Syracuse University

SURFACE

Dissertations - ALL

May 2014

Runners, Biters, and Chair Throwers: Discourses of Order and Medicalization in Inclusion

Joshua Bornstein
Syracuse University

Follow this and additional works at: https://surface.syr.edu/etd

Part of the Education Commons

Recommended Citation

ABSTRACT

Inclusive leaders find that one of their greatest challenges is helping their schools to work with students regarded as acting disorderly, or having emotional or behavioral disorders. In this study, superintendents, special education directors, and principals in five districts in the Northeast who have been previously identified as inclusive leaders were interviewed and observed to document the discourses they promote and are themselves regulated by as they meet this challenge. They employed the tenets of Response to Intervention (RTI) and Positive Behavioral Interventions and Supports (PBIS) as systems that would help advance that work. In particular, they believed that RTI/PBIS could help them effect a shift from dealing with disorderly behavior as a discipline matter to dealing with it as a therapeutic process. The shift built on disciplinary codes of conduct that established certain behaviors as normal. Thus, the inclusionary efforts focused on restoring students to compliant behavior. In so doing, the leaders oversaw the development of intricate systems of data analysis and control that focused exclusively on diagnosing students, rather than on looking at adults or the system as a whole. These systems privileged psychopathological discourses over other possible ways of understanding the phenomenon of disorder in schools, such as institutional racism, classism, or homophobia. Thus, a discourse that medicalized student difference squeezed out liberatory discourses that may have been available to these leaders. At the present time, when current efforts to break the school-to-prison pipeline focus on replacing excessive discipline with inclusive pedagogy, this study may serve as a caution not simply to replace one stigmatizing system with another.

RUNNERS, BITERS, AND CHAIR THROWERS:
DISCOURSES OF ORDER AND MEDICALIZATION IN INCLUSION

By

Joshua Bornstein
B.A., Dartmouth College, 1984
M.A., University of Maryland, 1988
C.A.S., State University of New York, 2001
C.A.S., Syracuse University, 2009

DISSERTATION

Submitted in partial fulfillment of the requirements for the
degree of Doctor of Philosophy in Cultural Foundations of Education
in the School of Education of Syracuse University

May 2014

Acknowledgements

While this labor has felt solitary at times, in truth it has not been so. A community of colleagues, friends, and family has generously supported the work. Committee members Christine Ashby, Sari Biklen, and George Theoharis have asked me tough questions and seen room for encouragement when I simply felt glad to have survived to the next deadline. On many occasions, I thought I thoroughly knew this project's strengths and failings, and was consistently surprised at my mentors' insights. In particular, George's stewardship has been the kind of academic and political solidarity that I have needed. His scholarship describes those qualities in educational leaders who seek social justice. I can attest that he lives the ethic about which he has so ably written. Christy has likewise shown me how an engaged inclusive scholar can act in the contentious world of K-12 education, return to higher education to reflect and invent, and then head back into the fray to motivate genuine shifts in teaching and learning for children. Sari pushed me at the beginning of this enterprise by asking me, "So what? Why should someone care about that?" when I formulated my original research questions. She pushed me throughout, most notably at the end to have the courage not to be so safe in my conclusions and recommendations. We need allies such as these three scholars to do the hard work of education for social justice.

Friends read drafts, puzzled through tons of data, shared tips and tricks, and reminded me to maintain perspective throughout. In particular, Rebecca Johnson and Robert Danberg shared not only their encouragement, but also their own vulnerabilities in ways that unfailingly buoyed me. I hope I have reciprocated sufficiently.

The participants in this study were terribly generous with their time and collegiality as I completed it. The topics covered herein can be wrenching. I was especially moved by each person's willingness and ability to relate a deeply emotional recollection of students who had found permanent places in their hearts.

As I write these acknowledgements in the wee hours, my loved ones sleep. Ben is far better read than I in philosophy. When I felt like a poseur regarding Foucault or other philosophers on whom I have drawn, he helped clarify my thinking. This to say nothing of his having ably edited drafts of the four data chapters. At some of my most dispirited moments, Ben's faith in me and this work were all I needed to press on. Anna modeled perseverance, creativity, and love in ways that most people never do. I am so very thankful to have her as a role model for the supple strength it takes to accomplish both great and small things. Maya spun, sang, did cartwheels, painted, and placed tiny valentines unexpectedly in my books, shoes, and briefcase. What better reminder of glorious children everywhere for whom educators must succeed? And what better nourishment for the soul? My father, Murray, had a voracious and appreciative intellect that I felt at work in my best moments of this project. And as my family knows, his material support to all of us was invaluable these past years. My mother, Selma, likewise has had a generosity of spirit that I hope I have infused into my approach to my earnest and committed participants. My brothers and sisters—Mimi, David, Jude, and Dan—do beautiful work in the world and nurture vibrant families at the same time. I thank them for reminding me of how balance can be done. Finally, my beloved wife Stacie graced me with unconditional acceptance, patience, and love. Together, we are creating a home of joy, creativity, and support. She would let me doubt myself, but never join me in that

sorry place. When I was done with self-pity, I could always rejoin her back in reality and

love. The project is done now, and could never have been finished without her.

As instrumental as all members of this community have been along the way, they

have no responsibility for any errors of omission or judgment in this effort. That lies

entirely with me. We will celebrate the work's completion together, and I will make

amends for any failures by doing better the next time.

Table of Contents

List of Tables

List of Figures

Chapter 1

Introduction

The project of building inclusive schools requires leaders who envision a place for all students with respect to race, class, disability, sexual orientation, gender, and language fluency (Marshall & Oliva, 2006; Ross & Berger, 2009; Shields, 2010; Theoharis, 2009; Vilbert & Portelli, 2000).   However, even while they articulate that ideal, school leaders often describe the challenge of creating inclusion by discussing its limits—where inclusion will <u>not</u> work—and frequently do so by invoking the image of students whom they regard as too difficult for school to accommodate (Barnett & Monda-Amaya, 1998; Praisner 2003).   Indeed, the very act of delineating limits could be read as a way to challenge or resist inclusion.   Hence, while school leaders may articulate a belief in inclusion, even regard it as a guiding light for their work, they can actually enact practices and policies that are at odds with that belief.   Their aspirations and their actions can be in significant tension.

And yet the aspirations remain important.   As a Jewish proverb indicates, we are not required to complete the work, but neither are we permitted to ignore it.   School leaders who maintain that their schools ought to be places where all students belong with respect to race, class, gender, disability, and sexual orientation can be considered inclusive leaders—and are so for the purposes of this study.   Nonetheless, it is important to explore the ways that they may compromise that principle in practice, and to consider the contextual forces that inveigh against that commitment.

Disorder figures prominently in thinking of the limits of inclusion.   One sense of "disorder" connotes illness or disability.   Conrad (1992) calls this the "medicalization of

deviance." Many inclusive principals are willing to segregate students who are regarded as having diagnoses of emotional and behavioral pathologies (Barnett & Monda-Amaya, 1998; Praisner 2003). In another sense of "disorder," students who routinely, dramatically, or dangerously disrupt class and school, come to be regarded as too disorderly for school to handle, and thus also legitimately excludable (Fabelo et al., 2011; Reid & Knight, 2006).

Disorder-as-pathology and disorder-as-organizational-turmoil can be entwined discourses through which schools know students (Conrad & Schneider, 1992; Danforth, 2007; Foucault, 1973; Harwood, 2006). These discourses of disorder reflect racial and gender overtones, in which students of color and males who can be regarded as discipline problems and/or having mental illness (Fabelo et al., 2011; Fierros & Conroy, 2002; Reid & Knight, 2006). The discourses also can intersect to define school practice. When school leaders believe that establishing an orderly school environment requires that they must choose between inclusion and exclusion, therapy and discipline, the logics of badness-as-illness and compliance-as-health are further entangled.

The apparent choices that leaders face are framed by federal law in the 2004 reauthorization of the Individuals with Disabilities in Education Act[1] (United States Department of Education, 2004). In the alphabet soup of education jargon, IDEA establishes Positive Behavior Interventions and Supports (PBIS) and Response to Intervention (RTI) as major features of the landscape of inclusion, which leaders must now navigate. In theory, these practices promote inclusion.

---

[1] The 2004 version is more formally known as the Individuals with Disabilities in Education Improvement Act, but the handy moniker of IDEA persists.

As PBIS is being put into effect, its purest form is to be modeled on RTI (Sugai, 2010). PBIS intends to replace exclusionary discipline practices such as suspension and expulsion with more therapeutic supports in the classroom and the school when students show emotions and behaviors that are difficult for school to accommodate. Furthermore, PBIS establishes two other significant system wide practices. First, within PBIS schools and districts set up consistent behavioral norms and expectations (Dunlap, Sailor, Horner, & Sugai, 2009). These frequently become the structures on which codes of conduct and other discipline systems are grounded. Second, PBIS brings with it data collection and analysis as a first level of screening for the entire population of students. (Burke et al., 2010).

RTI likewise moves schools away from the test-driven discrepancy model of diagnosing learning disabilities toward a process in which research-based teaching practices are tried systematically before educators assume that the deficit lies within the child (Fuchs & Fuchs, 2006). And similarly to PBIS, it establishes school-wide and district-wide practices for baseline expectations of instructional fidelity and universal screening (Jimerson, Burns, & VanDerHeyden, 2007). Since the 2004 reauthorization, RTI has been more thoroughly implemented than PBIS (2011).

Paradoxically, although the legal intent of PBIS and RTI is to offer a structure through which to build inclusive schools, they may in fact establish discourses that functionally reinforce exclusion. They may substitute one discourse of misbehavior-as-disability for another in which misbehavior is understood as deviance, yet with the same power to construct an enduring deficit identity of the student as one who can be justifiably excluded. Schools that have had only discipline codes to interpret and

respond to disorderly behavior may now embrace diagnosis and treatment as the alternative. Thus, running from the classroom, biting peers or adults, and throwing chairs may be interpreted as evidence of pathological behavioral disability, rather than of naughtiness. Yet, when orderly behavior remains the standard of belonging, then students who are defined by school as pathologically disruptive may still be regarded fundamental challenges to inclusion. That stigma is made all the more powerful with the authority of clinical diagnosis backing it up that stigma. Indeed, those students are often regarded as the iconic examples for why full inclusion may be impossible.

This study focused on leaders who have been committed to building inclusive schools, to understand how they navigated these discourses, particularly at the sharp points of the test case for inclusion. Because PBIS was in its early implementation stages in districts and schools, inclusive leaders significantly set the terms of discussion, deliberation, and practice—in short, the discourse—for their schools in working with students whose behavior and emotions were troubling or troubled. Hence, the guiding questions for this research were:

1. What discourses do inclusive leaders rely on to understand the inclusion of children regarded as having disorderly behavior or emotions?

2. What information do they understand as giving truthful and useful perspectives on these students?

3. How do administrators negotiate institutional practices such as PBIS in their inclusive work?

These three questions arise out of three bodies of literature of existing theory and research. The first area is the prescriptive literature on Response to Intervention (RTI)

and Positive Behavioral Intervention and Supports (PBIS) (Batsche et al., 2005; Fuchs & Fuchs, 2006; Fuchs, Mock, Morgan, & Young, 2003; Gresham, 2005; Jimerson et al., 2007; Sugai, 2010). In many respect, RTI and PBIS are fraternal twins—and indeed among the five districts included in this study, they differed significantly on whether they used the name RTI or PBIS or neither to identify their inclusive work regarding behavior and emotion. Irrespective of the label that the five districts gave their work, this qualitative study demonstrates that their practices were quite similar. Thus, since the formal prescriptive literature lays out how RTI/PBIS is supposed to work, the literature review begins there.

However, this study is also cognizant of critiques of RTI/PBIS, especially from the literature in Disability Studies in Education (DSE). Gabel and Danforth (2006) argue that DSE can restructure conventional debates about inclusion.

> Theorists use social constructs or categories as analytic and interpretive tools to develop nuanced understandings of the politics, policies, and practices of education. Traditionally, and despite the evident interaction of disability and other identity categories, most educational theorists have ignored disability as a social construct. The assumption has been that special education researchers will focus on disability in education. Yet, with few exceptions special education researchers have struggled little with the complexities and ambiguities of social categories, giving little attention to the processes and practices that actively construct disability types in the public schools, and perhaps paying even less attention to the interactions of power and identity across categories of race, class, and gender, etc. (Danforth & Gabel, 2006, p. 12)

This study takes up that call to trouble those categories and the discursive strategies that create them.

It is likewise cognizant of the Foucauldian critiques of governmentality, or power that regulates "the conduct of conduct" (Foucault, 1991). As federal law intends to promote inclusion, it also prescribes powerful technologies of control that the leaders are

mandated to enact. The 2004 reauthorization of IDEA is part of a neoliberal movement to reform education, alongside No Child Left Behind (United States Department of Education, 2001) and Race to the Top, (United States Department of Education, 2009). Each of these laws mandate standards and accountability measures that require elaborate systems of classification and data analysis. They thereby establish an "audit culture" which is a mechanism of control at a distance (Apple, 2005a; Taubman, 2009). Data-driven practices and policies, holding all teaching and learning behavior against abstract standards, all intend to regulate the conduct of students and teachers. Moreover, they aim to have everyone in school internalize those standards so that they may *self*-regulate and exercise *self*-control, and thereby camouflage the role of the state in controlling what happens in school.

The third area of literature is on leadership. Working from the assumption that leaders have a powerful role in setting the terms of the discourse, and because the participants in this study were all identified as attempting to be inclusive educators, I have turned to two branches of literature on leadership. The first branch is on inclusive social justice leadership, both prescriptions and research studies (Capper, Frattura, & Keyes, 2000; Frattura & Capper, 2007; Shields, 2004; Theoharis, 2009). Here, inclusive leaders are understood as those who intend to build schools in which all students belong and are successful, particularly those who have been traditionally marginalized by identities of race, class, and disability. The second branch is research on educational leaders' perceptions of the challenges of inclusion, regardless of their a priori commitment to it pedagogically (Barnett & Monda-Amaya, 1998; Horrocks, White, & Roberts, 2008; Praisner 2003; Salisbury, 2006; Salisbury & McGregor, 2002).

The third chapter describes the methodology of this study. It is grounded in Foucauldian discourse theory on power and knowledge (Foucault, 1980b; Hall, 2001), discipline (Foucault, 1979), and medicalization (Baker & Heyning, 2004; Foucault, 1973, 1975, 2003b; Harwood & Rasmussen, 2004). The sites of study were five school districts in the Northeast, ranging from urban to suburban to rural, racially diverse to mono-cultural, and likewise economically diverse to largely middle class or working class. The nineteen individual participants were superintendents, directors of special education or their central office equivalents, and principals. Each person was interviewed twice, and the subject of at least one field observation. In addition, relevant documents from the participating districts were reviewed.

Once the data was analyzed, it broke down into four chapters on the findings. Chapter 4 is about discourses of inclusion and order. It became clear that while all participants were committed to inclusion, their visions were predicated on orderly and productive schools. Order and productivity were, in turn, socially constructed concepts, based in White middle-class culture that went largely unacknowledged. Indeed, those normative references were shown most clearly by teachers and administrators descriptions of deviance, which frequently drew on classist, racist, and homophobic descriptions of deviance.

The leaders established inclusive discourses in their schools that were characterized as adults meeting student need. In the context of RTI/PBIS and similar constructs, this was a medicalized discourse of diagnosing and treating students, so as to return them to orderly behavior when they "acted out." This chapter is the most

comprehensive look at how these discourses worked *in toto*. Subsequent chapters deconstruct different parts of that whole.

Chapter 5 is about how normalization discourses worked. Normative behavior was central to any diagnosis about abnormality. Those discourses had their roots in discipline codes that operated in each school. Indeed, much of the motivation for these leaders to try RTI/PBIS or similar measures was the desire to get away from punishment and move toward therapeutic discourses. This chapter examines the disciplinary roots, and also deconstructs the normalizing discourses at work in the universal or Tier I aspects of RTI/PBIS.

With normalizing discourses established, Chapter 6 takes up the powerful drive that leaders felt from their colleagues and from legal and policy imperatives to develop systems to handle what they saw as abnormal disorderly behavior. In the view of this study, these became not only pathological discourses about students, but also about how the organization would function as diagnosticians and therapists. This chapter also addresses the power of this medicalization to dominate other discourses. It demonstrates how other interpretations of students' behavior were possible—as when one school blamed a transgendered student's identity for making him unproductive and defiant. As another example, psychopathologizing students was given more weight than challenging institutional racism in a discussion about how to create more inclusive systems in one district.

The last discussion of findings in Chapter 7 examines a key discourse that substantiated all these others—the necessity of order as a precondition for inclusion, medicalizing student behavior, and creating systems of diagnosis and treatment. This

was the positivist discourse of relying on data analysis as a path to the truth of what was going on in school. Disorderly conduct was measured. Interventions were attempted, and their behavioral effects further measured. That information became the grist for further diagnosis. As the whole practice appeared to the leaders as both rigorous, arduous, and comprehensive, it thereby substantiated RTI/PBIS and medicalization as a true and reliable way to know students.

Moreover, this chapter examines audit culture at work. Leaders were compelled to conduct data reviews, and further compelled to make changes based on data because they operated under state and federal mandates for that kind of accountability. To that end, they were not only subjects enacting medicalized discourses, as in Chapter 6, but also clearly objects of audit discourses that enforced legal and policy imperatives that were grounded in medicalization. Furthermore, they anticipated that doing so as a regular practice would encourage teachers to self-regulate and make necessary changes toward inclusion. Similarly, in Chapter 4 demonstrates the expectation that RTI/PBIS would be effective when students self-monitored and self-regulated their conduct as per institutional expectations.

Each of the findings chapters contains counter examples as well, because qualitative research is helpful to describe phenomena that are not neat and tidy (Bogdan & Biklen, 2007). For example, there is a noticeable pause and reflection during one field observation in which the leaders consider whether their teachers are focused on behaviors for compliance or behaviors for learning. And there is another moment when a leader believes that unless RTI/PBIS can avoid deficit thinking about students, it will turn out to be no better than any predecessor. The adage goes, "It is the exception that proves the

rule." Proving the rule, in the original meaning, was testing it, not necessarily validating it. I have woven these contesting discourses into the larger narrative because I believe they are helpful in testing the overall thesis, that discourses of medicalization and control presently dominate the effort to include children whose behavior is regarded as disorderly.

Chapter 2: Literature Review

This research focuses on how school leaders negotiated the inclusion of students they regard as posing emotional and behavioral challenges. They did this work in two particular contexts. First, they were undertaking inclusion in the era of implementing Response to Intervention (RTI) and Positive Behavioral Intervention and Supports (PBIS). Second, they were also often attempting to shift their organizations' responses to disorderly behavior from disciplinary exclusion to more therapeutic forms of inclusion.

Therefore, I have drawn on four bodies of literature to ground this project: 1) prescriptive work on RTI and PBIS, 2) calls for and research supporting RTI and PBIS as alternatives to disciplinary exclusion, 3) disability studies in education (DSE) and Foucauldian critical theory, and 4) inclusive school leadership. Examining the conventional work on RTI and PBIS establishes many of the discourses that the leaders promote. From another angle, because the leaders spoke about moving away from discipline, I have turned to the literature on alternatives to discipline. This body of work exhibits some of the most trenchant critiques of institutional racism in education. DSE literature—both theory and research—informs my analysis of the discourses of disability, inclusion, and control embedded in the conventional literature on RTI and PBIS, and in the discourses that arose in the data. Leadership research helps to locate the administrators in the power dynamics of change.

Response to Intervention (RTI) and Positive Behavior Intervention and Supports

(PBIS)

The 2004 reauthorization of IDEA institutes RTI and PBIS as alternatives to exclusionary practices of working with children with disabilities (United States

Department of Education, 2004). RTI and PBIS require data collection and analysis,

application of research-validated interventions, and establish a conceptual model of a

pyramid of tiers from universal to targeted to intensive interventions. This triage model of

diagnosis and treatment has been borrowed directly from the public health arena (Merrell

& Buchanan, 2006). The broad base represents universal screening and applications.

