .9 excellent, > .8 good, > .7 acceptable, > .6 questionable, > .5 poor, < .5 unacceptable" (p. 231), we can note that all categories showed a good overall reliability (0.86).

Table 1

Reliability Coefficients, Means and Standard Deviations of the Frequency and Severity of Problem Behaviors Perceived by Teachers

Subscales	Cronbach's alpha	Frequency		Severity	
		M	SD	M	SD
Distractibility	0.80	2.34	0.61	2.04	0.38

Subscales	Cronbach's alpha	Frequency		Severity	
		M	SD	M	SD
Disobedience	0.84	2.10	0.67	1.92	0.45
Aggression	0.90	2.01	0.65	1.93	0.64
Stereotypy	0.91	2.55	0.86	2.15	0.69

The descriptive statistics summarizing teacher perceptions of the types and severity of problem behaviors encountered in the classroom are also presented in Table I. Overall, respondents reported that problem behaviors occurred occasionally in their classroom for all categories of problem behavior (M= 2.26 ; SD= 0.55). When problem behaviors were observed in the classroom, the respondents reported the behaviors were not at all severe for disobedient behaviors and aggressive behaviors. The highest mean frequency ratings for problem behavior type were for items about stereotypy (M= 2.55; SD= 0.86) and problems with distractibility (M= 2.34; SD= 0.61). Correspondingly, the highest mean severity ratings were for stereotypy (M= 2.15; SD= 0.69) and problems with distractibility (M= 2.04; SD= 0.38). For stereotypy, 43% of respondents reported this category of behaviors occurred occasionally in the classroom while 63% reported the severity of stereotypy as being not very serious. Sixty percent of respondents rated the frequency of distractive behaviors as occasionally occurring in the classroom. Respondents (85%) also rated the severity of distractive behaviors as being not very serious.

Specific behaviors within each category of problem behaviors are presented in Table 2. The most common distractive behaviors reported by teachers included "immediate need for a demand to be met" (M= 2.44; SD= 0.61) and "chatting with friends during instruction" (M=

2.52; SD= 0.70). Specifically, 89% and 61% of teachers rated these behaviors as occurring occasionally in the classroom. For disobedient behaviors, "talking and laughing while the teacher is talking" (M=2.32; SD= 0.69) and "disregarding safety rules" (M= 2.33; SD= 0.19) were rated highest by teachers. Specifically, 61% of teachers rated "talking and laughing while the teacher is talking," and 66% of teachers rated "disregarding safety rules" as occasionally occurring in the classroom. Within the aggression category, teachers reported rarely observing any of the behavioral topographies pertaining to the aggression category of problem behavior. When aggression was observed, 36% reported "pinching" (M=1.72; SD= 0.69), and 45% reported "shoving" (M= 1.66; SD= 0.65) as the two most likely behaviors, respectively. "Knocking on objects" (M= 2.46; SD= 0.77) and "eye-poking" (M= 2.71; SD= 0.76) were reported as the two most common forms of stereotypy observed in the classroom. Eighty-seven percent of teachers reported "knocking on objects," and 90% of teachers reported "eye-poking" as occurring occasionally.

Table 2

Means and Standard Deviations of the Frequency of Problem Behaviors Perceived by Teachers

Category	Specific Problem Behavior	M	SD
Distractibility	Immediate need for demand to be met	2.44	0.61
	Daydreaming	2.02	0.67
	Bothering others during instructional time	2.34	0.70
	Chatting with friends during instruction	2.52	0.70
	Talking out of turn	2.35	0.70
	Doodling	1.80	0.75
	Sleeping	2.19	0.65
Disobedience	Shouting out during instruction	2.29	0.79
	Talking and laughing during instruction	2.32	0.69
	Arguing when reprimanded	1.73	0.64
	Not following classroom's rules	1.96	0.56