The tip represents the most individualized and extreme diagnosis and treatment.
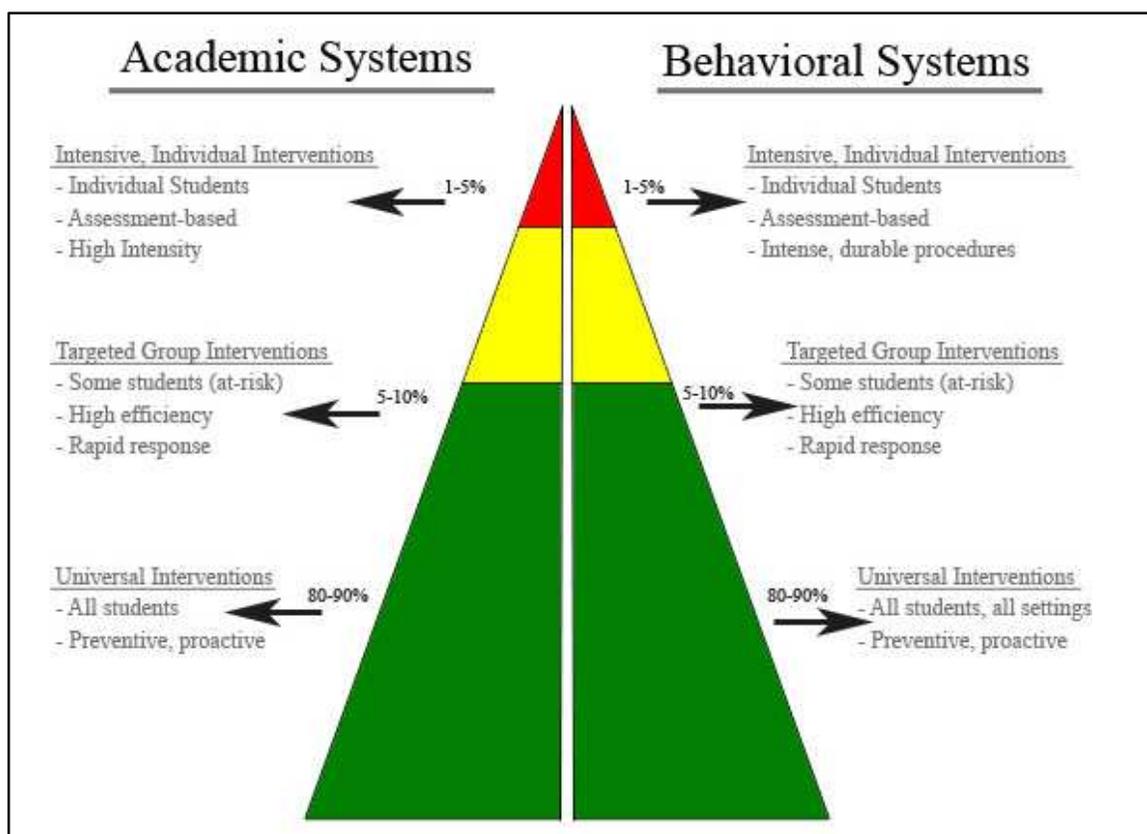
Figure 1: Sample Response to Intervention pyramid. (Sugai, 2010)

Researchers and theorists have not yet settled on fully distinguishing RTI from

PBIS when considering emotions and behaviors. The two are sometimes synonymous,

and sometimes distinct. Furthermore, several similar names for PBIS also appear in the

literature, namely Positive Behavioral Supports (PBS), School-Wide Positive Behavioral

Supports (SWPBS) and School-Wide Positive Behavioral Interventions and Supports

(SWPBIS). Regardless of the names, the precepts are adroitly similar. RTI and PBIS share six tenets (Fuchs & Fuchs, 2006; Jimerson et al., 2007; Sugai, 2010):

1) Universal screening of all students on academic and behavioral measures,
2) Data-driven problem solving and decision making,
3) Applying a continuum of research-validated interventions,
4) Continually monitoring the progress of students, especially to evaluate the effectiveness of the interventions,
5) Maintaining a focus on student performance, and
6) Monitoring the fidelity of interventions vis-à-vis their research-based best practices.

As a diagnostic practice, RTI intends to try teaching before labeling. Proponents submitted that before 2004, the prevailing discrepancy model of measuring a student's performance on psychometric tests against classroom performance focused on students' presumed disabilities, often unfairly. "A … damning assertion, perhaps, is that the IQ-achievement discrepancy approach fails to distinguish a qualitatively different and more deserving subgroup of students from a much larger group of low achievers" (Fuchs et al., 2003). Furthermore, they argued, children may not actually have had the opportunity to receive quality instruction. RTI teams thus meet to discuss a troubling learning situation and suggest classroom strategies that might work. Thereby, the intent has been to mandate research-validated instruction and reduce identification rates.

However, RTI continues to function as a diagnostic regime when a student has not *responded* to the *interventions*. The diagnostic presumption under RTI is that since the teaching has been validated by research, therefore the deficit is located in the student, and "true" disability has been found (Batsche et al., 2005; Fuchs & Fuchs, 2006; Fuchs et al., 2003; Kavale & Flanagan, 2007).

IDEA 2004 also institutes Positive Behavioral Intervention and Supports to correct the overuse of punitive discipline to address behavior that school finds troubling or disruptive (Dunlap et al., 2009; Gresham, 2005; Jimerson et al., 2007). Again, when interventions fail to produce the results that school desires, the student is presumed to have a true disability (Dunlap et al., 2009). *The Journal of Positive Behavioral Interventions*, publishing since 1999, announces that its focus lies in a medicalized view of individuals displaying unwanted behavior:

> offers sound, research-based principles of positive behavior support for use in school, home and community settings with people with challenges in behavioral adaptation. Regular features include empirical research; discussion, literature reviews, and conceptual papers; programs, practices, and innovations; forum; and media reviews. (Journal of Positive Behavior Interventions, 2013)

For the purposes of this research study, the prescriptive literature breaks into two categories: the "universal" discourses of Tier I, and the diagnostic and therapeutic discourses of the upper tiers.

Tier I—Universal Interventions and Universal Screening

Measures that reach all students are at the heart of Tier I, both for RTI and PBIS. Tier I universal instructional fidelity seeks to make sure that all students get research-validated quality instruction (Mellard & Johnson, 2007). This is not a strict assumption that one size of instruction fits all students. It does leave room for a medley of pedagogical strategies to try if the initial ones did not help a student learn.

Trying new strategies with all or most students in the classroom for six to eight weeks, collecting performance data and teacher observations, and then assessing that data tells the teacher and RTI team whether both the strategy and student have been successful (Jimerson et al., 2007). This cycle of data collection and interpretation is called "progress monitoring," a fundamental practice of RTI/PBIS (Lembke & Stichter, 2006).

If research has validated the various strategies now attempted, then failure to respond to them becomes diagnostic information. School then moves on to Tier II, trying more intensive research-validated strategies—usually meaning smaller student-teacher ratios and more dedicated time—with the now smaller cohort of students who have been screened out as needing them.

Universal screening accompanies universal interventions. A single set of assessments for all students is used as baseline data. With literacy and numeracy, this can be the statewide standardized assessments brought by No Child Left Behind. However, *universal* may also mean more detailed district-wide assessments developed more locally, or just as likely, purchased from the same publishing houses that develop the state-wide NCLB tests (Mellard & Johnson, 2007). In one staggering projection, PBIS proponents estimated that using PBIS as a universal screening tool would reveal as many as "20 percent of the school-age population [who] could qualify for a psychiatric diagnosis using criteria from the *Diagnostic and Statistical Manual of Mental Health Disorders-4th Edition*" (Gresham, 2005).

For RTI and PBIS, current research is dedicated to validating which tools and data sets can be used universally when assessing students' emotions and behavior. The most common data cited as universally applicable for PBIS are 1) teacher observations and 2) office discipline referrals (ODRs), the jargon for data on getting sent to the principal (Hawken, Vincent, & Schumann, 2008; Pearce, 2009). Students who receive multiple ODRs or whose behavior violates classroom expectations and norms are thereby flagged at this early level of data gathering and analysis. The PBIS/RTI team may analyze this data for patterns—time of day, subject of instruction, etc. With that analysis in mind, an

intervention is suggested. When the data describe more a behavioral change that is "socially significant, comprehensive, durable, and relevant" to the school circumstances in which the original disorder arose, the interventions are judged to have succeeded (Sugai et al., 2000).

Screening tools from Tier I to upper tiers . Several tools have been proposed as ways to progressively screen out students, climbing from tier to tier. At Tier I, the screening tools are meant to apply to all students, locating the 10-20% of students who could presumably require the targeted interventions of Tier II. Currently, two methods are most prominent: 1) curricula that teach normative behaviors, and 2) office discipline referrals.

Curricula as screening data. As proponents of RTI and PBIS have tried to merge them into an integrated system in which both social and academic performance can be addressed, they borrowed from RTI's use of universal instruction to simultaneously be universal assessment (Dunlap et al., 2009; Sugai et al., 2000; Turnbull et al., 2002). In RTI, when a student fails to learn from universally applied literacy lessons, this is regarded as evidence of a deficit within the child. Perhaps too early to call this a disability, but it becomes part of the data set on the way to a possible diagnosis of learning disability. Similarly with PBIS, schools are encouraged to teach all children to be people of good character with a plethora of social and emotional curricula, called School-wide Positive Behavior Support (SWPBS) (George & Kincaid, 2008). Passing or failing that curriculum is gaining favor as a screening mechanism for moving from Tier I to Tier II of the PBIS pyramid (Burke et al., 2010; Freeman et al., 2006; Turnbull et al.,

2002). Curiously, the curriculum authors were not aware of this use of their emotional and social learning packages, nor were they sure they could endorse it (Mart et al., 2011).

Two studies (Burke et al., 2010; Walker, Cheney, Stage, & Blum, 2005) found that explicitly teaching behavioral expectations and then testing students on how well they had learned them was a sound method for universal screening. Students who failed the test correlated well with those whose "externalizing behavior" may also have been marked with an office discipline referral. Burke, et al. (2010) pointed out that teachers preferred the curricular method, because it involved less work for them, and was more like the other kinds of data analysis they did. However, the authors worried that this method was not sufficiently norm-referenced to particular behaviors, and will therefore may have been too variable. The authors also believed that using this method would under-identify many students who might be eligible for Tier II interventions if it was used without ODRs for corroboration.

Office discipline referrals as screening data. There has been active debate on the utility of ODRs as screening data. Walker, et al. (2005) supported the use of ODRs as a screening tool to identify students "at risk for academic failure." They argued that the behaviors tracked by office discipline referrals had a substantial impact by disrupting classrooms, and would respond to the corrective methods of the second and third tiers of an RTI/PBIS pyramid.

Two studies concurred with this finding to a degree. McIntosh, et al. (2009) looked beyond the Tier I to Tiers II and III, to see if ODRs could be used reliably to determine "cut points" between them. They endorsed ODRs for this purpose, especially when teachers and administrators had explicit agreement on what constituted

misbehavior. They correlated definitions of deviant behavior from a norm-referenced psychometric exam, the *Behavior Assessment Scale for Children—Second Edition Teacher Report Scale—Child Form (BASC-2)* (Reynolds & Kamphaus, 2004) with office discipline referrals. They found that the exam and the teacher-written referrals agreed on what constituted deviant and disorderly behavior in schools.

A later study looked more closely at types of behavior reported in ODRs. McIntosh, Frank, and Spaulding (2010) established that early referrals did not necessarily predict a pattern of more referrals to follow. Referrals for some types of behavior were judged be "red flags," with more predictive power than others. Physical aggression and fighting were middling predictors, whereas displaying signs of gang membership was judged a "strong indicator" of the need for upper tier intervention (McIntosh et al., 2010).

Bezdek (2011) determined that ODRs were a poor data point for determining whether students would respond to Tier I methods or require the escalated attention of Tier II, whom she labeled as having "a behavior risk." "While the ODR method was able to correctly identify those who *did not* have a behavior risk 87% of the time (p<.01), it was only able to accurately identify those who *did* have behavior risk about 44% of the time (p<.01)" (Bezdek, 2011). The author recognized that faulty teacher judgment could result in numerous discipline referrals being written for petty student misbehaviors, and regarded these "false positives" as one complication of reliance on ODR screening. However, it did not trouble her, because she saw Tier II interventions as relatively mild and relatively "inexpensive" for the school system to enact.

On the other hand, when a school relied primarily on ODRs as a behavioral screening tool, "false negatives" were a significant problem for Bezdek.

Should a student fail to receive the early intervention needed, there is the chance the student could go on to suffer academically, as well as socially, being at risk for greater stigmatization than what would result from participating in a group intervention. The student may also, particularly with externalizers, keep others from being able to focus and learn and be responsible for bullying. In extreme cases, those who fail to receive support could go on to be a danger to themselves (suicide, for example) or others. It was thought those who were responsible for Columbine and Virginia Tech massacres exhibited some of the risk factors for internalizing behavior. In the latter cases, though the numbers may be small, the risk of not catching and intervening early could be very large. (Bezdek, 2011, pp. 81-82)

Bezdek highlighted one other dilemma with relying on office discipline referrals. While she affirmed the purpose of getting to therapeutic interventions for children with "behavioral risk," she pointed out the paradox that using ODRs runs counter to this therapeutic impulse in the first place.

When researchers and technical assistance providers support the use of data that are produced by sending students to the office as a form of discipline, they themselves become complicit. Even if it is inadvertent, they are supporting the action of sending students to the office for discipline. The use of office referrals as a discipline practice is something that PBS researchers and TA providers are inherently against (or at least committed to reducing) based on research showing it is an ineffective form of discipline; reactive in nature, does not prevent challenging behavior from occurring in the first place; removes the student from instruction; and may actually reinforce the student who acts out to obtain attention or avoid a task. (p. 85)

Taken together, these studies have supported the use of ODRs as a universal screen, with some caveats. They cautioned the sole use of ODRs, and worried that they would divert attention toward "externalized" behaviors and away from other "internalized" factors within the students that could indicate nascent criminality or mental illness. As the later review of literature from Disability Studies in Education highlights, these endorsements and caveats have all been contained within a medicalized discourse of student deficit.

Tiers II and III—Diagnosis and Therapeutic Intervention

Applying the science of behavioral analysis, PBIS/RTI intends to methodically examine student misbehavior or inappropriate emotion, as defined by school with the intention of avoiding suspension or other exclusionary discipline. The process seeks to encourage "positive behaviors" that make success more likely "in normative academic, work, social, recreational, community, and family settings" (Carr, Dunlap, Horner, & Koegel, 2002). According to Carr, et al. (2002) when seeking to understand how a student's behavior may be inappropriate for a given context, applied behavioral analysis intends to use a "tree-term contingency" of 1) stimulus, 2) response, and 3) reinforcing consequence. In other words, 1) what may have triggered the behavior, 2) how did adults and others react, and 3) what happened afterward to encourage that behavior to continue or change? In that framework, the interventions that school may try fit both into the second and third pieces of the applied behavioral analysis.

Unlike with the academic assessment tools for reading and mathematics that proliferate in much of the RTI work, there has been little success in developing a standard assessment tool or set of such tools for behavior that would be apt in PBIS, though there have been attempts (Gresham et al., 2010; Nese et al., 2012; Volpe & Briesch, 2012). The designers of these tools recognized that their proposals have thus far been psychometric instruments that remain the tools of school psychologists, and have yet to gain much traction with classroom teachers or other educators (Gresham et al., 2010) In the absence of such tools, data collection for analysis has fallen to describing the behavior, attempting an intervention, and then collecting data on the degree to which it effected a change in the student's behavior.

Progress monitoring. Keeping track of the effectiveness (or lack thereof) of interventions is known in the RTI/PBIS nomenclature as *progress monitoring* (Fuchs et al., 2003; Gresham, 2005; Hawken, Adolphson, MacLeod, & Schumann, 2009). A new reward system, daily behavior checklist, small group instruction on a particular behavior, or other such research-validated effort is attempted as an intervention for approximately six weeks, during which time the adults keep data on the frequency of the behavior that was intended to change. After the six-week trial, the team meets again for progress monitoring, during which they assess the effectiveness of the intervention. As noted above, if no positive change has been observed via progress monitoring, then another is tried. If this recurs, a pattern develops which is presumed to be diagnostically significant. A student's "resistance" to the effects of these interventions is assumed to indicate that the student has an inherent disability.

> RTI is based on the logic that if a student's behavioral excesses and/or deficits continue at unacceptable levels subsequent to an evidence-based intervention implemented with integrity, then the student can and should be eligible for ED services. RTI is based on the best practices of prereferral intervention and gives school personnel the latitude to function within an intervention framework rather than a psychometric eligibility framework. (Gresham, 2005, p. 331)

Gresham referred here to the power of RTI to diagnose emotional disturbance (ED), a category of disability established in federal law (United States Department of Education, 1975). The term "evidence-based interventions" was a synonym for a techniques that had been tested experimentally and validated as effective in returning students to compliance. If the student fails to respond to such interventions, performed "with integrity," then s/he is deemed legitimately eligible to be referred to the process that will evaluate the presence of a disability. This "prereferral" phase essentially opens diagnostic practice to "school personnel" who can operate with more latitude than the

school psychologists who conventionally whose purview is the "psychometric eligibility framework." Progress monitoring is the diagnostic data collection of this phase of RTI/PBIS.

All the literature on progress monitoring has been prescriptive—describing it as a necessary part of the RTI/PBIS process. However, no research has yet been conducted on this element itself. The absence of such work to date indicates that the progress monitoring is assumed to be epistemically valid. It is presumed to yield truthful information about the student.

Functional Behavioral Assessments and Behavioral Intervention Plans. RTI/PBIS also make considerable use of the functional behavioral assessment (FBA) and behavior intervention plan (BIP), especially in determining whether a student is eligible for the highest tier of the pyramid (Adelman & Taylor, 2011; Bazelon Center for Mental Health Law, 2003; Freeman et al., 2006; Netzel & Eber, 2003; Sadler & Sugai, 2009; Sugai et al., 2000; Turnbull et al., 2002). FBAs are highly detailed applications of behavioral analysis, taking an ecological approach to the full social environment, looking for patterns, including antecedents and triggers to the behavior in question. FBAs fundamentally ask what need a student was trying to meet with the behavior in question. In the PBIS framework, behavioral intervention plans (BIPs) often follow, applying strategies that intend to meet the emotional need of the child and encourage socially appropriate behaviors (Gresham et al., 2004; Hawken et al., 2009; Scott, Anderson, Mancil, & Alter, 2009). Data collection is another part of the BIP, as it is with academic RTI interventions, so that close monitoring of the success or failure of student and intervention can proceed.

As more interventions are attempted, the presumption is that more intensity is necessary. In the behavioral and emotional realm, more intensity means the greater involvement of mental health professionals, both internal district employees and external providers (Scott et al., 2009). The focus remains on inclusive provision of services, attempting to bring care to the child, often called *wraparound* services in a metaphor that evokes a protective blanket of educational and medical providers (Duchnowski & Kutash, 2009; Eber et al., 2009).

Summary

The literature on RTI/PBIS is elaborate and full in describing systems and protocols for assessing students whose academics or behavior are troubling to educators. They have sought to move beyond the previous conventions of using psychometric evaluations and discipline codes for addressing such students. In those prior methods, students were compared strictly to prescribed norms of academic performance or orderly behavior. Previously, none of the efforts of the school to teach really had a legitimate place in the analysis of what was going on with such students. Through RTI/PBIS, these efforts have great significance. At base, the RTI/PBIS asks whether adequate instruction and expectations have been provided to students. From there, the new systems asks what interventions have been made to meet the challenges of students who were judged to be unsuccessful. Most importantly, the students' success or failure in light of these interventions has become diagnostic data in RTI/PBIS. Hence, the names Response to Intervention and Positive Behavioral Interventions and Supports indicate first what school is expected to do, and second new criteria by which to evaluate troubling and troubled students, as school sees them.

Alternatives to Discipline

One driving force behind the institution of PBIS is to replace exclusionary punishment with therapeutic inclusion. When the Individuals with Disabilities in Education Act was reauthorized in 2004, it introduced PBIS for this purpose, along with the diagnostic use of PBIS to establish a possible disability (United States Department of Education, 2004). Both academics and civil rights advocates have taken up IDEA 2004's aim to replace punishment with therapy (Bazelon Center for Mental Health Law, 2003; Chin, Dowdy, Jimerson, & Rime, 2012; Eber et al., 2009; Horner & Carr, 2004). RTI/PBIS has been regarded by some advocates as having the potential to address the disproportionate suspension of African American and Latino students, students with disabilities, and students whose identities combined those racial and disability categories (Cartledge & Kourea, 2008; Gregory, Skiba, & Noguera, 2010; Skiba et al., 2011; Zhang, Katsizannis, & Herbst, 2004).

The disproportionality is great. The federal government had calculated that African-American students are suspended and expelled at 3.5 times the rate of their white counterparts (United States Department of Education Office of Civil Rights, 2006). Likewise, students identified in two disability categories of Emotional Disturbance (ED) and Other Health Impairment (OHI) have been suspended more than their peers without such labels (Krezmien, Leone, & Achilles, 2006). Furthermore, students of color have been classified as emotionally disturbed at far higher rates than White students (Artiles & Bal, 2008; Harry & Klingner, 2006; Hosp & Reschly, 2004; Nunn-Makepeace, 2011; Osher, Woodruff, & Sims, 2002). When these identities have combined, the compounded risk has been immense. African-American students regarded as having

emotional disturbance have been at the very greatest risk for being suspended: an astronomical 13.43 times higher than the general school population (Krezmien et al., 2006; United States Department of Education Office of Civil Rights, 2006).

Culturally Responsive Positive Behavioral Interventions and Supports (CRPBIS)

The first wave of literature on RTI/PBIS which is described above, took little specific notice of these intersectional realities. Since then, a second wave of prescriptive literature has called for a culturally responsive implementation of positive behavioral interventions and supports (CRPBIS) (Bal, Thorius, & Kozleski, 2012; Cartledge & Kourea, 2008; Fallon, O'Keeffe, & Sugai, 2012; Tobin & Vincent, 2011; Vincent, Randall, Cartledge, Tobin, & Swain-Bradway, 2011). What separates this body of work from the former has been an explicit focus on the intersection of race and ethnicity on data analysis, on expectations of the school as formalized in the prevalent codes of conduct, and on the daily practice of faculty, staff, and administration.

Several studies have begun from the premise that generic PBIS practices can effect disproportionality (Metze, 2012; Tobin & Vincent, 2011). Tobin and Vincent (2011) argued for teacher practices such as praising students' positive behavior as a means for reducing disproportionate suspension of African American students. They followed 46 schools who had diverse student bodies, had excluded both White and African American students by suspension and expulsion, and had seen a decline in suspensions. The sample of schools came from four states, and included elementary, middle, and high schools—though predominantly elementary and middle schools. Through quantitative analysis of the frequency PBIS practices and their effect on reducing suspension, they found that the most influential was "Expected student

behaviors are acknowledged regularly (positively reinforced)." This was above other strategies such as defining behavioral expectations clearly, matching classroom materials to student ability, having efficient and orderly transitions between instructional and noninstructional activities.

Metze (2012) came at the issue from a legal framework, regarding PBIS as an effective way to disrupt the school-to-prison pipeline, in which African American students are disproportionately subject to exclusionary discipline—an early step toward being tagged as criminals and jailed. He cited several school districts that had reduced their suspensions and expulsions by instituting PBIS practices. In Texas, he noted a report to the state legislature (Griffiths, 2012) on a pilot program in thirty-six schools over four years. Elementary schools had the most effective implementation, with one school dropping its discipline referrals by 65.9%, for example, thus leading to far fewer suspensions. On the other hand, secondary schools in the Texas pilot study could not "sustain" PBIS effectively during the four years. Metze concluded that "for a program such as PBIS to be a long term success, the children must be conditioned from early childhood to adapt their behavior to the program's expectations" (Metze, 2012, p. 20). Thus, while Metze regarded PBIS as a response to disproportionate suspension, he did so by looking for more effective ways of teaching students the dominant cultural expectations of school.

Bal and colleagues (2012) have argued that assimilation into the dominant culture is not a responsive method, even if it recognizes racial disproportionality as wrong. They have regarded revising PBIS for cultural responsiveness as necessary because, although the original literature saw school culture as having a role in PBIS,

Operational definitions of culture and how it is considered within local PBIS implementation and outcomes efforts lack detail, at best. Culture is often conceptualized from a narrow and largely static perspective and is seen as differences between students' and teachers' verbal and nonverbal behaviors (e.g., greetings), values (e.g., collectivist or individualistic cultures), or thoughts (e.g., learning styles). (Bal et al., 2012, p. 5)

While remaining based in the same essential PBIS structure, culturally responsive PBIS has been characterized first by several distinct factors: 1) engaging stakeholders beyond school personnel, but including families and community members; 2) conducting data analysis of discipline and disability data disaggregated by race and class; 3) establishing expectations that reflect the racial, ethnic, and class cultures present in the school (Bal et al., 2012; Fallon et al., 2012).

There are limited examples of research on how Culturally Responsive PBIS works in practice. One study from rural New Mexico (C. Jones, Caravaca, Cizek, Horner, & Vincent, 2006) illustrated the possibilities. At Chee Dodge Elementary School, family members, and community members took notice of the cultural mix of the school, and reformed conventional PBIS principles to fit (C. Jones et al., 2006) Almost all (99%) of the students at Chee Dodge were Dine (Navajo), and most (87%) were eligible for free or reduced lunch. Within the Dine Nation, there was considerable cultural diversity in the choices families made to continue traditional culture, or to reject it in favor of Christian beliefs and practices.

Following a state mandate, the school had adopted PBIS. Their original set of behavioral expectations for students played off of the bobcat mascot as PAWS: **P** = Be **P**ositive and **P**olite, **A** = **A**chieve Your Goals, **W** = **W**ork Hard, and **S** = **S**tay **S**afe. However, after the PBS team was expanded to include families, educators, and community members, they found those goals lacking cultural relevance for the students.

The team followed the lead of the school's Dine language teacher in the school to bring together the behavioral expectations under the Dine word *T'aahwiajiiteego*, which means that an individual is "responsible and accountable for one's own choices" (C. Jones et al., 2006). Furthermore, the team founded that less than 5% of the students at Chee Dodge knew what *T'aahwiajiiteego* meant, so they set about teaching it as part of the Tier I curriculum. Within that effort, they emphasized examples of Native Americans whose biographies illustrated the principles: athlete Jim Thorpe (Sac and Fox) as an example of achievement, Chief Wilma Mankiller (Cherokee) for politeness and positivism, and others. This particular study ended with the culturally relevant principles being constructed and taught. Follow-up work on the results in terms of the behavior of students has not been done to date.

Summary

Insofar as RTI/PBIS represents a shift away from punitive methods, a broader conversation is emerging about where to go next. First comes the acknowledgement that this shift is compelled by unjust disproportionalities in school discipline as it is applied to traditionally marginalized student groups based on race, class, disability, and gender. Hence, an important next step in the conversation has become not just a shift away from discipline toward therapy, but a deeper examination of the oppressive discourses that regulate behavior in schools. Culturally responsive versions of RTI/PBIS are being put forward as more just and more effective than the first wave of RTI/PBIS policies and practices.

Disability Studies in Education and Foucauldian Critical Theory

The conventional literature on RTI/PBIS comes from a special education framework that has ideological roots in systems of diagnosis, treatment, and control. However, the critical lens of disability studies in education (DSE) literature offers different interpretations. In the DSE literature, two strands form the basis for this inquiry. The first strand is the analysis of evolving perceptions of behavioral difference from deviant to pathological. The second strand is on schools' creating regimes of truth and control, especially with respect to disability.

Also, several aspects of Foucauldian critical theory have informed this work. One is the explication of the simultaneous totalizing and individualizing dynamics of governmentality, in which a particular student can have a particular identity created because of her/his enrollment in a given system, such as RTI/PBIS would be. Second, the concept of liberal polymorphism, in which essentially similar power discourses transmute through various policy formulations speaks to the genealogical development of RTI/PBIS from previous discourses in special education and school discipline. Third, as another aspect of governmentality, I have drawn on critiques of audit culture as an aspect of neoliberal reform efforts in education.

Deviance as Pathology

From disability studies, I borrow the concept of the medicalization of deviance (Baynton, 2006; Conrad & Schneider, 1992; Davis, 2006; Linneman, 2001; Sedgwick, 1982; Wolfensberger, 1975, 2000). Here, the social construction of difference as disability, and further as pathological deficit, is highlighted. Because so much of the RTI and PBIS discourse is about comparing students performance and behavior to normative

performance and behavior standards, it is most instructive to take Davis' (2006) point that *dis*ability and *ab*normality are discursively created by an institutional obsession with *normalcy*.

> To understand the disabled body, one must return to the concept of the norm, the normal body. So much of writing about disability has focused on the disabled person as the object of study. Just as the study of race has focused on the person of color. But as with recent scholarship on race, which as turned its attention to whiteness, I would like to focus not so much on the construction of disability as on the construction of normalcy. I do this because the "problem" is not the person with disabilities; the problem is the way that normalcy is constructed to create the "problem" of the disabled person. (Davis, 2006, p. 3)

Disability Studies in Education has a considerable body of work that applies analysis of this medicalization discourse to deconstructing the disability category of learning disability (Baglieri, Valle, Connor, & Gallagher, 2010; Danforth, 2009; Dudley-Marling, 2004; Skrtic & McCall, 2010; Sleeter, 1987). Some of the most recent work—and most relevant to this research project—applies that analysis to Response to Intervention as it is being used by schools to address the students they perceive to have learning disabilities.

Sorting and Classifying Discourses

There have been recurrent efforts over decades to create sorting and classifying schemes that separate students with "true disabilities" from others (Baker, 2002; Brantlinger, 2006; Danforth, 2009; Ferri & Connor, 2006; Sleeter, 1987). Brantlinger (2006) encapsulates the dynamic elegantly when she describes efforts to "fix" students who measure up as deficient by established school standards. She takes on both meanings of the word "fix" 1) to remedy purported deficits in their learning, and 2) to "determine a place for certain individuals such as through classification or other specialized classroom arrangements" (Brantlinger, 2006, p. viii).

Sleeter (1987) also asks, "Why is there learning disabilities?" and answers with a deconstruction of an U.S. education system in the 1950s and 1960s that sought to establish a new category of learners—the learning disabled[2]—within a stratified schooling structure regarding class and race.

> The category emerged for a political purpose: to differentiate and protect while middle class children who were failing in school from lower class and minority children, during a time when schools were being called upon to raise standards for economic and military purposes. Rather than being a product of progress, the category was essentially conservative in that it helped schools continue to serve best those whom schools have always served best: the white middle and upper class. This political purpose, however, has been cloaked in the ideology of individual determinism, thus making it appear scientific. (Sleeter, 1987, p. 212)

Sleeter's trenchant critique ties the classifying a sorting discourses of school both to government policy and to other power discourses of class and race. Ferri and Connor (2006) and Reid and McKnight (2006) draw on earlier work in DSE to focus on the manifestations of ableism and racism in schools. Likewise Baker (2002) identifies these discourses as a "politics of (dis)ability." They operate in practices and policies that evidence an institutional "hunt for disability."

> A preferred style or way of learning only becomes a learning disability, for example, in light of the impatience and structure of an institution that presents things in a limited number of ways with rigid expectations for what counts as timely performance. Similarly, to allocate some children and not others as emotionally disturbed really raises the question of what counts as an emotion and what counts as a disturbance and to whom. (Baker, 2002, p. 685)

Reid and McKnight (2006) pick up Harry and Klingner's (2006) analysis that the racially disproportionate classification of students of color is limited to the high incidence categories of learning disability (LD), emotional and behavioral Disturbance (E/BD), and

---

[2] I use the phrase "learning disabled" as a noun here, rather than the person-first construction "students with learning disabilities to reflect the identity construction that was prevalent at the time.

mental retardation (MR). Because these classifications are grounded in the results on psychometric testing, Reid and McKnight (2006) see disproportionality as evidence of how the ideology of normalcy became the functional expression of institutional racism. "Its strong association with abnormality and monstrosity made disability the quintessential marker of hierarchical relations used to rationalize inequality, discrimination, and exclusion"(p. 19). Furthermore, because the scientific diagnostic hunt for a "true" disability appears fair, objective, and benevolent, the fact that it marks student of color as disabled makes their segregation dependent on a scientific, natural, justifiable label (2006).

Ferri and Connor (2006) cover similar ground. They chronicle a compulsory normativity in school that has centered a particular version of acceptable ability that is powerfully raced, and from which schemes of separation, classification, and segregation follow. Because the norms are described functionally in the nomenclature of academic ability and behavioral compliance, the school system effectively hide institutional racism in the more acceptable discourse of institutional ableism. Ferri and Connor furthermore place this development in the historical context of the ways that eugenic policies and practices that seek to engineer a more perfect society have transmuted over a century and a half.

DSE Critiques of RTI for Learning Disabilities

In the early phases of RTI implementation, these scholars warned that this regime may be old wine in new casks, reifying again the continuum (Ferri, 2011; Klingner & Edwards, 2006). With RTI's focus on data-driven systems and research-based interventions, they have raised epistemological challenges to the regime as it is

developing. Ferri (2011) described RTI as it has been conceived as an innovation for

teaching students presumed to have learning disabilities. She noted that much of the

efficacy claims of RTI are reliant on the further claim that interventions are "evidence-

based" or "research-based." Yet those assertions stand up poorly to simple scrutiny about

the narrow confines of such evidence.

> Lists of evidence-based interventions rarely include serious discussion about what
> counts as evidence or what standard each has met in order to be included in the
> list. As a clinical model, we should also be asking whether interventions that are
> considered research-based will easily generalize to school settings, which are
> idiosyncratic and complex? Is the same intervention appropriate for a wealthy
> suburban school as an under-resourced, multicultural urban center? RTI
> procedures ignore contextual and cultural variables as well as teacher and
> classroom dynamics and opportunity to learn. (Ferri, 2011, pp. 12-13)

   Echoing the Culturally Responsive PBIS critiques, Klingner and Edwards (2006)

asked similar questions with more specific concern on the match between school culture

and the culture of students.

> What should the first tier look like for culturally diverse students? For English
> language learners? For students living in high poverty areas? What should the
> second tier look like? Should it be the same for all? If not, how should it vary, and
> how should this be determined? How can we make sure that the instruction is in
> fact responsive to children's needs? (p. 109)

These concerns have been supported by a study in one school on the application of RTI

with Latino English language learners (Orosco & Klingner, 2010). They found that

teachers analyzed the reading performance of English language learners (ELLs), and

designed interventions for them, as per RTI protocols, and the interventions they chose

were largely from menus of techniques validated as evidence-based. However, the

interventions made little difference in the children's reading development. The problem

was that none of those interventions involved techniques that are supported in the

research literature as working for ELLs. Neither did teachers in this school display

effective ways of incorporating culture or making connections with students that Orosco and Klingner cite as research-validated. Hence, building on this DSE literature, the authors come to a similar prescriptions for cultural relevance as do the CRPBIS writers (Alfredo J. Artiles, 2007; Alfredo J. Artiles, Bal, & Thorius, 2010; Bal et al., 2012).

DSE Critiques of Psychopathologizing Discourses

Specifically for the terms of this research study, it has been helpful to draw on the DSE literature in which children's behavior has fallen into this kind of sorting and classifying scheme. Most particularly, this has taken the form of critiques that pathologize children's behavior. The psychopathologizing of children's busyness as hyperactivity and their resistance as conduct disorder have been especially illuminating.

Hyperactivity in children has been examined carefully (Conrad, 1988, 2006; Rafalovich, 2005) for the discourse in which children's divergent behavior has moved from being read as unruly to diseased, and serves as a pertinent example of medicalizing deviance. Looking at attention deficit hyperactivity disorder (ADHD), Conrad (1988, 2006) describes how families, school authorities, and medical personnel collaboratively form a pathological diagnosis of the childhood behaviors that had previously been considered to be mischievous or disruptive. Parents and educators are both troubled by some of the same disorderly behaviors. Checklists such as the Conners Scale (C Keith Conners, 1997) create a single database through which those behaviors can be compared and interpreted by physicians. Thus, naughtiness transforms into illness.

Rafalovich (2005) updates Conrad's work, and goes further into the school-based discourses of that transformation. Almost two decades after Conrad's initial study, Rafalovich finds that educators have appropriated medical terminology in their own

evaluations of children, a significant step from using the Conner Scale as an intermediate instrument. In his view, school officials thus become quasi-clinicians contributing to an overall psychopathologizing of disruptive students.

Hyperactivity is not the only student behavior analyzed this way. Conduct disorder in youth comes under a similar scrutiny by Harwood (2005). Whereas Conrad and Rafalovitch's work focuses on how adults are troubled by energetic, unfocused children, Harwood explores the realms of delinquency and opposition. She examines the psychopathologizing of disorderly children by laying out a Foucauldian genealogy of youth conduct disorder diagnosis. Her work is germane here for several reasons. On one hand, by moving beyond hyperactivity into another diagnostic category, it helps me to establish more firmly the discourses of psychopatholgizing in school. Furthermore, conduct disorder is among the diagnoses of emotional and behavioral disorder. Finally, to that end, Harwood analyzes discourses of institutional power that insist on discipline—indeed internalized self-discipline—as an organizing principle of school success (2006).

Danforth (2007) follows in the footsteps of Szasz (1970, 1974) by describing the metaphors that school personnel often use when characterizing unwanted student conduct as illness. Two models predominate for students considered to have emotional or behavioral disturbance (E/BD), a psychodynamic model and a behaviorist one. The psychodynamic metaphor posits that behavior surfaces as a manifestation of underlying emotions. Danforth deconstructs the common description of such behavior as "acting out," a typical invocation of the psychodynamic metaphor.

> In the dynamic process of acting out, internal emotions are converted into external actions. Specifically, the behaviors are unwanted or deviant, and the conversion from emotion to behavior is primarily unconscious, mostly beyond the awareness and control of the person. Note that, despite the unconscious or unintentional

element, the phrase acting out is only meant to describe unwanted behavior, not spontaneous acts of kindness or benevolence that arise from the depths of the psyche. (Danforth, 2007, p. 15)

The other prevalent metaphor for unwanted conduct is behaviorist. Here, Danforth picks up on how Skinner's theories have come to pervade the thinking of school officials. The fundamental dynamic of the behaviorist metaphor is that it such conduct maladaptive to the environment of school. However, behaviorism in this application uncritically accepts the existing *a priori* power structure as part of that environment.

The behavioral understanding of E/BD consists of the notion that the public school environment—a combination of reinforcers designed to select normative behaviors and nondesigned features—selects behaviors in a manner that promotes adaptation to the norms and codes of the social group. Despite that process of behavioral selection and individual adaptation, the behavior of a few individuals remains deviant. (Danforth, 2007, p. 18)

Although their work has been about teachers and not school leaders, Collins (2003) and Orsati and Causton-Theoharis (2012) found these discourses prominent in the way teachers regarded students with allegedly "challenging behavior." Collins (2003) found that in a science classroom that "emphasized orderly, structured routines," an African American student who would volunteer answers often immediately as he thought of them was considered to be "out there" by his teacher. The teacher would tie this behavior to what she perceived as other deficit identities, particularly his "family history." Likewise, Orsati and Causton-Theoharis (2012) found that teachers began labeling students themselves, not their behavior, as "challenging." Furthermore, when control was prioritized in the classroom, excluding these students appeared to the teachers to be a necessary and justified response.