Category	Specific Problem Behavior	M	SD
	Refusal to obey teacher-imposed rules	1.90	0.55
	Ignoring requests to put materials away	1.93	0.64
	Disregarding safety rules	2.33	0.19
	Moving without permission	2.07	2.12
	Leaving classroom without permission	1.53	0.67
	Stealing	1.94	2.10
	Lying	2.03	0.60
	Copying directly off a classmate's assignment	1.88	0.60
Aggression	Damaging others' property	1.55	0.66
	Bullying	1.55	0.70
	Sexual harassment	1.31	0.59
	Showing hostility toward others	1.47	0.65
	Threatening peers	1.53	0.60
	Shoving	1.66	0.65
	Pinching	1.72	0.69
	Wrestling	1.50	0.68
	Hitting	1.45	0.70
Stereotypy	Eye-poking	2.71	0.76
	Head rocking	2.40	0.75
	Body rocking	2.33	0.75
	Hand flapping	2.21	0.83
	Knocking on objects	2.46	0.77
	Tapping on objects	2.39	0.75
	Spinning	2.33	0.82

Behavior Management Strategies

Behavior management strategies were reflected in three scales: positive strategies, non-physical punishment, and referral of the child to other personnel (Martin et al., 1999). Examples of positive strategies included talking it over with the child, using praise to encourage better behavior, using merit/levels system. Examples of non-physical punishment included verbal reprimands and detaining the child. Finally, examples of Referral of the child to others included contacting parents and sending the child to the principal. Internal consistency for rating items within each behavior management strategy on the questionnaire was calculated. Alpha

coefficients were 0.86 for positive strategies, 0.81 for non-physical punishment strategies, and 0.83 for referral strategies. We can note that all categories showed a good overall reliability (0.83).

Table 3 displays the mean and standard deviation of behavior management strategies reported by teachers as being used and the extent to which they were typically successful. Teachers (57%) reported they "verbally acknowledge positive behavior" as a frequent positive behavior management strategy (M= 2.89; SD= 0.70) and that this strategy is successful (M= 2.83; SD= 0.68). The teachers (59%) also reported they "negotiate class rules along with students" (M= 2.80; SD= 0.66), and that this strategy is successful (M= 2.75; SD= 0.62). The most frequently used non-physical punishment strategies teachers (48%) reported using included "moving closer to the student" (M= 2.40; SD= 0.81), and 51% reported "redirecting the student" (M= 2.45; SD= 0.76). Both of these strategies were reportedly implemented with success (M= 2.54; SD= 0.77; and M= 2.70; SD= 0.60, respectively). The only referral strategy commonly used as reported by teachers was "contacting the students' parents (M= 2.02; SD= 0.62). This strategy was reported as being successful at reducing problem behavior (M= 2.10; SD= 0.77). Overall, 67% of teachers reported using this strategy when needed.

Table 3

Mean and Standard Deviation of Use and Success of Management Strategies

Management Strategy	Frequency		Success	
	M	SD	M	SD
Positive Strategies				
Verbally acknowledge positive behavior	2.89	0.70	2.83	0.68
Negotiate class rules along with students	2.80	0.66	2.75	0.62
Establish the class rules without student input	2.10	0.79	2.32	0.79