Epistemic arguments are also being made with respect to RTI's cultural assumptions. Artiles (2005) challenges RTI practitioners to judge the cultural validity of

data being gathered on a diverse community of learners. Ferri (2007) cautions that further assumptions in RTI, such as the truth status of putatively research-based instruction and interventions, reinforce decades-old patterns of deficit thinking about children. Within DSE broadly, it strikes me that this discussion of RTI extends and updates the reevaluation recently made of the "truth" of learning disabilities (Blanchett, 2010; Gallagher, 2010; Skrtic & McCall, 2010; Sleeter, 1987) . Collins' *Ability Profiling and School Failure*, for example, is a powerful qualitative study of the ableist discourses of teachers who construct an African-American boy as behaviorally challenging and having a learning disability, whereas the author recognizes him as having profound and rich engagement with science learning.

Discourses of Truth and Control

These works connect to Foucauldian analyses of how schools create regimes of truth and control, especially with respect to disability (Baker & Heyning, 2004; Danforth, 2005; Foucault, 1979; Harwood, 2006; Simons & Maaschlein, 2005). Danforth (2005, 2007) for example, analyzes how curricula that attempt to teach children the appropriate behaviors for school in fact focus on compliance and control, and optimally self-control. Simons and Maaschlein (2005) more broadly speak to Foucault's concept of *governmentality*, in which a student with a disability might simultaneously receive an individually tailored education, and paradoxically be enrolled in a systematic regime of data gathering and monitoring via the special education process in order to receive those services.

Governmentality. One of RTI's tenets is screening all students, collecting relevant data so that children in need of further assistance can be systematically

identified. Universal screening calls up the Foucauldian governmentality concept as all students become enrolled in a new database, from which their individual needs could be identified. The paradox is that a student is simultaneously read as a data point in a total system so that her/his individual deficit might be addressed.

Foucault (2003b) theorizes biopower as evident in the collectivized concerns of the modern state. In this domain, the entire body politic is the focus of attention, rather than the individual body. Populations, their functions and dysfunctions, their measurement and regulation, their collective health and threats to health, become the province of politics—in this case, the province of school administration. Here, the state is not concerned so much with birth, but with birth rates, not death but rather mortality rates, and for school not graduation from school per se but graduation rates. The statistician's gaze, complete with mathematical presumptions about describing the diversity of human life, is thus theorized as a technology of power (Foucault, 2003b).

This gaze is but one piece of Foucauldian principle of governmentality at work in education, and particularly with regard to students with disabilities. Normalizing comes via statistical measures, such as those used in special education assessment and classification. Here again, biological conditions of life are implicated as signifiers for other dimensions of human variation. For example, the central assessment principle for the discrepancy model of classifying a student as learning disabled is a gap between her/his academic performance and psychometric assessments of cognition. Scores that stray more than two standard deviations from the mean score for age peers have been interpreted conventionally as indicating the presence of a learning disability. Chronological age is the assumed yardstick here. Although RTI seeks to move beyond

the discrepancy model, that does not necessarily move the statisticians gaze beyond normative thinking. If anything, the drive for universal screening is a vast expansion of that gaze to all students.

Governmentality may be at work in schools in other ways, particularly with respect to students considered to be emotionally or behaviorally disordered. Where schools seek compliance and self-control, either through discipline, universal behavioral expectations and curricula (first tier), or therapeutic intervention (upper tiers), they are enacting what Foucault scholars call the "conduct of conduct" (Simons & Maaschlein, 2005). Three other dimensions of Foucauldian concepts of governmentality go hand in hand for this study: 1) individualization and totalization, 2) liberal polymorphism, and 3) audit culture.

Individualizing and totalizing. Simons and Maaschlein (Tremain, 2005) speak eloquently to the individualizing and totalizing dynamics of such practices as special education classification, for example.   As individuals and then categories of students are identified, tracked, and managed as being "at risk," they are simultaneously considered as distinct but also inserted into the system for that designation. This simultaneity is part of the mechanism by which the school system reduces a full range of human capacity to data points, social relations to targeted programs, and individuals to their metrics. Where disorderly behavior becomes an identity marker, it both separates out individual students and enrolls them in a system.

Thomas and Glenny (2000) have a similar critique, as they describe the creation of the creation of Emotional and Behavioral Disturbance (E/BD) as a disability category based on a "bogus" discourse of student need. They contend that the discourse is

fallacious because the *needs* being addressed by any school policy or practice regarding students with this label are the institution's *needs* for order and control. Applying Foucault's *Discipline and Punish* (1979), they argue that "EBD provides an excellent case study of this elision from punishment to judgment. It provides a clear example of a category created from an intermingling, on one side, of certain systems of knowledge (like psychology and medicine) and, on the other, of a need for institutional order" (Thomas & Glenny, 2000, pp. 285-286). They also would agree with Wolfensberger (1990), when they note that the professionalized and bureaucratic responses that grow up around such a disability category will "think about how to direct their 'clients' towards some existing professional specialism," rather than "think creatively about how to change for the better" (Thomas & Glenny, 2000, p. 293).

Casella and Page (2004) take this critique a step further, in describing "how the behavioral disability system was organized and used to meet the needs of a larger school system that was already set up in a way that categorized and separated students based on a variety of factors related to academic and behavioral abilities, as well as socioeconomic and racial identifications." They describe the effect of the Individuals with Disabilities Education Act in establishing both the categories of disability, as well as the prescriptive responses. Families and students, therefore, seek out education, but what they get are particular services; schools are built to educate students, but they provide programs," that Casella and Page argue "in fact, contradict the goals of education" (2004, p. 3) when the programs promote and maintain institutional order and more than the growth and development of the student. They follow several students as their schools identify them

as having EBD, and then assign them to segregated learning spaces. Noting culturally

incompetent discourses within this process, the authors conclude

> The placement of students in behavioral problem classes and sometimes in
> separate areas of the school (as was the case at City High) is a way of tracking
> students. But unlike basic tracking, which is purported to be based on academic
> ability, this form of tracking is based on behavioral disability, an even more
> elusive category of personhood. In both circumstances, though, testing and the
> judgments of professionals legitimize and officiate youths' placements, and in
> both cases, the academic and behavioral tracking of students invariably leads to
> racial and socioeconomic divisions. (Casella & Page, 2004, p. 23)

Casella and Page identify the role that the federal Individuals with Disabilities in

Education Act (IDEA) has played in establishing what Foucauldians call a governmental

system within schools. The law itself has seen several revisions, up to and including the

2004 reauthorization in which RTI and PBIS were initiated. To understand this

development, I borrow another concept from Foucauldian scholarship, liberal

polymorphism.

   Liberal polymorphism. In keeping with the deconstruction of intersecting

discourses of ableism, racism, and classism regarding federal policy and school policy

and practice (Ferri & Connor, 2006; Sleeter, 1987), Tremain (2005) speaks to

liberalism's capacity for self-critique. Self-critique helps practitioners feel that they are

doing better now than they used to. Still, such self-congratulations may mask other

persistent discourses. Thus, liberal polymorphism is evident in the discourse of RTI and

PBIS as "new and improved" ways of understanding students. In this case, RTI and PBIS

discourses of individual student deficit could function as ameliorations or disguises for

other critiques that are perceived to be sharper, such as institutional racism and ableism.

   Kumashiro (2008) writes about liberalism's capacity to evolve, arguing that neo-

liberalism discusses the "seduction of common sense" which again masks destructive

discourses at work. He does not speak to RTI and PBIS per se, but instead to issues such as closing the achievement gap, which is constructed as an apparently common sense policy goal. However, framing the dilemma this way has the effect of blaming students for their own failure, rather than recognizing how schools have failed their children.

> After all, it is difficult to argue that an achievement gap is the result of structural racism when at least one population of students of color actually is achieving. Time and again, this is reinforced with data, in particular the test scores that are often accepted as the primary indicator of learning. In other words, the concept of the achievement gap, with Asians/Pacific Islanders on both sides of the gap, enables a collective ignoring of structural racism. The implication is that if some Asian Americans are making it, the problem for all other students of color cannot be structural racism. Rather, the problem must be that either their teachers are not teaching well or the students themselves are not capable of learning. (Kumashiro, 2008, p. 78)

Ladson-Billings (Ladson-Billings, 2006) recasts the achievement gap as an "education debt" owed to students, rather than their gap meeting the expectations of school. Kumashiro (2008) goes on to describe how the "common sense" framework of an achievement gap gains authority by appropriating on an apparent shared compassion between the political Left and Right for the interests of marginalized students. Indeed, consider the plaudits that No Child Left Behind received because it was jointly endorsed by President George Bush and Senator Ted Kennedy.

Youdell (2006) picks up this critique of neo-liberalism, and notes how current laws and policies render some students as "impossible bodies" whom schools feel justified in excluding. Noting the same identification processes tied to putatively research-validated benchmark criteria, "Inclusions and exclusions are inextricably linked to the everyday school practices that constitute students good or bad, and learners as acceptable or unacceptable, ideal or impossible" (Youdell, 2006, p. 30). Thus, Youdell

argues that each version of neo-liberal policies that attempt to promote inclusion, also take up benchmark criteria that perforce create a group of students who can be excluded. I would apply that same critique to the RTI/PBIS framework, noting that while it aims to include students whose behaviors are regarded as disorderly, it simultaneously constitutes a group of students as *too* disorderly to include.

In this regard, Baker's (2002) description of a "new eugenics" discourse in schools that emerges in a "hunt for disability" is instructive. The classifying and sorting mechanisms that become the technologies of an ableism range from "federal-level moralizations" such as *A Nation at Risk* (Tomlinson, 1987) and policies such as *No Child Left Behind* (United States Department of Education, 2001) that together construct "the categories of the deficient, the delayed, the unready, and the broken who were posited as jeopardizing 'the nation,' its reputation, and its economic future, as well as their own personal one" (Baker, 2002, p. 680). Baker notes that audit culture has a eugenic cast in a "service-provision models" of schooling "which are often predicated on the presumption of disability-negative inscriptions of a 'condition'" that otherwise interrupts the institution's ability to deliver a high quality educational product. In other words, disabilities are ascribed to individual students, and these deficits are discursively constructed as flaws or obstacles to overcome in the institution's overarching production. Hence, a "hunt" ensues in which data-driven processes are focused on identifying disabilities as deficits, constructing categorized interventions to eliminate or overcome them, and thereby define a successful school and successful educators as those who are proficient in this endeavor.

Neoliberal audit culture. The data-driven requirements of RTI/PBIS have come

under scrutiny as a facet of neoliberal educational reform. Shor and Wright (2000)

described neoliberal governmentality as "the wholesale shift in the role of government

premised on using the norms of the free market as governing principles not only of

economic life, but of the activities of the state itself and, even more profoundly, of the

conduct of individuals."   The "audit culture" that comes with data-driven decision

making has been regarded as an instrument of control (Shor & Wright, 2000), in which

accountability via data analysis (Strathern, 2000a) accompanies the standards movement

(Taubman, 2009) and other market-like reforms (Apple, 2005a, 2005b).

> The key to this system of governmentality lies in inculcating new norms and
> values by which external regulatory mechanisms transform the conduct of
> organizations and individuals in their capacity as "self-actualizing" agents, so as
> to achieve political objectives through "action at a distance." These regulatory
> mechanisms act as "political technologies" which seek to bring persons,
> organizations and objectives into alignment. (Shor & Wright, 2000, p. 61)

Apple (2005b) has argued that the "focus on measurable results and central

control over important decisions" is emblematic of neoliberalism's drive to reduce the

complexities and subtleties of education to "economically rational" processes. Taubman

(2009) observed a contradiction inherent in reform processes that highlight standards and

accountability. Writing about their effect on higher education, he noted that reformers

have promulgated an ideology in which the standards and accountability process

"provides teachers and teacher educators with greater freedom. It is that very allure of

freedom… that masks the imposition of disciplinary practices of self-surveillance and

self-regulation, practices that paradoxically strip teachers of their autonomy." He saw

them as emblematic of "the widespread belief that all students can learn as long as their

teachers follow directions. Educators have embraced the most mechanistic approaches to

pedagogy and curriculum in the belief that these would empower them and help their students" (Taubman, 2009, p. 2).

Data audits become a "ritual of verification" within a culture of "new managerialism" as described by Shor and Wright (2000). The current semantics that signal the move of auditing from financial accounting to measuring the "public and professional life" include "public inspection, submission to scrutiny, rendering visible, and measures of performance" (Shor & Wright, 2000, p. 59). Adding a Marxist analysis, Apple (2005b) described how audit culture develops a managerial middle class which "gains its own mobility within the state and within the economy based on the use of technical expertise." While the techniques of managerial control may derive from corporate models, they do not require that the new managerial class adopt all the ideologies that follow, and may continue to hold quite politically "liberal" positions, while simultaneously enacting institutional practices that are fundamentally controlling and conservative (Apple, 2005b).

Indeed, Apple (2005b) has suggested that prolonged critique of public education as ineffective and broken can contribute to leaders adopting such practices. Kumashiro (2008) and Apple (1993) have each pointed out that this sustained offensive has created an alluring "common sense" that the corporate world holds the key to failing public institutions. Educational leaders in buildings and district offices feel those pressures too.

> These attacks also have had profound effects on identities and have produced a crisis among many state employees and managers concerning doubts about their expertise and their ability to "help" the public. New identities that are centered around enhanced technical proficiency and a set of assumptions that solutions to deep-seated problems in education and the entire social sphere can be provided by enhancing efficiency and holding people more rigorously accountable for their actions have developed over time, sponsored in part by neo-liberal discourses that have opened spaces within the state for such expertise. (Apple, 2005b, p. 21)

Borrowing from Foucault, critics of audit culture have identified it as "essentially a relationship of power between scrutinizer and observed [in which] the latter are rendered objects of information, never subjects in communication" (Shor & Wright, 2000, p. 59). The use of ODRs and attendance as screening data and the practices of monitoring student progress and programmatic fidelity all fit within the technology of auditing.

> Where audit is applied to public institutions—medical, legal, educational—the state's overt concern may be less to impose day-to-day direction than to ensure that internal controls, in the for of monitoring techniques, are in place. They may require the setting up of mechanisms where none existed before but the accompanying rhetoric is likely to be that of helping (monitoring) people help (monitor) themselves, including helping people get used to this new "culture." (Strathern, 2000b, pp. 3-4).

Considering again the subjective position of educational leaders in an audit culture, Apple has spoken to a tension that may exist between their beliefs and the effects of their actions within the regulating discourse of data-driven accountability.

> Members of this fraction of the upwardly mobile professional and managerial new middle class do not necessarily believe in the ideological positions that underpin all aspects of the conservative alliance. In fact in other aspects of their lives they may be considerably more moderate and even "liberal" politically. However, as experts in efficiency, management, testing, and accountability, they provide the technical expertise to put in place the policies of conservative modernization. Their own mobility depends on the expansion of both such expertise and the professional ideologies of control, measurement, and efficiency that accompany it. Thus, they often support such policies as 'neutral instrumentalities' even when these policies may be used for purposes other than the supposedly neutral ends this class fraction is committed to. (Apple, 2005b, p. 20)

Thus, even leaders who embrace inclusion based on moral or ethical grounds, may participate in neoliberal discourses that regulate their actions and relations in ways that effectively enhance control.

These critics of audit culture argued further still that these neoliberal discourses regulate what is rendered knowable, measurable, and worthy of scrutiny (Shor & Wright,

2000). In that milieu, Apple applied Bourdieu's concept of cultural capital, noting how audits foreground qualities that enhance the success of middle-class students.

> The increasing power of mechanisms of restratification such as the return of high levels of mandatory standardization, more testing more often, and constant auditing of results also provides mechanisms – and an insistent logic – that enhance the chances that the children of the professional and managerial new middle class will have less competition from other students. Thus, the introduction of devices to restratify a population – for this is what much of it is – enhances the value of the credentials that the new middle class is more likely to accumulate, given the stock of cultural capital it already possesses. I am not claiming that this is necessarily intentional, but it does function to increase the chances for mobility by middle-class children who depend not on economic capital but on cultural capital for advancement. (Apple, 2005b, p. 21)

These critiques have been grounded in Foucault's concept of governmentality that identifies power in "organizing the conduct of conduct." This is power that constructs macro and micro structures of control. Individuals become "self-regulating" subjects in this system, while an entire population becomes a "datum, as a field of intervention and as an object of governmental techniques" (Foucault, 1991, p. 102).

These critiques notwithstanding, some of the literature on educational leadership for social justice and inclusion has proposed the use of equity audits of schools and school districts (Frattura & Capper, 2007; Skrla, Scheurich, Garcia, & Nolly, 2004). Audits of student achievement data disaggregated by different marginalized identities such as race, class, and disability can be used to empower accountability for equity, they argued (Skrla et al., 2004). Likewise, auditing the allocation of resources such as teachers, learning materials in a school or district and matching that information to the distribution of marginalized students can likewise reveal the institution's commitment to equity (Frattura & Capper, 2007).

Summary

DSE critiques of deviance and medicalization have predated the emergence of RTI/PBIS, and yet remain apt. Indeed, they fit neatly with Foucauldian analyses of governmentality more broadly because they identify important genealogical strands that continue, even as RTI/PBIS is heralded as a new chapter for inclusive education. Regarding deviance as pathology appears to remain, and perhaps intensify, with the advent of RTI/PBIS. Furthermore, the medicalizing discourse that has been analyzed on the conventionally academic side of RTI can join with analyses of psychopathologizing in school discipline practices.

Setting these DSE critiques in a Foucauldian field of understanding governmentality is also helpful in grounding this study. RTI/PBIS may be a signature examples of governmentality as the technologies by which individual students are analyzed and identified, and simultaneously registered in broader systems. Moreover, RTI/PBIS may also represent the neoliberal state's ability to transform the same dynamics of power from one format to another, called "liberal polymorphism" in this critical theory. Finally, the critique that the current transformation borrows heavily from corporate models of efficacy and regulation applies well to this study. The data-driven mandates of RTI/PBIS develop discourses of scrutiny and control that govern the identities and conduct both of students and school leaders.

Leadership for Inclusion

The literature on inclusive school leaders highlights a leadership style that sets the goals without compromise, and is yet willing to negotiate the means to achieve them within the school. In the literature on training social justice leaders (Capper et al., 2000;

Frattura & Capper, 2007; Shields, 2004; Theoharis, 2009) one finds consistent suggestions for necessary skills and attitudes. These attributes include democratic participation of all stakeholders, clear vision of equitably including all learners, and systematic analysis of enabling and disabling organizational structures.

Frattura and Capper (2007) have outlined a comprehensive set of skills and processes for social justice leaders interested in transforming schools as they are. To that end, they have presented the necessity for the leader to hold and articulate equity as a core conviction. They have suggested a system of "integrated comprehensive services" for schools with heterogeneous student populations, with respect to race, class, disability, and language of origin. All settings in which students will be together, including classrooms, libraries, playgrounds, and field trips, should include all students in both large and small groups. Furthermore, "comprehensive services" which are "the array of services and supports, centered in a differentiated curriculum and instruction" should be brought to students those learning spaces, rather than taking students away to separate specialized areas, in order to "ensure academic and behavioral success" (Frattura & Capper, 2007, p. 4).

As mentioned above, they considered the equity data audit a key skill in fulfilling that conviction because the analysis "can raise the consciousness of educators about the strengths and inequities happening in their own schools and about the myths that continue to be perpetuated about particular traditionally marginalized groups and individuals" (Frattura & Capper, 2007, p. 49). Action is to follow, of course, using strengths to build toward addressing the challenges revealed by this process, all in the service of realizing the vision.

Of particular significance to this study, these authors spoke to creating a school climate that supports students regarded as having challenging behaviors. They devoted their attention to this issue because

> Far too often, we hear administrators, administrative students in our certification courses, and teachers tell us that of course they believe and understand the principles of Integrated Comprehensive Services, but there are just some children who do not belong in school. We typically respond with, "Who gets to draw the line for belonging?" (Frattura & Capper, 2007, p. 84)

Although they did not label it as RTI/PBIS, Frattura and Capper essentially adopt the same scheme when they assert that 85% of the student population "will function well in a healthy school climate," with 10% more who may challenge that culture from time to time, yet be "appropriately redirected," another 4% who "may need a more detailed behavior protocol to assist the teachers and the student in finding a more sold ground from which to work," and a remaining 1% who have "a significant mental illness or significant behavioral needs" (2007, p. 87).

Houser, et al (2010) studied middle school principals and found that the leadership style they dubbed correlated to an embrace of inclusion, whereas the style they called *transformational transactional* leadership did not. Drawing on the work of numerous others, they defined transactional leaders as those who work "within the boundaries of the status quo," while transformational leaders are "those demonstrating behaviors that seek to make change happen in one's self, others, groups, and organization" (Houser et al., 2010, pp. 8-9). Kugelmas and Ainscow (2004) conducted case studies of three educators across the globe who embrace such leadership and recognize inclusion as a project of social justice.

Riehl's (2000) metastudy confirmed the alliance of inclusion and social justice

work, especially among those already oriented toward social justice. She read the body

of research to suggest

> a more positive image of the potential for school principals to engage in inclusive,
> transformative practice. When wedded to a relentless commitment to equity,
> voice, and social justice, administrators' efforts in the tasks of sensemaking,
> promoting inclusive cultures and practices in schools, and building positive
> relationships outside of the school may indeed foster a new form of practice. (p.
> 71)

She found support in the literature for numerous ways leaders can help shape the

discourses that regulate their schools' decisions and practices. Among them, she cited

Meyer's (Meyer, 1984) endorsement of reorganizing common routines and school

organization patterns, as well as Anderson's (1990) findings on how principals participate

in mediating conflict and by setting the terms of everyday discussion on policy and

practice among stakeholders. These skills would arise as principals took on the key tasks

of developing and promoting inclusive teaching and learning practices, shaping school

cultures that included all students and families with respect to race, class, and disability,

and building strong connections between schools and the communities they serve (Riehl,

2000).

Theoharis (2009) described in the most depth the commitments, strategies, and

struggles of principals committed to building schools that accept children regardless of

disability, race, language fluency, and sexual orientation. He found that commitment to

social justice required a concomitant commitment to inclusion.

The reverse is not so clear, however. Principals may approve of inclusion as an

ideal, and embrace it to a limited degree in their practice, yet not think of themselves as

social justice leaders. And it is the question of the limits of inclusion that seems to

distinguish those leaders who actively seek to build inclusive schools from those who make only rhetorical gestures to do so (Barnett & Monda-Amaya, 1998; Horrocks et al., 2008; Praisner 2003; Salisbury, 2006; Salisbury & McGregor, 2002). Barnet and Monda-Amaya (1998) found among a random sample of 115 principals that they predominantly favored inclusion only for students with mild disabilities. Race and ethnicity as dimensions of diversity seemed not to separate committed inclusive leaders from their peers. For example Praisner (2003) and Salisbury (2006) work have made clear that students known as having emotional and behavioral disorders have also been regarded by principals as justifiably excludable.

In another attitude survey (Horrocks et al., 2008), principals were presented with several descriptions of children on the autism scale (without the diagnostic label being used), and asked about the possibilities of including them. The principals were more open to including students whose profiles most closely resembled ritually compliant classroom behavior. Furthermore in this study, the degree to which principals accepted the inclusion of students with behaviors considered more extreme also correlated with their acceptance of inclusion as an ideal.

Weller (2012) used the inclusion of students with autism as a similar starting point to investigate principals' attitudes on inclusion more generally. She found that principals first of all made inclusion decisions about these students on a case-by-case basis, in part because they lacked a sufficient base of theoretical knowledge or experience with autism to do otherwise. Second, once the principals had indeed supported inclusion, they saw benefits for all students, not just the students with autism. Finally, these positive experiences moved the principals to be more open to inclusion in the future.

Frick, Faircloth, and Little (2012) came at principal attitudes about inclusion from a more hypothetical basis during an investigation of their moral thinking. They explored the principals' reasoning concerning a hypothetical scenario of including a fourth grade student who appears to have a conduct disorder. Although it is not labeled as an RTI/PBIS process, the extended scenario strongly resembles RTI/PBIS in the frequent meeting of a team of educators to design interventions, measure their effectiveness, and make diagnostic and treatment decisions on that basis. The authors found that principals struggled to cope with the imperative to act in the "best interests of the student" depending on whether they defined "best interests" as educational benefit or safety of their school community. In particular, they found that inclusion was further challenged as an expression of the best interests of students when they understood educational benefit to mean achievement on mandatory standardized testing.

Summary

Literature on leadership for inclusion and leadership for social justice overlap considerably, and yet are not synonymous. Both have emphasized the need for cogent analysis and restructuring of systems that have reified oppression in schools, particularly systems that have sorted and sifted students into categories of privilege and of marginalization. Furthermore, both speak to the leaders' needs to hold a consistent vision, yet open up implementation to a democratic process that empowers all who have a stake in that vision becoming a reality. However, the literature on inclusive leadership indicates that including all students has remained an area in which leaders have been willing to compromise their vision. Most prominently, children whose behavior is judged to be disruptive are most often regarded as the test cases for the limits of inclusion.

Opportunities to Contribute to the Current Literature

These three areas of the literature leave open important questions for inclusion, both on their own and taken together. In the prescriptive literature on RTI and PBIS, one reads a significant thrust toward a unitary and quantitative data-driven system of diagnosis and treatment (Sugai, 2010). This positivist initiative has little qualitative research thus far on the discourses that arise when this is done in practice. Proponents argue that they can replace exclusion with inclusion, based on moving from deviance to sound diagnosis and treatment (Gresham et al., 2004; Hawken et al., 2008; Sugai, 2010). By contrast, the Disability Studies and Disability Studies in Education fields suggest that going from deviance to pathology is problematic in its own right, and may in fact result in just as much exclusion (Brantlinger, 2006; Conrad, 1988, 2006; Ferri, 2011; Harwood, 2006; Rafalovich, 2005; Youdell, 2006). Indeed, the DSE literature has already begun to describe this emerging discourse within RTI with respect to learning disabilities (Alfredo J. Artiles, 2007; Ferri, 2011; Klingner & Edwards, 2006). However, there is no such work done on children regarded as having emotional and behavioral disorders and RTI or PBIS. This study can begin that research.

Second, the epistemic debate in the current literature suggests that qualitative study on emerging discourses would be useful. Definitions and practices of which data count as truthful information on students are in flux. At the heart of PBIS/RTI is the use of daily practice in schools as diagnostic information. For example, proponents of RTI and PBIS suggest that universal screening tools such as office discipline referrals and failure rates for character education instruction can serve as the new kind of data generated from the life of the school. The few studies have interrogated the value of

ODRs find them lacking because they are not medicalized enough—they have too many "false negatives" when they miss students who may presumably have diagnosable behavioral disorders (Bezdek, 2011; McIntosh et al., 2009; McIntosh et al., 2010). This stands next to the historical practice of using only the psychometric tests of one-on-one evaluations by school psychologists.

Here again, some DSE work has begun on the epistemic issues that surround learning disability in RTI (Alfredo J. Artiles, 2007; Brantlinger, Jimenez, Klingner, Pugach, & Richardson, 2005; Klingner & Edwards, 2006). And preceding RTI and PBIS, we have critiques of what counts as the truth when diagnosing disorderly children (Alfredo J. Artiles, 2007; Ferri, 2011; Klingner & Edwards, 2006; Newell & Kratichwill, 2007). Therefore, my study begins to bring these two strands of discourse analysis together.

Qualitative research thus far on inclusive leaders, especially those who do not think of themselves as social justice leaders, indicates that they consider some students legitimately excludable (Conrad & Schneider, 1992; Harwood, 2006; Rafalovich, 2005). However, that discourse remains to be unpacked. Survey research suggests that there are evidently more school leaders at least rhetorically committed to inclusion than actively so (Horrocks et al., 2008; Praisner 2003; Salisbury, 2006; Salisbury & McGregor, 2002). Some ethnographic work has begun on principals already devoted to the activists who identify as social justice leaders (Barnett & Monda-Amaya, 1998; Horrocks et al., 2008; Praisner 2003). And a considerable body of prescriptive work describes the attitudes and behaviors that inclusive leaders ought to exhibit (Kugelmass & Ainscow, 2004; Pazey & Cole, 2012; Theoharis, 2009). Throughout, the notion of the limits of inclusion arises.

The evocation of disorderly behavior as an identifiable and justifiable limit on inclusion is echoed in examinations of the intersections of race, gender, class and disability in the DSE literature (Capper et al., 2000; Frattura & Capper, 2007; McKenzie et al., 2008).   There are now advocates for culturally responsive RTI and PBIS (Bal et al., 2012; Fallon et al., 2012; Klingner & Edwards, 2006; Sugai, 2012; Sugai, O'Keeffe, & Fallon, 2011) and some beginning research to demonstrate how it might work in practice (C. Jones et al., 2006; Orosco & Klingner, 2010).

With these complexities in mind, I particularly wanted to examine the twists and turns in the discursive practices of those who seek to lead toward inclusion. This study demonstrates that the medicalization can often trump cultural responsiveness in RTI/PBIS work. That power is especially true in a shift from disciplinary power to medicalized power, as the RTI/PBIS discourse works in schools to contain disorderly conduct. Moreover, the audit culture that is so prevalent in the RTI/PBIS discourse speaks to another important dynamic that can mitigate against leaders' ability to bring their visions to life in the actual functioning of their schools. Indeed, their intentions may matter less than the effects of their actions, and audit discourses that are embedded in RTI/PBIS significantly undermine them. By pointing out ways in which discourses of medicalization and order predominate in RTI/PBIS, masking discourses of race, ethnicity, and culture, this study may contribute to further work on critical race theory and research, disability studies theory and research, as well as new attempts to combine the two as Dis/Crit theory (Annamma, Connor, & Ferri, 2013) as well as the ongoing critiques of neoliberal educational reform.

To date, we lack deep qualitative research on the discourse of limitation as enacted by leaders. Insofar as students regarded as having emotional and behavioral disorders seem to be icons for those limits, this study is apt. Furthermore, insofar as PBIS/RTI arises as the structure and practice for addressing inclusion overall, examining leaders who negotiate both what is possible and how is to be done is also fitting.

Chapter 3: Methods and Procedures

Qualitative research provides a window in to the complexity and messiness that may exist between people's intentions and actions (Bogdan & Biklen, 2007). Whereas quantitative analyses of minority overrepresentation in special education (Losen & Orfield, 2002) can describe demographic patterns, qualitative work allows an analysis of the logic that rationalizes such outcomes. To be clear about the methodological guideposts for my study, I discuss below the theory on which I relied, the places and people I included, my strategies for data collection and analysis, and the subjectivities I brought to the project.

Theoretical Grounding

This study is an attempt at grounded theory approach (Glaser & Strauss, 1967), beginning with what participants have actually said in interviews and observations, documents they have written or followed, and the things they have done in practice during field observations. I have developed theories about what is going on in these schools from that data, and discuss that process in depth in later sections of this chapter. My theorizing has been fundamentally influenced by Foucauldian discourse analysis (Carabine, 2001; Foucault, 1973, 1975, 1980b; Hall, 2001; Harwood & Rasmussen, 2004, 2007; Youdell, 2006), weaving in several other techniques from studies that I regard as useful models. For these models I turned to Conrad (1988, 2006), Smith (1990), and Harwood (2006). I find that this Foucauldian orientation gives me the best opportunity to contribute to the literature cited in the previous chapter because it allows an analysis of how knowledge and power worked together in what I witnessed.

Discourse Analysis of Knowledge and Power

Hall (2001) interprets Foucault's discourse analysis on knowledge and power as coming to understand how knowledge is put to work. In this case, what educators think they know about students, behavior, badness and illness has a bearing on how they regulate, control, and in this case "fix" students. I have applied his elements for such discourse analysis as 1) statements about key concepts, such as inclusion, behavior, and disorder that display a certain kind of knowledge about them, 2) rules that prescribe how to talk about them, which includes what is possible to say or think about them, 3) subjects who personify the discourse—in this case the iconic students who are most challenging to include, 4) institutional practices designed to address those subjects, and 5) an acknowledgement of the historical context in which this discourse arises, recognizing that it will change as contexts change. These elements come together because "knowledge linked to power not only assumes the authority of 'the truth,' but has the power to *make itself true*" (Hall, 2001, p. 76, emphasis original).

Analyzing statements and the rules that governed them. The ways in which these leaders themselves discuss key concepts, as well as the ways they arise in the meetings that leaders convene, and are printed in guiding documents for the districts were all grist for analysis about how students were constructed as disorderly or having behavioral disorders, as per Hall's (2001) analytic steps. I was aided in this step by the work of Gee (2005, 2012) and Smith (1990), though neither of them are themselves working in Foucauldian theory. Gee (2005) helped direct my attention in this discourse analysis to the identity that a particular piece of language is being used to enact—for example when a participant poses as a truth-teller, a compassionate educator, or a rule

follower by the words they choose. Gee's emphasis on the importance of intertextuality, in which texts cross-reference each other has also been helpful. When a person's answer during an interview references a strategic plan or some other document, this indicated to me an important connection for discourse analysis.

Smith is best known as an institutional ethnographer. Nonetheless, her work in "'K' is Mentally Ill: The Anatomy of a Factual Account" (1990) was immensely instructive in ways to dissect the stories I heard from participants. I found particularly useful the rules that speakers would use to recognize students as belonging to the deviant category of disorderly people or people with a behavioral disorder.

> Recognizing in events the 'fact' that someone is mentally ill involves a complex conceptual work. It involves assembling observations from actual moments and situations dispersed in time, organizing them, or finding that they can be organized, in accordance with the 'instructions' which the concept provides. A simple, immediate, and convincing recognition of a fact at this conceptual level implies that much of the work of providing events with the appropriate conceptual order has already been done. All that the reader/hearer has to do is to discover in those events, or rather that account of events, the model which enables them to classify them as this or that kind of social fact. (Smith, 1990, p. 15)

This concept of the account instructing the listener how to think about the subject became central to how I approached the stories in my data. As I discuss particularly in Chapter 4, there were not only iconic stories of certain kinds of students who were the most challenging to include, there were also iconic behaviors. Take "throwing a chair," for example. Chairs are the most prevalent pieces of classroom furniture—common to classrooms for any age student, and classrooms that have students at their own desks or at common tables. In this excerpt, Smith describes how such common objects figure in the discourse of regarding someone (pseudonym "K") as having mental illness.

> The object itself, thus constituted in its social organization, may thus also be understood as yielding a set of instructions for how to act towards it, how it may be inserted into human programs of action. And as with occasions and situations,

a failure to act within the terms provided by these instructions displays the actor as failing to recognize the object as it is for someone else. In these examples we may notice a much stronger structure than that which arises when rules or definitions of situations are in question. The objects themselves are treated as sufficient. Their definition does not have to be further elaborated or worked up to show K's failure to enter into that intersubjective world which is 'ours' (Smith, 1990, p. 42).

This strategy worked part and parcel with another important strategy to establish alterity. "Cutting out," in which the subject's behavior is described in ways that are anomalous to the set of rules the speaker has established, such as the one above (Smith, 1990). Thus, the speaker established the rule, told the listener that the subject's behavior violated the rule, and thereby established the subjects deviant identity.

The other strategy that I borrowed from Smith was analyzing how speakers authorized themselves as reliable and knowledgeable informants (Smith, 1990). From the outset it was somewhat obvious that I was seeking out these participants as people who knew something about inclusion, because I recruited them on that basis. More subtly, using Smith's techniques, I was able to analyze how within a given story from an interview, or in an interjection during a meeting I observed, a participant set themselves up as saying something truthful. Weaving back into the Foucauldian framework, this was especially important because of my focus on how knowledge and power mutually construct certain ideas as true and others as false.

Subjects who personified the discourse. Constructing some students as deviant and defective, while likewise constructing adults as helpful and beyond correction was a discourse again aided by Foucauldian analysis. Carabine discusses how normalization discourses work over time, in this case regarding students.

Normalization not a binary "good/bad, mad/sane, or healthy/ill. It is also a 'norm' towards which all individuals should aim, work towards, seek to achieve, and against which all are measured—'good' and 'bad', sick and healthy, 'mad' and

'sane', heterosexual <u>and</u> homosexual" (Carabine, 2001, p. 278, emphasis original).

Conrad's (1988, 2006) and Harwood's (2006) work on how schools come to understand children's behavior as diagnosable mental illness were especially helpful models for this dynamic. Conrad uses symbolic interactionism to analyze how schools, physicians, and families come to understand children's behavior as the disease Attention Deficit Hyperactivity Disorder, rather than as willful and unruly mischief. Similarly, Harwood (2006) conducts a Foucauldian genealogy to describe the reinterpretation of disruptive youths by adults and by the youths themselves as having a clinical Conduct Disorder. Where Conrad (1988, 2006; 1992) brings the concept of medicalizing deviance to the fore, Harwood (2003, 2006) puts a finer point on it, arguing that this genealogy describes an increasing trend toward psychopatholgizing youth whose behavior and emotions do not fit within institutional prescriptions. I was not studying students directly, though. I was focused on the leaders and the discourses they wanted their schools to employ. Thus, I looked to Foucault's *Birth of the Clinic* (1975) to see how a medicalized discourse simultaneously inscribed students as ill and adults and schools as responsible for their care and cure.

Institutionalized practices in this historical context. I also took inspiration from Foucault's more general description of the intersection of power and knowledge, because these identities grew up in a particular institution—school—with particular power relations at this point in time. In this case, RTI/PBIS could be understood as an institutional apparatus that conditioned and created such identities.

> The apparatus is thus always inscribed in a play of power, but it is also always linked to certain co-ordinates of knowledge…. This is what the apparatus consists in: strategies of relations of forces supporting and supported by types of knowledge. (Foucault, 1980b, pp. 194, 196)

Youdell (2006) takes that "play of power" to the policy level, examining how neo-liberal policies enact institutional practices that make certain students "impossible" to include. That identity—impossible to include, or justifiably excludable—was one endpoint of a discourse of "educational triage" that she described here:

> Students expected to perform comfortably at or above the benchmark are diagnosed as 'safe' and left to succeed; students expected to perform just below the target but believed to have the 'ability' to make the improvements necessary to push them over the benchmark are diagnosed as 'suitable for treatment' and targeted for intervention (Youdell, 2006, p. 11).

Although Youdell's context is British policies on academic achievement, I found her analysis apt in the present day United States context of RTI/PBIS. It was particularly useful when I came to see how hard people were working to map out a system of cut points, deciding which students would receive interventions when and from whom.

Ethics of Discomfort

Trying to unpack the thinking of inclusive leaders, I have been feeling and enacting an "ethics of discomfort," originally from Foucault, as interpreted for educational research by Harwood and Rasmussen (2004).

> An ethics of discomfort does not imply the construction of a theory or doctrine, but rather, it enlists an approach that takes as its ethos the practice of unsettling certainty and its limits. On this basis, an ethics of discomfort does not seek to find "facts" to solve the poorly known through the injunction of locating a known…. The purpose of analyzing these certainties is not to become more certain, nor to bring about a reversal, but to corrupt the pleasantry of certitude. (Harwood & Rasmussen, 2004, pp. 307-308)

Disrupting what seems certain has been daunting, because the certainty that some students are deficient has supported the assumption of these educators that their job is to help those children. I have wrestled with my analyses because at times they have seemed to me to treat my participants cruelly, to disregard the heartfelt concern and responsibility they feel toward their students. Discomfort is more palatable to me than cruelty. In the

spirit of inquiry and justice, I find that an ethics of discomfort is sound way to unearth disagreeable or even intolerable contradictions.