Management Strategy	Frequency		Success	
	M	SD	M	SD
Talk things over with the student during class time	2.29	0.79	2.39	0.72
Talk things over with the student after class time	2.22	0.69	2.39	0.67
Teach appropriate behavior as an academic lesson	2.58	0.72	2.71	0.58
Establish a regular classroom routine	2.50	0.74	2.68	0.75
Implement a system to manage transition times	2.19	0.74	2.42	0.82
Change the seating positions of targeted students	2.30	0.73	2.58	0.75
Change class seating arrangement	1.92	0.75	2.30	0.87
Modify difficult activities	2.38	0.80	2.60	0.74
Modify instructional delivery for difficult activities	2.17	0.75	2.45	0.80
Provide reward such as stickers or lollipops	2.61	0.83	2.76	0.71
Ignore inappropriate behavior	1.77	0.79	3.42	1.11
Non-Physical Punishment Strategies				
Remove privileges	1.72	0.77	2.13	0.91
Move yourself closer to the student	2.40	0.81	2.54	0.77
Ask the student to come to you	2.38	0.72	2.58	0.68
Use nonverbal body language	1.94	0.63	2.25	0.72
State the student's name as a warning	2.36	0.69	2.57	0.66
Redirect the student	2.45	0.76	2.70	0.60
Implement a behavioral contract	2.20	0.73	2.28	0.80
Implement time out within the classroom	2.02	0.69	2.22	0.71
Referral Strategies				
Implement time out outside of the classroom	1.71	0.73	1.95	0.79
Refer student to other professional	1.70	0.63	1.98	0.77
Contact student's parents	2.02	0.62	2.10	0.77
Refer student to principal or assistant principal	1.61	0.69	2.00	0.90

CHAPTER 4

DISCUSSION

The present study reports on teachers' attitude toward behavior management of problem behavior in students with visual impairments in Thailand. The majority of teachers occasionally experienced a wide range of problem behaviors, but the severity and frequency of these problem behaviors were relatively low. Generally speaking, distractibility and stereotypy was most frequently observe among students with visual impairments. More specifically, teachers reported they were more likely to experience talking out of turn, or chatting with their peers as primary distractive behaviors they encountered. Additionally, stereotypy most likely observed in the classroom including banging on objects and eye-poking. Finally, teachers reported predominantly using proactive or positive behavior management strategies, as opposed to non-physical punishment or referral strategies to reduce problem behaviors. The positive strategies most often used included establishing or negotiating expectations for student conduct with the students themselves.

The results of this study support the existing literature in a few ways. First, researchers demonstrated the most frequently observed problem behaviors for educational settings include inattention, chatting during instructional times, wandering without permission, and talking out of turn during instruction (e.g., Bibou-nakou et al., 2000; Hardman & Stephen, 2003; Martin et al., 1999; Woodcock & Reupert, 2012). The findings in the current study confirmed that Thai students with visual impairments were more likely to engage in distractive behaviors, such as chatting with peers or talking out of turn. Second, researchers have revealed that students with visual impairments are more likely to engage in stereotypy, aggression, inappropriate speech,

and self-injury (e.g., Ambrose-Zaken et al., 2010; Gunaratne, 2002; McHugh & Lieberman, 2003; Sharma et al., 2002). The current study confirmed stereotypy among Thai students with visual impairments was a commonly observed problem behavior in the classroom, in that it interfered with instructional tasks. Although aggression was also observed by Thai teachers, this behavior was rarely observed. In terms of classroom management strategies, punishment practices were least frequently reported, a finding consistent with the majority of literature (e.g., Ducharme & Shecter, 2011). Thai teachers reported mostly using proactive and positive management strategies consistent with best practices in the United States (e.g., Horner et al., 2002; Oliver, & Reschly, 2010; Reid & Green, 2003).

There are some limitations of the current study as well. First, questionnaire measures may not be an accurate reflection of teachers' actual use of various alternatives for coping with problem behavior, or of their perceptions of the extent of the types of problem behaviors Thai teachers encounter in the classroom. The teachers' perceptions were elicited by asking them rate the frequency and severity of problem behavior, and frequency and success of management strategies, from preselected categories. The teachers did not comment on additional behaviors not included in the questionnaire. In addition, it cannot be known for sure if the teachers exercised the practices they said they did. Actual observations in the classroom should be considered for future research in this area. A final limitation is that overall ratings on each questionnaire item were typically in the "not at all" or "occasionally" range on the rating scale. Thus, this implies the problem behaviors in the classroom were not occurring at a very high frequency, and as such, would not necessitate intervention. Indeed, the items pertaining to management strategies used and their success typically fell within the "sometimes" or "occasionally" range on the rating scale. It is unclear if this was an indication that problem

behaviors are not very common, or whether there was a general ambivalence toward problem behavior perceived by the teachers.