Settings and Participants

This study was conducted in five school districts in the Northeast. All districts and participants were initially identified via their participation in university partnerships or professional development programs on leadership for inclusion. Three of the districts had taken part in ongoing university/district partnership programs on leadership and staff development to advance full inclusion. Two more had sent numerous administrators to professional development programs on inclusion during the Summer..

Sites in the Sample

The five districts offered fruitful comparisons and contrasts. They were urban, suburban, and rural: Greendale (urban); Pleasant Hills and Fairview (suburbs of Greendale); Lakeview (rural); and Clearwell (rural bedroom community for another small college city in the region). Using their 2011 demographic data (see Appendix A), the most obvious contrast was between Greendale and all others, since the large urban district was distinctly more diverse in terms of race and ethnicity and class, and had a significantly higher rate of classifying students with disabilities. Among the remaining four districts, Lakeview was the most rural and smallest, with students who were the most homogeneous in terms of race, class, and dominant language. Fairview and Pleasant Hills both bordered Greendale, to which some of the diversity of race, language, and economics could have been ascribed. Within each district, the schools in the smaller districts closely approximate the demographics of the entire district. In Greendale, Warren and Jones schools are notably whiter and wealthier than the city as a whole.

Although the districts differ in numerous ways, they are fairly similar in their classification rate for students with disabilities. Greendale is the outlier with 20% of students identified as having disabilities. The other four districts are close to each other however, ranging from 13% to 16%.

Digging a little deeper into classification rates for three disability categories shows a similar pattern at the district level. Of the thirteen categories in the Individual with Disabilities in Education Act (United States Department of Education, 2004), three categories are often associated both with disorderly behavior (Reid & Knight, 2006): learning disability (LD), emotional and behavioral disturbance (E/BD), and other health impairment (OHI), the last of which is often where students diagnosed with Attention Deficit Hyperactivity Disorder are classified (Conrad, 1988, 2006; Graham, 2006). Hence, tabulating the district's classification rates in these three areas from 2007 to 2010 (see Appendix A, Table 3) documents a similar cluster in their assigning disability labels that often have a connection to disorderly behavior. The four-year trend shows that each district was relatively consistent year-to-year. Hence, it would appear that Greendale's dramatically larger percentage of students with learning disabilities may have had a significant influence on its larger classification rate overall. The other notable outlier here is Lakeview, which had not tagged anyone with the disability label of emotional or behavioral disturbance from 2007 to 2010.

Unfortunately, neither the state nor the districts disaggregated this data by individual school, nor by race, class, or gender. Hence, it was not possible to gauge whether or not they are proportionate, as Omi and Winant (1994) have discussed with institutional racism more broadly. Likewise with rates of suspension (see Appendix A,

Table 4), which are totals for the district and school respectively, with no breakdowns. Each school and each district maintain a count of out-of-school suspensions, in order to report them to the state. Nonetheless, the suspension figures show a pattern overall that is similar to disability diagnosis, but even more pronounced. Greendale leads the group by far in their use of suspensions, as do both Jones and Warren Schools, K-8 schools in Greendale.

Most relevant to this discussion, the districts were at significantly different places in their journeys to become inclusive districts. Greendale, the urban district, had a long history of inclusion in some pockets and struggled to make inclusion a system-wide practice. Greendale's Jones School in this study called on thirty years of work to include children with autism. On the other hand, Warren School was more of a newcomer to explicit attempts at inclusion, beginning their work in 2008.

Lakeview, the tiny rural district, had been actively working for full inclusion for over twenty years. Their progress had been from the efforts of a few pioneer teachers one of whom was Claire Carson. By the time of this study, Carson lead the district's inclusion effort as Director of Special Education.

Pleasant Hills School District began only in the past several years to address full inclusion. For example, Heights Elementary School was introduced to the outlines and mandates of RTI in 2011, though PBIS as a set of rules and expectations had been in place since 2008. Like Greendale, district-wide RTI/PBIS efforts were uneven. During data collection, respondents referenced other elementary schools that had been working on it longer than Heights Elementary, and further reflected that the elementary schools were ahead of the middle school and high school.

Fairview and Clearwater were included in this study because of the efforts of their superintendents to build inclusive school districts. Each had attended the summer conclaves on inclusive leadership. Indeed, a team of administrators had attended from Clearwater.

Fairview furthermore had a history of offering his district as a host for a program that was a paradoxical mix of inclusion and exclusion. They hosted a program for including deaf students at all levels of the Fairview schools. What made this a paradox was that the students were not all Fairview students. Many were from other surrounding districts that had opted into a cooperative program to outsource their deaf education via the regional Educational Collaboration Consortium (ECC)[3]. Hence, one district's offer to include students with a particular disability could arguably enable the sending districts to avoid building such an inclusive capacity themselves. Indeed, the Fairview superintendent considered hosting a similar service for students with E/BD, based on the success that he felt they offered for deaf education.

Not only did the five districts vary in their histories and efforts with inclusion generally, they likewise varied in their application of RTI and PBIS overall. The districts did not all call their practices the same thing. Indeed, some were heavily committed to PBIS, and others were merely dabbling with it, at least in name. It was likewise with

---

[3] In the state, Educational Collaboration Consortia (ECC) existed fundamentally to provide services that local districts alone may not have had the capacity to provide on their own. Each ECC aimed for an economy of scale that smaller municipal districts often could not achieve. Prominently, the ECC services often included services for children with disabilities. This ECC provided those services as well as digital data management services for districts that contract for them. In this instance, Greendale, Fairview, and Pleasant Hills belonged to the same ECC. Greendale had only a nominal membership in this ECC, since it was large enough to provide for itself. Lakeview to the north and Clearwater to the south belonged to other regional ECCs.

RTI. What some districts called PBIS was essentially a system of common school rules and expectations. Others used it as a mechanism of data analysis. Some considered the behavioral intervention process to be within RTI, whereas others distinguished RTI from PBIS exactly there: academics via RTI and behavior via PBIS. Precisely because this discourse was roughly similar, yet perhaps significantly divergent, these five districts are worthy of study together. See below on data analysis for my choice to conduct a discourse analysis that freely cut across districts, as opposed to conducting an ethnography that probed deeply into each of five districts one by one.

I began this project with a focus on elementary schools rather than secondary for two reasons, but that proved difficult to maintain. First, elementary school was an especially fruitful venue in which to see how discourses around what is considered normal development and what is deviant or pathological might reinforce one another. For example, tantrums that are accepted as developmentally appropriate at age five may well have been understood as too extreme at age eight, and perhaps even evidence of disorder at age eleven. Second, although I discuss this further in a later discussion of my subjectivities, my own history as an elementary teacher and principal significantly informed my ability to interpret inclusive praxis.

Nonetheless, it became necessary to include middle schools in the sample, due to two factors suggested. First, the districts divided elementary from middle school in different places.[4] For example, Warren and Jones Schools spanned elementary to middle school grades. Second, as part of a snowball sampling effect (Bogdan & Biklen, 2007), I found that the Fairview superintendent sent me to his middle principals as a successful

---

[4] See Table X in Appendix A.

inclusive building leader. And again, Fairview Middle School has an unusual fourth to eighth grade configuration.

Although I did not include high schools, I did collect data that related to high school. I found several superintendents and directors of special education talking much more about secondary schools when considering disorderly students who challenge their philosophy of inclusion in practice. None however referred me to high school principals as leaders who were building inclusive schools. Hence, I have included the data that I got from district administrators as they set inclusive discourses that referred to high school as well as other levels.

Individual Participants in the Sample

School administrators were selected purposefully as an operational sample (Patton, 2002) of inclusive leaders, with a component of snowball sampling (Bogdan & Biklen, 2007). In practice, these leaders were positioned to both set the vision for inclusion and to implement it via policy and practice, thus potentially manifesting the theory on inclusive leadership (Frattura & Capper, 2007). The sample included the superintendent, the director of special education or organizational equivalent, and at least one elementary principal in each district.

Table 1.

Sites and Participants

District	Superintendent	District Office Personnel	Principal School (Grade Range)
Greendale	Angela Silva	Patrick Quinn, Director of Special Education	Sian Ingraham, Jones School (K-8) Grace Lowthian, Warren School (K-8)

District	Superintendent	District Office Personnel	Principal School (Grade Range)
Clearwell	Ruby Turnbull	Denise Galliano, Director of Special Education	Erin Sanders, Assistant Principal, Clearwell Elementary School (K-5)
Fairview	Lesley Newsome	Mary Danton, Chair of Committee on Special Education Rob Nielsen, Director of Administration	David Underwood, Fairview Middle School (4-8)
Lakeview	Bill Boniwell	Claire Carson, Director of Special Education	Vanessa Blanton, Lakeview Elementary School (K-5)
Pleasant Hills	Carol Ferrara	Alice DeMartino, Director of Special Education Michelle Vinter, Coordinator for Youth Development and Leadership	Marcia Brumson, Heights Elementary School (K-5)

Superintendents. I involved superintendents in order to get the broadest vision of inclusion for the district as a whole. They also served as the beginning point for snowball sampling in Fairview, Clearwell, and Pleasant Hills. At the end of the initial interview, I asked these three superintendents to recommend schools and principals in their district whose work would fit with the concerns of this project.

Superintendent Silva in Greendale joined the district once this study was already underway. My data collection had been ongoing at lower levels in the organization for several months before our first interview. The transition from one superintendent to the other emerged as a touchstone in several observations, as the meeting participants noted that their work would be closely scrutinized by a new district leader. With that in mind, her presence was notable in meetings whether she was present or absent, and thus the

discussions referenced the vision she would support or not. For example, during one planning meeting on how PBIS would parallel RTI, the team agreed that they should have their work ready for the new superintendent's review.

By contrast, Superintendents Boniwell (Lakeview), Ferrara (Pleasant Hills), and Newsome (Fairview) were established district heads. By virtue of that longevity, they had a similar presence in meetings. Subordinate leaders and teachers referenced what their superintendents would tolerate and support. At the end of my data collection period, Newsome accepted a position as superintendent of the region's Educational Collaboration Consortia (ECC). Fortunately for me, he was still available for a final interview, though he was transitioning to the new post. Superintendent Turnbull (Clearwater) fell somewhere between the newcomer in Greendale and the old lions of the other districts, having been promoted from building principal to superintendent in Clearwater in 2008.

Directors of Special Education and their equivalents. Directors of Special Education were included because they were presumed to be administrators whose job was conventionally most closely associated with implementing inclusion for students with disabilities. They were also closely association with *exclusionary* decisions—such as transferring students from one district school to another or even out of the district—made by district Committees on Special Education. Thus, their views on inclusion often referenced incidents of exclusion as well.

Fairview did not have a conventional Director of Special Education as the other four districts did. To begin my work with that district I interviewed Superintendent Newsome first, and he recommended two district administrators to include: the Mary Danton, Chair of the Committee on Special Education (CSE), and Rob Nielsen, Director

of Administration. Danton's position in Fairview was functionally the same as the

Directors of Special Education in other districts. Newsome told me that he had recently

hired Danton expressly because she was committed to inclusion.

In addition, Newsome recommended Nielsen as the person most knowledgeable

about how the district used data. His formal position was far more wide-ranging than

that, but as it happened, he also had a background in inclusive education, and thus proved

to be an informative participant. As an interesting crossover, during my initial interview

with Nielsen he mentioned Jones School in Greendale as an exemplary inclusive school,

particularly with respect to race and class. He volunteered that his two children, adopted

from Korea and now in college, had attended Jones ten to fifteen years earlier. "I saw

them have experiences there that they would not have had in the setting were there were

more restrictive environments in place, and it was really good for them." Of course due

to confidentiality, I had not revealed to Nielsen that Jones School was included in the

present study.

The directors of special education in Clearwater and Pleasant Hills were new in

their positions, just as Danton was in Fairview. Both told me during initial interviews

that they had been hired to promote inclusion. Their superintendents said the same thing

about them. DeMartino (Pleasant Hills) had come from another region of the state, while

Galliano (Clearwater) had moved from a neighboring district to Clearwater. Indeed,

Galliano is an example of another intriguing crossover in this study. During her first

interview, she mentioned that she had previously completed her administrative internship

in Fairview, which she had come to regard as a model district for RTI implementation.

She was unaware that Fairview was part of this study, just as Fairview's Nielsen did not

know that his children's elementary school was included.

In Pleasant Hills, DeMartino also provided me with two references that became part of the snowball sampling (Bogdan & Biklen, 2007). Following an observation I had done, we chatted briefly and she suggested I include Michelle Vinter, Coordinator for Youth Development and Leadership who had participated. Vinter had been conducting district-wide work on RTI and PBIS. DeMartino also pointed me toward Heights Elementary School and Principal Marcia Brumson. Coincidentally, Vinter wound up substituting for Brumson as principal of Heights Elementary during the course of this study. Brumson took an extended leave to cope with a tragic family death. Hence, I observed Vinter not only as a district leader but also as the de facto building leader for Heights Elementary.

Principals. Principals coped with the grassroots level implementation and vision or inclusion. Since they offered the experience closest to the students, they were the third group of leaders included in the study. In interviews, they expressed how they expected their schools to cope with students whose behaviors for how their particular schools should and have coped with including students whose behavior was regarded as disorderly. Likewise, they participated in committee meetings that discussed individual students, during which I was able to observe the direct and indirect ways they influenced the discourse.

I included two schools in Greendale. Warren School and Principal Grace Lowthian were recently engaged in reform efforts to promote inclusion. Director Quinn validated their participation in the study. During that same initial interview, Quinn suggested that Jones School would be a useful addition, given their long history of

inclusion in Greendale.

Lakeview's Principal Vanessa Blanton had nearly as long a history of working on inclusion as her colleague Director Carson. Indeed, Blanton had been among the team of teachers that initiated inclusive efforts at Lakeview. Like Carson, she had since risen to a position of leadership in the district.

In Fairview, Superintendent Newsome identified Principal Underwood as the school leader most committed and effective at inclusion. In particular, he pointed to Underwood's understanding and implementation of RTI. Thus, I included him as part of a snowball sample, as I had the principals in Greendale.

Principal Brumson from Pleasant Hills and Assistant Principal Erin Sanders from Clearwell were both included in this sample because they had attended summer conclaves on inclusive leadership. As noted above, their superintendents had supported their going, as part of a district embrace of inclusive practice. In the case of Sanders, she was the sole building-level administrator in her district who had taken followed that lead.

Selecting multiple leaders in each district. Choosing several leaders in each district indicates a criterion for rejecting certain districts as candidates for this study. For example, although the university summer conclaves on inclusion and leadership had drawn administrators from across the region, many of those individuals showed up as the only leaders from their districts. I did not want to conduct a study of singleton inclusive leaders. Rather, because PBIS and RTI are intended to operate at both district-wide and school-wide levels, it was particularly useful to include a superintendent, district-wide leaders, and building administrators within a given district to analyze those intersections.

Data Collection

Three types of data were gathered. Semi-structured interviews with

administrators were one source. A second data source was field observations of leaders

in action with their staffs at sessions concerned either with PBIS/RTI or students

regarded as having behavioral or emotional disorders, or some combination of those

topics. Third, documents relating to PBIS/RTI precepts and practices, data and

interpretation, especially regarding student emotions or behaviors constituted the third

source. Data collection commenced in February 2011, and ended in November 2012.

Interviews

The original research plan was for an initial and a final interview with every

participant. In fact, the total of 36 interviews with eighteen participants was not quite

that neat. One participant retired before we had the opportunity to hold a final interview,

and another went on family leave. Also, I conducted two extra impromptu interviews

with Superintendent Ferrara and Director DeMartino immediately before an observation

in Pleasant Hills.   Each interview was recorded and transcribed.

Detailed information on the perceptions and choices of participants were gathered

from in-depth semi-structured interviews (Rubin & Rubin, 2005).   The initial interview

protocol helped to establish the initial discourses that the administrator was using (see

Appendix B). As the initial interview ended, it pointed toward opportunities for field

observation, identified some pertinent documents, and became the occasion for several

participants to suggest others within the district who might be apt, as per snowball

sampling (Bogdan & Biklen, 2007).

The final interview was designed as a member check in order to check the

trustworthiness of interpretive theories I had developed during data analysis (Denzin, 1994). I created a case analysis from data gathered in observations, from documents, and interviews, and went back to each participant to ask essentially two questions: 1) Do I have this right? and 2) What is the story to be told about this?[5] The data I presented in that final interview was not restricted to events or documents that the participant and I had experienced entirely together. For example, in an interview with a superintendent I might review data and my theories about it from an observation conducted at the building level, or about documents I had gathered about the district from other sources.

These member check interviews were less structured than the initial interviews because the data was different case to case. However, some similarities did arise, prompting me to ask two questions in most of those final interviews. For example, having attended many meetings at which teachers and administrators were trying to figure out the practices and policies of RTI/PBIS, I developed the theory that people were reaching for it to be systematic. Therefore, I used a version of the following in the member check interview.

> In the professional development session I observed last month, people wanted to know how and when to write up a student. "When will we know who is taking responsibility?" for example. "Who will be responsible for a check-and-connect, or counseling, etc.?"
>
> 1. Do you regard this as an accurate description of needs of staff and faculty?
>
> It sounds to me like folks are asking how this will become a system. Also, because there was so much discussion about it, it seemed to me that they really want it to be systematic.
>
> 2. What is the story to be told about that desire for systematizing?
>
> While I was not seeking to conduct a formal program evaluation, to the extent that

---

[5] See Appendix B for the fuller protocol.

I began to find myself looking at inclusion as programmatic in its adoption of RTI/PBIS

attributes, I therefore was seeking each person's perspective on how it was working

beyond their actual experience, and member check interviews allowed me to "enhance

the credibility of my inferences" in that context (Greene, 1994). This interview strategy

allowed me to position myself and my participants as co-creators of the meaning of data I

had gathered (Lincoln & Guba, 1985). Where participants disagreed with my

interpretation or offered an explanation that significantly altered my conclusions, I

included that data, seen often in later chapters in the counter-narratives that emerged

Field Observations

Another data set for the discourses employed and privileged by the administrators

was field observations of faculty meetings, professional development sessions, planning

and strategy sessions (Adler & Adler, 1994; Bogdan & Biklen, 2007). I conducted

seventeen separate observations, and had a number of "two-fers," at which more than one

of my participants was present. To record observations, I took handwritten notes or typed

notes on my laptop, later reformatted into a full transcript.

The sessions I observed were indicated by the initial semi-structured interviews,

where the participants indicated that their leadership could be examined in practice.[6]

Field observations were conducted in several settings, including planning meetings,

general faculty meetings, school-based meetings that discussed children on a case-by-

case basis, and professional development sessions. Planning and strategizing meetings

for PBIS/RTI were one type. Typically, an administrator either convened that session or

was a participant. Nine of the observations were this type of meeting.

---

[6] As per IRB requirements, other adults present in these sessions were asked for their
consent, even though they were not the focus of this research.

The single faculty meeting to which I was invited was initially planned as a session to review school achievement data on No Child Left Behind testing. The Clearwell superintendent invited me to because she thought it would be an opportunity to see how she led data analysis. As it happened, teacher responses in the meeting took a distinct turn toward the inclusion of students regarded as having emotional or behavioral disorders. That meeting is discussed in Chapter 7.

Each school held meetings at which agenda was typically case-by-case examinations of students who are troubling the school. Of the seven such meetings I observed, I found a variety of monikers: School-Based Intervention Team at Lakeview Elementary, Response to Intervention (RTI) team at Fairview Middle School, Tier III Team at Heights Elementary, Student Support Team (SST) at Warren School, and the Student Staff Support Team (SSST) Jones School. Consistently, these teams consisted of specialists in the school setting such as a school psychologist, special education coordinator or teacher, academic specialist such as a reading teacher, school social worker, and principal. SBIT teams predated RTI, and were a recommended existing structure through which to implement RTI (Mellard & Johnson, 2007).

Two of the field observations were conducted at professional development sessions. In Fairview and in Clearwell, I was invited by participants to attend sessions at which a group of educators with essentially the same role in the schools were working out how to implement a piece of the RTI/PBIS structure. In Fairview, this was a group of special education teachers. In Clearwell, it was school social workers, augmented by two administrators.

Five of the field observations, conducted in Pleasant Hills and Greendale, were

explicitly about planning and implementation of RTI/PBIS. The attendees in these

meetings were district administrators, building-level administrators and teachers, and

sometimes community members, invited to negotiate and review district-level plans.

Finally, the remaining two observations were meetings called by study

participants to review student discipline data and assess district responses. In Pleasant

Hills, Director DeMartino brought together administrators, teachers, and guidance

counselors from secondary schools to plan a response to the district's having been cited

for suspending too many students with disabilities. In Lakeview, Superintendent

Boniwell conducted monthly reviews of secondary school discipline data with

administrators, one session of which I observed.

Field Notes

The final document set is my field notes. Following each interview and

observation, I either dictated reflective field notes to a voice recorder or wrote them out

on my laptop. Field notes from observations were considerably longer, particularly

because I did not use an audio recording device during observations. The recordings were

transcribed to get all notes in written form. There are 52 entries of that type. In addition,

I kept a handwritten journal (Rolfe, 2006), although I was considerably less rigorous

about this than the former notes, managing to keep it going only for the first six months

of research.

Field notes were important to "capture the slice of life" (Bogdan & Biklen, 2007)

that I was experiencing in each encounter. As I described the people present at field

observations, I chose to identify them chiefly by their institutional role. Hence, I

included a key with each transcript such as the following from an RTI Team meeting:

- T1 = Referring Teacher
- T2 = Psychologist
- T3 = AIS Reading Teacher
- T4 = Social Worker
- T5 = Speech teacher
- DU = Principal[7]
- JB = Researcher

This choice was purposeful because this was how the attendees had been selected in the

first place. That selection was often pursuant to policies or laws, such as a district RTI

policy or even federal law (United States Department of Education, 2004), and also

described by leaders as sound practice for getting a diverse group together on to deal with

thorny issues.

As I discuss above in theoretical groundings for this study, I determined this to be

important information. First, I had set out to determine how leaders shaped discourse.

Thus, power relations within the group relative were relevant. Second, clinicians often

stood out in these observations with a similar authority to set the terms of debate. It was

not so much that I focused on them more than others, but by taking note of the assigned

roles of each attendee, I found later that I could track far more carefully the development

of a clinical discourse, or the demise of a competing discourse, or in the formulation of

Harwood (2003), which discourses were developing as *erudite* or *disqualified*

knowledges about student behavior.

In one particular observation, field notes provided crucial information, as I related

a conversation that had occurred during a lunch break in full-day meeting. As I discuss

in Chapter 6, I overheard a side conversation during lunch that I thought was important in

identifying dynamics of race that were not yet surfacing in the meeting. A few minutes

---

[7] Pseudonymous initials.

after that side conversation, I apologized to my neighbor for eavesdropping and checked my perception of what he had been saying across the table to another attendee. He confirmed my intuition, and later as the formal discussion picked up again in the afternoon session, he contributed his perspective on racial issues explicitly, in contrast to the morning session.

I grappled in my field notes about the degree to which I had steered events that day, moving down the participant-observer continuum (Bogdan & Biklen, 2007) further than I had intended. I had been working as a field observer, "waiting to be looked over, and hopefully, accepted" (Bogdan & Biklen, 2007, p. 92). Nonetheless, I had drawn on a developing relationship by inquiring about what I had heard via eavesdropping, and later realized that I might have restrained myself more. Going back to the field observation transcript was helpful. In fact, the person who brought up race was the person with whom my neighbor had been talking. My neighbor joined the conversation then, supporting her, and acknowledging to me with a raised eyebrow that he was doing so.

Seeing that chain of events in my transcript, I felt assuaged that I had not created an opening that otherwise might not have been there. Did I encourage my neighbor to go through that opening? Perhaps, but he and his colleague had been addressing similar topics already. On the other hand, the conversation he and I had was more directly about whether race was discussed openly at the meeting. When he acknowledged the emergence of a racial discourse in the meeting, it was clear to me that I had moved down the observer-participant continuum toward participant, even if covertly. And as my analysis in Chapter 6 points out, discourses of racism were subjugated to discourses of medicalization in this meeting. In the end, I accept that I had a role in that session.

Nonetheless, since it was so much on the sidelines, I stand by the discourse analysis of that observation.

Documents

Documents gathered from the field and from internet sites associated with the districts constituted a third data set (Hodder, 1994; Zeeman, Poggenpoel, Myburgh, & Van, 2002). I collected 79 documents from a variety of sources. Most were artifacts of field observations, such as meeting agendas and supporting documents handed out to attendees. Another set of documents from the field were reports and blank versions of school forms given to me by participants as supporting documents from interviews. I also gathered documents from websites of the five districts and of the State Department of Education.

PBIS and RTI are heavily premised on data collection and analysis within the school or district. At the universal level, PBIS intends to review office discipline referrals, for example (Hawken et al., 2008; Pearce, 2009). Therefore, I had planned to see those data sets. However, I was unable to gain access to them, often because my respondents themselves often only used that information in order to prepare reports for the State Education Department (SED).

SED maintains a website with publicly accessible versions of this data (State Education Department, 2013). Suspension data could be accessed for each of the districts via their annual report card (State Education Department, 2012a, 2012b, 2012c, 2012d, 2012e). However, school report cards did not contain that information (State Education Department, 2012f, 2012g, 2012h, 2012i, 2012j, 2012k). Furthermore, there was no record of office disciplinary referrals or any other disciplinary action short of suspension.

There is another NYSED report which announces whether or not districts suspended too many students with disabilities and/or too many students of color with disabilities, among other accountability measures (State Education Department, 2011a, 2011b, 2011c, 2011d, 2011e). While the precise number that constitutes "too many" is not indicated by the state, nonetheless an analysis of the logic of that accountability report can be found in Chapter 7.

As for disability classification, districts report their overall classification rate on their Fiscal Accountability Statement (State Education Department, 2011f, 2011g, 2011h, 2011i, 2011j). Classification rates per disability category (United States Department of Education, 2004) are available in yet another report, the most recent of which brings us up to 2010 (State Education Department, 2010).

I was more successful at the district and school level gathering planning documents, codes of conduct, and blank versions of the forms used by school personnel to record the effect of behavioral interventions for a given students. Because students were not themselves subjects of this study, the document set specifically excludes individual student records.

Codes of conduct have been a state mandate since 2000 (State Education Department, 2000), including an annual update. They were thus easily accessible on the website of each district. Relevant portions of the Codes for each district are excerpted in Appendix C.

Planning documents and audits took several forms. Every district had some version of a strategic plan. Three of the districts also committed their RTI or PBIS process to a graphic representation (see Appendix D). Greendale included audits from

outside agencies in their strategic planning. I was able to obtain a series of district-wide

audits commissioned by Superintendent Silva as part of her entry plan, as well as an

annual audit of Warren School conducted by the We Will Educational Foundation

(pseudonym), a private philanthropic organization partnering with the district.

Data Analysis

I have applied a grounded theory approach (Glaser & Strauss, 1967) to the data,

using open and axial coding via NVivo software to yield emerging themes (Richards &

Richards, 1994; Welsh, 2002).   NVivo accepts text, audio, video, and graphic data.

Therefore, I entered transcripts and audio recordings, field notes, and scans of documents

into its unified database. Excerpts from all of these sources were then assigned codes in

the open coding phase.

Coding Strategies and Theorizing

During the open coding phase (Strauss & Corbin, 1998), I created a plethora of

codes—262 in total—of several varieties. A major set of the 262 was the perspectives

my participants held on student behavior (Bogdan & Biklen, 2007). Some of these I

treated as definitional in a category called "Behavior is …", including their examples of

student behavior as in the following excerpt from Assistant Principal Sanders:

> We were very clear about certain behaviors. There can be no hitting. No hitting
> of staff. No threats of violence. You can't threaten to kill someone. You can't
> swear. You can't do this and point your finger at someone and pretend to shoot
> them.

This sort of excerpt was coded as "behavior is…" because Sanders not only lists a

set of examples, she also labels it herself with the generic label "behavior," even though

she's describing a set of prohibited actions.   Hence, "Behavior is…" was a definitional

code. Other such definitional codes were "Challenge is…" and "Inclusion is.…"

There was a further set of process codes, which Bogdan and Biklen define as "words or phrases that facilitate categorizing sequences of events, changes over time, or passages from one type of status to another" (2007, p. 176). These codes broke into two groups: 1) codes in which participants described efforts they had made to date, 2) codes reflecting plans for future work. I thought of these process codes as fruitful the more I came to evidence of the participants regarding their efforts as work in progress.

As I worked through each of these types of categories, I began to develop theories about themes (Bogdan & Biklen, 2007; Strauss & Corbin, 1998). I initially came up with three large themes: 1) We tried to get them to comply, but…, 2) We need to be systematic, and 3) Data driven…toward a panopticon. NVivo aided in this development with its ability to query the data on key terms and their synonyms (Ozkan, 2004; Welsh, 2002). I used terms such as *inclusion, disorder, order, system*, and *data*. The queries confirmed my theorizing, and I used them to help develop those overarching categories. Below I describe the development of these three categories. Once I had them set—with approximately half of my data collected—I found them to be useful guides for axial coding existing and incoming data (Strauss & Corbin, 1998).

The first category captured a developing theory of mine that the discourse of inclusion relied heavily on a discourse of order and another discourse of organizational triage. I found repeated descriptions of the leaders' heartfelt attempts to include children, but ultimately felt that their organizations were stretched too far to do so. Not only were their resources stretched, but they also described disorderly behavior as too much for the organization to handle.

The second category was easier to develop from one district's evidence outward

to the other. Following the planning meetings I observed in Greendale, at which PBIS

was planned and implemented as a mirror of RTI, I developed a theory that people were

striving for a systematic way to do so. Reviewing data from other districts, I began to see

the same thing. Thus, this second overarching category came into being.

The third major category was an easy fit between data I had collected and the

prescriptions on RTI/PBIS that I had read for the initial literature review (Jimerson et al.,

2007; Sailor, Dunlap, Sugai, & Horner, 2009). This category focused on the positivist

discourses on data-driven decision making and collection. Having read much about the

imperative to use data in RTI/PBIS, I had designed a question for the initial semi-

structured interview that elicit responses on that tenet without naming it directly.

Question #7 and its two follow-ups were,

> What kind of information on students do you and the school/district look at when
> it comes to behavioral and emotional issues?
> > a. How do you want your school/district to use that information?
> > b. How do your vision and current practice compare?

In response, I heard a great deal about data-driven plans, meetings, and policies. In fact,

when I asked two of the superintendents about observation opportunities at which I might

see their leadership in action, they invited me to see them lead sessions they considered to

be focused primarily on data analysis and decision making. Beyond that interview,

however, I also had collected much data from other interview questions and other

observations that fit under the theme of "data-driven" work.

I added "…toward the panopticon" to that theme when I looked at the material I

had gathered and recognized that part of what the leaders found intriguing about

RTI/PBIS was that it could give them a way to survey the entire school population. This

fit well with the Foucauldian concept of the panopticon (Foucault, 1979) that I had

thought might be applicable when I designed this study. Talking about this positivist discourse heading "toward" the panopticon indicated for me the evidence I was gathering at the time that the leaders were not yet as practiced as they wanted to be on their uses of data, but that they intended to make it very broad reaching.

Revising My Theories

After I had developed these three theories, one of them would split as I was writing up my findings. I had to admit to myself that a chapter on systematizing had become a monster—far too long for a single chapter. While revising, I noticed two discourses that were sufficiently prominent for each to receive its own attention. One was the discourse of normalizing. Initially, I thought of this as being strictly about Tier I of an RTI/PBIS process. However, as I looked back through the data, I could not avoid the importance of information I had previously treated as secondary—the purposeful shift that leaders were attempting to make from discipline to what they perceived as therapeutic inclusive alternatives via RTI/PBIS. The second discourse I had already seen as prominent—the pathologizing and treatment of disorderly behavior. Thus, revising Chapter 5 caused me to dive back into the data, ultimately coming up with one theory on normalization discourses and one on pathologizing ones. They became the essence of Chapters 5 and 6.

<div align="center">

Subjectivities

</div>

I came to this work considering myself an inclusive educational leader. As an elementary principal and teacher over sixteen years, I found often that the work of including children whose behaviors and emotions teachers found troubling opened the doors to the very best inclusive planning and action. Furthermore, I found that my

colleagues cited these children as the test cases for those who can legitimately be excluded.

In my own practice, it had become evident that school was often the only other institution besides the family that had a long-term intimate knowledge of children, particularly in elementary school. In this regard, school could be an important player in framing how children were regarded, whether they were accepted or rejected, and how they might be included or excluded. Elementary educators considered themselves as blending a kind of parental intimate knowledge of children with more studied professional discourses, such as developmental psychology. Increasingly, I found that psychopathological discourses were trumping all others in regard to students whose behaviors and emotions troubled school. Thus, I found psychopathologizing increasing at the same time that the struggle over inclusion got sharper. Furthermore, I found that the strategies and attitudes used by schools that could accept children regarded as having emotional or behavioral disorders actually made other kinds of inclusive planning and implementation more sensible and obvious. Hence, it struck me that this particular nexus had a great deal to offer as a test case for how inclusion could work, and how it is also being compromised. With that in mind, I set out to study how other leaders were grappling with it.

Most recently, I had played another leadership role in one of the districts I excluded. My intimate involvement created too many conflicts of interest for me to study there. Nevertheless, that experience informed my research of other districts. From July 2008 to June 2011, I served on the board of education for this district, where I had been an elementary teacher and union leader as well. While on the board, I became aware of

the work being done to advance inclusion, and particularly to implement RTI.   As a witness, I took in the district's attempts to make RTI a systematic and consistent framework within which to diversify instruction, yet only rarely raising directly the notion of inclusion. As a participant—I chaired the committee that reviewed the district's RTI policy—I participated in editorial changes that shifted the policy from a focus on deficient children achieving proficiency to a focus on teaching which was deficient if it did not meet the needs of students.

My multiple identities—White, upper middle class, male, educational administrator, able-bodied, straight—likely impacted the relationships I built with my participants. Because of my professional history, I found that they often spoke to me as though I already understood the pressures they felt. Interview transcripts were peppered with "you know," indicating not just a figure of speech but in the aggregate indicating that I did indeed share the respondent's point of view. With that in mind, I was careful to ask for examples, to draw out inferences into explicit description, and most importantly, to conduct a second round of interviews in which I checked with them that I was interpreting the data I had gathered authentically as they saw it.

Just as importantly, I recognize that my identities may have influenced what was not said. In Chapter 7, the analysis speaks to important silences in the data that districts and leaders used to drive their work. I found that my participants directly referenced institutional racism as part of the discourse of inclusion, for example. Codes of Whiteness that support White hegemony may well have influenced that omission (Andersen, 2003).

Finally because I see inclusion as a matter of social justice, I have thus located my

work as critical research which aims not only to elucidate current structures, but to make them more equitable and just (Kincheloe & McLaren, 1994). I aimed to bring to the surface biases toward judgment and personal histories that may impinge on description. At the same time, this self-examination has helped me to maintain a personal inventory of insights and lessons learned over years of engagement, which helped me to decipher coded language, subterranean motivations, and systemic linkages where the surface text may have thus been opaque to other less experienced observers. I therefore maintained a research journal as one reflective medium (Rolfe, 2006), though I found much of this reflection entering my field notes (Bogdan & Biklen, 2007) as well. Also, I monitored such possibilities with research colleagues not involved in the study by regularly reviewing data, the emerging themes, and conclusions with them.

Chapter 4: "Will this student ever have a moment where they know what's right and what's wrong?"

> I come from 31 years in urban education. I really certainly understood the challenges of a whole array of students with a much broader range of demographics. But I also knew that this had been so embedded in the patterns of the system that it would take time, and it would take really understanding through a shared learning process before people would see that this wasn't about avoiding making decisions on student behavior. This was about rethinking how we make decisions about student behavior.
> —Superintendent Carol Ferrara, Pleasant Hills

The leaders participating in this study repeatedly and robustly articulated their dedication to including all students. As they described their efforts at this particular historical and political moment, and as they led others through planning inclusive systems and problem-solving sessions, they believed that they must alter their own pedagogy and the practices of their schools. In Superintendent Ferrara's words, "this" old pedagogy was deeply ingrained in current practices, and would require a major change of perception as well as practice. Particularly for students whose behavior was regarded as disruptive or disorderly, the leaders' inclusive efforts highlighted moving away from disciplinary punishment and even exclusion to more therapeutic processes.

In order to move from discipline toward therapy, they discursively effected a shift in how students identities were constructed. It required a change from identifying students as bad to identifying them as ill, or medicalizing their identities. In the case of students whose behavior disrupted the schools' status quo, the shift conflated acting disorderly with having a diagnosable psychological disorder. Harwood and Rasmussen

(2004) use the example of LGBTI[8] youth to describe this same discourse.

> When LGBTI identified young people are perceived as an acutely endangered minority, other discourses may be formed whereby these same people are perceived to be at risk and in <u>need</u> of a range of protections and services within and outside the schools. The production of such a relationship may thus underpin schools' role in the pathologization of <u>all</u> young people who are LGBTI identified (Harwood & Rasmussen, 2004, p. 310, emphases original).

The medicalized systems these leaders embraced for inclusion paradoxically built a logic that could ultimately justify further stigmatizing and even excluding students whose behavior was disorderly by developing twin discourses that a) constituted the students as having pathological emotional or behavioral disabilities, and that b) further constituted them as difficult if not impossible to include because doing so would overload the resources of the school.

Analyzing the discourses at work in the switch from casting students as bad to casting them as sick takes several steps. In this chapter, I first examine how the participants defined inclusion, and in particular how they defined the principles of successfully including children whom they regarded as having emotional or behavioral disorders. In the second section on definitions of disorderly behavior, I compile their descriptions of the types of behaviors and emotions that they found most challenging to include. Third, I look at the how the leaders applied the tenets of Response to Intervention (RTI) and Positive Behavioral Intervention and Supports (PBIS) to the project of including students regarded as being disorderly and disordered.

The final fourth section examines three extended scenarios as examples of intertwining discourses of 1) escalating deficit, 2) escalating intensity of treatment, and 3) the capacity of the school to be inclusive. The scenarios are tales of leaders reluctantly

---

[8] Lesbian, Gay, Bisexual, Transgendered, and Intersexed.

excluding students they came to believe were too ill to keep in school. Taken together, the three stories exemplify anecdotes that were told by all the leaders in this study. They spoke of how they and the teams they led applied diagnostic and therapeutic principles to the larger work of inclusion. However, the scenarios also display the discourses surrounding an approach that justified psychopathologizing students.

Definitions of Inclusion

During their interviews, all participants embraced inclusion as an ideal. They invoked ethics of caring, thoughtfulness, equity, and persistence when describing their schools' work. In Pleasant Hills, Superintendent Carol Ferrara succinctly tied together intention, practice, and outcomes.

> Inclusion is a set of beliefs and the way in which we look at student learning, where students have a sense of belonging; that they're all our kids, that all students belong to not only our district but to this classroom; that we have a responsibility to their development.

Like other respondents, when asked what inclusion meant to her as an individual, Ferrara responded with "we" instead. She thereby signaled her expectation for the school district as well as her personal belief. Smith (1990) recognizes this discourse as self-authorizing, in which the Superintendent communicated her right to speak for the organization. Ferrara's inclusive pedagogy focused on a student's secure membership in the classroom and district, and a concomitant duty of the adults to foster student "development."