Since 2005, all teachers in Thailand must obtain a teaching license signifying professional training (Teacher and Educational Personnel Act, 2003). This requires completion of a five year bachelor's degree in teacher education. The requirements include 30 credits in general education courses, 50 credits in pedagogy courses, 74 credits in subject-matter courses, and six credits of elective courses plus one year of student teaching. Effective classroom management strategies are covered in the pedagogical coursework required to obtain a professional teaching license in Thailand. It could be that by adopting these professional training requirements, coupled with educational policy changes toward students with disabilities, that problem behavior is curtailed simply by providing proactive classroom management and effective instruction. Without additional research however, this is only speculation.

Another implication of this research is that if problem behavior is managed well in schools for students with visual impairments, a focus on transition practices for blind students to the regular education settings would significantly increase the number of students who gain access to these settings. Clark-Bischke and Crowley (2011) analyzed the implementation of procedures guided by the principles of applied behavior analysis for students with visual impairments over the past two decades. The findings of their review indicated the use of behavior management strategies to increase positive behaviors of students with visual impairments significantly increased. The review indicated that 62% of the published articles focused on augmenting students' positive behaviors through function-based assessment and intervention. The Clark-Bischke and Crowley (2011) review also indicated that 92% of the studies used modeling, shaping, prompting, and a combination of these strategies to promote

positive behaviors. In other words, interventions were based on teaching appropriate skill sets and reinforcing the occurrence of the desired behaviors. As a result, problem behaviors decreased significantly. Furthermore, the focus has shifted significantly from simply problem solving ways to reduce problem behavior to teaching the skills students need to successfully navigate inclusive social environments. For example, O'Mea (2013) showed that Orientation and Mobility (O&M) instructors prevent and replace undesirable behaviors that obstruct the teaching objectives based on their functions instruction for students with multiple disabilities.

Some of the studies of Clark-Bischke also illustrate the use of effective behavior management to increase social skills of students with visual impairments. For example, behavior management strategies could generalize and maintain a desirable behavior when all the strategies were administered by internal agents. Jindal-Snape, Kato, and Maekawa (1998) noted that although social skills were effectively improved by the use of peer evaluation, desirable behaviors were more effectively generalized and maintained by using self-evaluation procedures because the child could control his or her own behaviors. In addition, Jindal-Snape (2005) suggested that feedback was necessary for students with visual impairments to improve and precisely value their self-evaluation. Some social skills require visual prompts that are difficult for people with visual impairments to pick up. However, the use of feedback was more effective if given naturally by the environment as a natural consequence for the emitted behavior rather than provided by a trainer during practices. Feedback given by a trainer might obstruct generalization and maintenance of positive behavior, and the child might consider it to have been imposed on him.

As previously stated, only 3.5% of blind students are currently receiving educational services in traditional educational settings. Conceptually, special residential schools in Thailand

put an emphasis on teaching academic and functional skills concurrently so that students with visual impairments can meaningfully participate in general classes with their sighted peers. Students with visual impairments are provided with skill development in Braille reading and writing, orientation and mobility, and academic, social, and daily living skills. The provision of specialized programs and related services must be considered based on each individual's needs, depending on the degree of visual capacity and other additional disorders. As such, the developmental aspects of learning and development are addressed comprehensively in Thailand's special schools for students with visual impairments. Therefore, more research in the area of transition to traditional school settings and the problem behaviors that may arise as a result of new environmental arrangements and social skills would better equip Thai teachers to work with students with visual impairments.

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Palawat, M., & May, M. E. (2012). The impact of cultural diversity on special education provision. *Journal of the International Association for Special Education, 13*, 56-61.