Furthermore, Ferrara used the lexicon of RTI and PBIS to describe the way she wanted Pleasant Hills' educators to work inclusively by

> …demonstrating that we have a greater degree of inclusiveness, in that we've responded to learners' needs first by saying, "What do we need to do for this student, and what resources currently exist that can be provided as a response to

those learners' needs?"

If along the way and through measured results, we see there's a greater degree through interventions that meet those needs, then designing whatever special education services are on a continuum according to those students' needs; and a greater degree of our students' needs being met right here at Pleasant Hills; and to the greatest extent that we can, in what we call the regular or typical classroom, provide those services with the appropriate support system.

To me it's an ongoing continuum on which we should be seeing measured results in those areas.

The Superintendent echoed three tenets of RTI and PBIS by raising a continuum of interventions and services that escalate as measurable results deem necessary. First, Ferrara used the term *interventions* to describe how teachers can meet student needs. Second, the effects of those interventions were to be measured, thus signaling the data-driven nature of RTI/PBIS systems, and reflecting the data-driven discourses of the audit cultures of state and federal policies. Finally, the continuum, although not a pyramid per se, got at the same positivist idea of a graduated set of strategies/interventions that school might employ. Finally, Ferrara was clear that all these interventions would be brought to bear in the regular classroom, as much as they could.

Similar to the way Ferrara used the phrase "all students," other leaders in the study employed discourses of equality and diversity. Even so, they compromised their vision of full inclusion, as interview excerpts below demonstrate. It may not work for everybody. Even though they regarded including a diverse population of students as a moral imperative, they hinted at a group of students who might be justifiably excluded. From communities as different as Lakeview and Greendale, two leaders described inclusion in similar terms. Lakeview's Superintendent Bill Boniwell talked directly about inclusion as a matter of the rights of children with different abilities.

We believe that every student who comes through our door no matter what their abilities are, no matter what their challenges are, they have a right to the same education that all of our students have, and that means if it takes extra resources to make that happen, we believe we need to do it. It is a culture. It is a culture that we all believe in. It is that every student deserves an equal and quality education; that all students deserve the same instructional methodologies that our staff works through every day with our kids. It is equality.

Boniwell's formulation of rights is all about ability. He could have spoken about racial equality, class equality, or gender equality, but focused on ability. In this way, he emphasized ability as the axis of human equality. And even as he spoke to his district's commitment to mustering all necessary resources, there was a subtle but important othering embedded in his justification. As "every student…no matter what their challenges are" was compared to "all our students," Boniwell instructed the listener that students with challenges were somewhat outside the fold. Simultaneously, he established the notion of a normative student to whom others were compared.

Boniwell brought resource allocation into the formulation of rights as well. "All our students" were receiving an education. Yet we "believe we need to" apply "extra resources" to afford that benefit to students with challenges. Thus, in this interview response at least, resource allocation emerged as an important factor in how Boniwell viewed inclusive practice in Lakeview. Youdell (2006) recognizes this intersection of rights, needs, and resources as the beginning of a triage discourse. The discourse creates several categories of students as "safe" to educate, "treatable" with the application of extra resources, and "impossible" because their needs are too taxing for the system to accommodate.

Principal Sian Ingraham, at Greendale's Jones School depicted an inclusive classroom in ways that establish normative and deviant students, recognizable from

Boniwell's definition.

> So my view of inclusion is, you have a classroom of children regardless of what their ability is, and you teach all your children. While we have different levels and ranges across every spectrum you can imagine for every kind of what they call 'learning disability,' I see kids <u>with abilities</u>; and these kids should be allowed to have an education with everybody else. (Emphasis original.)

Ingraham simultaneously conjured and challenged the continuum of human ability. As Boniwell did, here she described ability a preeminent axis of identity for inclusive education, eschewing others such as race, class, or gender. The "spectrum" of what her school provided was "levels and ranges" that could accommodate "learning disability." It may be that Ingraham was calling into question clinical labeling of difference. Her descriptive phrase, "what they call 'learning disability,'" implicitly challenged a pathological view of academic differences. She emphasized that she regarded children as having "abilities." Paradoxically, even as she attempted to make a level playing field, she signaled the marginal nature of "these kids.". Another reading of her remarks is not that she was skeptical of clinical judgment, but that instead she thought that "these kids" have other abilities that somehow compensated for their recognized academic deficits. Furthermore, they remained "these kids" as opposed to "everybody else." They were thereby othered in a similar manner to Boniwell's formulation.

Finally, their inclusion was not necessarily a right to which they were entitled, but perhaps something granted to them. They "should be allowed" to receive their education with the normative group. Thus, their inclusion was contingent on someone allowing them to be there—an allowance that presumably could be removed by the same authority.

Successful Inclusion

In the view of these leaders, successful inclusion of children whose behavior

could be disruptive or disorderly centered on encouraging their compliance and assimilation into the classroom. To that end, the following examples from Greendale are emblematic of many of the illustrations given by leaders when recalling inclusion efforts that had gone well. By contrast, one leader presented a counter-example. Just east of Greendale, Pleasant Hills Superintendent Ferrara was pursuing inclusive classrooms and schools that accepted and accommodated a wide range of student behaviors and emotions. Her counter-example of inclusion follows the Greendale examples, which are typical of the ways that inclusion was viewed by the overwhelming majority of respondents in this study.

Inclusion as fitting in the box. The administrative team at Warren School in Greendale described successful inclusion as a scenario in which children once known for being disordered or disorderly now blended in so well as to be indistinguishable from their normal peers. Principal Grace Lowthian recalled a student who was frequently sent to the office for discipline when she was in the self-contained rooms. The school had eliminated such rooms and moved to inclusive classes as part of their participation in the inclusive reforms promoted by the local university. Since that time, "We don't see her at all," reported Lowthian. Indeed, Lowthian was proud that if she included that classroom in a school tour, a knowledgeable observer such as I would never be able to pick out the child classified as emotionally disturbed.

Greendale's Director of Special Education Patrick Quinn described a similar scenario at another school when defining successful inclusion. At a planning meeting tasked with making PBIS and RTI work synchronously in the district, he illustrated for his colleagues how PBIS was applied successfully for a kindergartener who disrupted her

new classroom. Despite the alarm with which the teachers viewed the student's behavior,

"A few weeks later, I couldn't even find the child because she was so well included."

During an interview, he described the same scenario in more detail.

> An autistic little girl enters one of our buildings as a kindergartener, and they
> think she is the next coming of Satan. You know, she is running the streets, she is
> trashing the building, she is cursing, yada, yada, yada, and she needs a one-on-
> one.

Quinn highlighted the teachers' descriptions of the student's disorderly behavior.

At the outset, he chose a pathological label, telling the listener to expect abnormal

behavior. Quinn's metaphor demonstrated a mix of empathy and distance from his

teachers' perspectives. On one hand, he was trying to view the situation from their point

of view—telling his listeners that he understood the teachers' perspective.

Simultaneously, he downplayed their alarm. He thus authorized himself as having a

reliable understanding of the situation at hand and a sophisticated analysis to apply.

Even so, Quinn used hyperbolic comparisons reminded his audience that the

kindergartener's behavior should be considered too extreme to be included in the world

in which he, the teachers, and the listener lived. It was a kind of tragic comparison: such

behavior was grossly out of step with her age. With that in mind, the teachers' only

inclusive strategy was hiring a one-on-one teaching assistant.

In the next several minutes of the interview, Quinn outlined a series of steps taken

by a team of specialists whom he assigned as problem solvers. They had analyzed

observational data on the child, and applied classroom management strategies. Initially, a

trained teaching assistant was to guide the child through these strategies, and then retreat

in six to eight weeks. However, the planned interventions were evidently more

successful than anticipated. In only three weeks, the assistant had little direct contact

with the child, who now largely followed class routines. To Quinn, this case was notable

for the speed with which the scenario had changed from disorder to order, from

stigmatizing deficit to assimilated anonymity.

As Director of Special Education, Quinn thus used this example to demonstrate

the power of PBIS and RTI to address student deficits and gain compliance. He alluded

to the structure of PBIS/RTI when discussing the "tiered framework" that was applied,

and with which he wanted all his schools to support students.

Inclusion as changing the shape of the box. Notably, when describing

successful inclusion, only one leader highlighted and encouraged a discourse that moved

beyond compliance. In Pleasant Hills, I observed Superintendent Ferrara leading a

meeting of her administrative team as they reviewed their implementation of RTI to cope

with disruptive and disorderly behavior.   As the team interrogated their office discipline

referral (ODR) data, the explanations centered on "acting out behaviors" as student

strategies for avoiding classwork.   The Director of Curriculum and Instruction asked

whether the interventions in place were intended to promote compliant behavior or to

promote learning.   Ferrara appreciated this analytic distinction. She noted that teachers

were gradually coming to detail their expectations for how kids will learn as clearly as

they already described how kids will act.

In a follow-up interview about the same meeting, Ferrara elaborated that their job

as inclusive educators was not simply to help students understand how their choices and

behaviors support learning, but further to interrogate their expectations and structures as

adults.   She regarded her district as evolving from 1) having insisted that students either

fit a conventional mold of appropriate classroom behaviors or leave that classroom, to 2)

becoming more artful at helping students fit the mold, to now 3) beginning to question the shape of the mold itself. In Pleasant Hills, the discussion of inclusion was beginning to turn its gaze from the students to the adults' expectations and structures for learning. Ferrara anticipated that what she called 21st century learning skills—communication, collaboration, critical thinking, and creativity, adaptability, and flexibility—when practiced by adults and students alike would create an inclusive learning environment that could accept and accommodate all students' learning styles.

Beginning discourses of medicalization. All these descriptions of inclusion assumed that schools had a legitimate responsibility and power to regulate and manage the lives of their students. At that level alone, these were discourses of Foucauldian "biopower." Foucault (2003b) theorizes biopower as evident in the collectivized concerns of the modern state. In this domain, the entire body politic is the focus of attention, rather than an individual's body. Populations, their functions and dysfunctions, their measurement and regulation, their collective health and threats to health, become the province of politics. For the purposes of this study, the same can be said of the public schools' relationship to their student populations. As will be explored in later chapters, public schools are of course institutions of the political state, and thereby work within its policy parameters and sanctions.

When Ferrara spoke about her schools' responsibility to their children's "development," she signaled this authority, as did the other participants in their descriptions of inclusion. By contrast, for example, they were not the leaders of profit-making enterprises, nor were they in this work for their own self-aggrandizement. Indeed, she and all the participants set themselves up as having the students' best

interests at heart, and therefore discursively told the listener that there were no grounds for suspecting their motives in describing student behavior (Smith, 1990).

Furthermore, their roles as inclusive leaders assumed the existence of a definable group of students to be "included." This signaled to the listener that there was a recognizable class of deviant students. Defining that group was important, because it discursively established the identity of inclusive leaders who were responsible to make the curative change. In *Birth of the Clinic* (1975), Foucault describes this discursive strategy as part of the "reciprocity" of the medicalized gaze and surveillance.

> Hence, the strange character of the medicalized gaze; it is caught up in an endless reciprocity. It is directed upon that which is visible in the disease—but on the basis of the patient, who hides this visible element even as he shows it; consequently, in order to know, he must recognize, while already being in possession of the knowledge that will lend support to his recognition. (Foucault, 1975, p. 9)

Though this is the kind of hall of mirrors for which Foucault has earned a reputation as a confounding philosopher, the essential point here is germane. The medicalized gaze creates an object to look at: the patient. It also creates the mystery of the hidden disease, which may at times manifest in clearly observable ways, but which also has hidden causes. Thus, the gazers—whom I posit to be the participants in this study and those whom they led—established their identities as helpers precisely because they took on the responsibility to diagnose and fix a definable group of students they regarded as troubling and troubled.

Ferrara and Quinn began to describe the actual techniques of diagnosis and treatment from RTI/PBIS that posed some students as ill and their educators as applying therapeutic cures. Quinn extended that discourse by describing the successful inclusion of a girl with autism whose transformation and assimilation were nearly miraculous. This

educator's work is remarkably like that of a psychiatrist unlocks a hidden pathology and applies the appropriate cure.

The miracle in Quinn's narrative was the move from deviance to normalcy, as evident in the discussions of inclusion as fitting in the box. Carabine (2001) elucidates the role of normalization as a discursive strategy. She notes that normalization is not a binary of

> good/bad, mad/sane, or healthy/ill. It is also a 'norm' towards which all individuals should aim, work towards, seek to achieve, and against which all are measured—'good' and 'bad', sick and healthy, 'mad' and 'sane', heterosexual and homosexual. (Carabine, 2001, p. 278, emphases original)

Ferrara's projection of inclusion countered this discourse of normalcy. She argued that the norms of the organization ought to change to meet the particular needs of the student, rather than requiring the student to assimilate. Nonetheless, her version of successful inclusion continued to assume a central feature of a medicalized discourse. It perpetuated the construction of students as "needy," thus bringing with it a concomitant administrative imperative to respond (Thomas & Glenny, 2000). This was so even as the school may have been changing itself to accommodate all learners. Indeed, it began to imply a school so adept at understanding the needs of each child that it could extend the medical gaze beyond allegedly deviant students to the entire school population.

The medicalized discourse deepened considerably in definitions of disorderly behavior proffered by the participants. Herein, the leaders used descriptions of danger and deviance when referring to some students, thus signaling their membership in a category of deviance (Smith, 1990).

Quinn exhibited this strategy in discussing the successful inclusion of a kindergartener showing highly disruptive behavior. The exaggerated descriptions of her

behavior fit well with the definitions of disorderly behavior taken from interviews and observations with all these inclusive leaders, compiled in the following section.

Definitions of Disorderly Behavior:

Runners, Biters, and Chair Throwers

Disorderly behavior arose again and again in interviews and observations as the greatest challenge for inclusive leaders and their staffs. Several behaviors emerged from interviews and observations repeatedly as icons of disorder. Running from class, biting, and throwing furniture were referred to as shorthand for the most significant challenges of building fully inclusive schools. In the initial interview, I asked each leader about the most difficult challenges to inclusion. Their responses are below in Table 2. All respondents focused on behavioral challenges. Most respondents described generic behaviors, while others such as Principals Blanton and Lowthian generalized from recent examples.

Table 2

Descriptions of Behavior

Participant/District	Behavioral Description
Greendale	
Superintendent Silva	"Basic insubordination, talking back. Not so much egregious behaviors. It's mainly students being defiant to teachers."
Director of Special Education Quinn	"We do have a lot of angry kids, and that is where we have got aggression replacement training in some schools."
Principal Ingraham, Jones School	"I have teachers right now with kids who are extremely violent. They bite a lot."
Principal Lowthian, Warren School	"She sees demons, threatens suicide when she sees demons approaching. She is interfering with her own education and the education of others. She will run to the balcony of the atrium, threatening to jump."
Clearwell	
Superintendent Turnbull	"Runners are very challenging. The kids who have a 'flee' response to stress are very challenging."

Participant/District	Behavioral Description
Director of Special Education Galliano	"When their learning is so disrupted or when they are so disruptive to others' learning, when there is a possibility of injury to others or injury to themselves, when they are spending more and more time out of the classroom due to behaviors, which is going to disrupt their learning, when there are constant office referrals."
Assistant Principal Sanders, Clearwater Elementary School	"We do have students with severe behaviors, as most schools do. Violent."
Fairview	
Superintendent Newsome	"I look at, 'How do we change any behavior that interferes with that child's education or the education of others?'"
Principal Underwood, Fairview Middle School	"The emotionally disturbed kids…they had big breakdowns and meltdowns, a lot of noise."
Director of Administration Nielson	"I think the kinds of behaviors are when a teacher's authority is challenged or when they think that kids might be in danger of getting hurt. I think that those are the kinds of behaviors that are most challenging."
Committee on Special Education Chair Danton	"Explosive. Harmful to self or others. I get involved there, when they rise to that level."
Lakeview	
Superintendent Boniwell	"Disruption in classrooms. We do not get a lot of physical stuff here. It is mostly just disruptive behavior, upset."
Director of Special Education Carson	"He [Superintendent Boniwell] is not going to tolerate kids throwing chairs and hurting other kids."
Principal Blanton, Lakeview Elementary School	[Regarding a boy who had hidden in the bathroom one week prior to the interview.] "And the next day he was fine. But who knows when that can happen again. That's a real challenge. It makes me really nervous when I can't be in the building. Not that I'm any miracle worker but to let somebody else be responsible for that kinda stuff – and that's a dangerous situation, have him locked in the bathroom and then climbing on top of the walls. So those are challenges."
Pleasant Hills	
Superintendent Ferrara	"Acting out behaviors can be avoiding work I have trouble doing. Also, there's the kid who makes poor choices because experiences and role models have developed that pattern. Choices are impulsivity, rather than making good choices."

Participant/District	Behavioral Description
Coordinator for Youth Development and Leadership Vinter	"Slapping, biting, hitting other children. There were really truly safety issues. Running out of the classroom."
Principal Brumson, Heights Elementary School	"The bigger challenge still remains for the cafeteria staff and it's really about aides who don't get it. You know, they just see somebody being naughty and needing to make him comply."
Director of Special Education DeMartino	"Defiance and noncompliance."

Unpacking Director Denise Galliano's description proves an instructive example of this discursive strategy that defines students based on disorder.

> When their learning is so disrupted or when they are so disruptive to others' learning, when there is a possibility of injury to others or injury to themselves, when they are spending more and more time out of the classroom due to behaviors, which is going to disrupt their learning, when there are constant office referrals.

"Disruption" to a presumed order necessary for learning provided the frame for her description. She called attention to the threat to self and others here as another important part of the discourse. She thus signaled that her scope of concern was not simply the child herself, but also peers. Disruption was followed by the threat of injury early in the description, and yet bore repeating in a reprise.

As for safety, Galliano reemphasized a duty to protect the student and peers. Furthermore, it was not the act of violence per se, but the potential of violence that she noted. In this phrase, the person who could predict or interpret that potential for injury was left unidentified. Because it was unspecified, the listener was left with the presumption that educators do that work.

"…spending more and more time out of the classroom" described the establishment of a pattern. This was an important moment in the description. It indicated

that single incidents may not warrant concern, but repeated and patterned ones did.

Patterning was epistemologically significant. It conveyed the truth of interpreting student

behavior as disruptive.

"…constant office referrals" reinforced two hallmarks of this troubling scenario.

First, the constancy spoke to patterns. Second, sending a child to the principal's office

via a referral was an official action, resulting from adult judgment of something wrong.

Thus, the adult's judgment was verified as a way of knowing students as disorderly.

Referrals are more than acts, though. When they are collated, calculated, and

tracked, they become data that is evidence of disorder. Here, Galliano signaled that she

was working within the data-driven regime of RTI and PBIS, even if she did not

specifically call it so. Moreover, her focus on reading the data and searching for causes

in the patterns signaled the biopolitical power of school authorities. In her view, they had

not only a responsibility to maintain order and safety, but further to diagnose the

underlying etiology of disorderly behavior and do their best to find a therapeutic cure.

Grounding that work in data—as she alludes to the RTI/PBIS tenets—demonstrated a

positivist discourse that lies at the heart of medicalization.

Discursive Strategies Regarding Order

Thomas and Glenny (2000) highlight the discursive strategy of using concepts of

disorder to construct the medicalized identity of the Emotionally or Behaviorally

Disturbed student. Lexically, they find that the term "disruptive" is the most frequently

used term in this discourse. Furthermore, they note how talk of disruptive behavior easily

slides into psychopathologizing students.

> The knowledge of psychology and psychiatry have infiltrated our everyday
> understanding of disorder and deviance so that they are now almost as one:

disorder has somehow become melded with disturbance in such a way that thought about behaviour which is out of order at school can hardly be entertained without the collateral assumption of emotional disturbance and special need. (Thomas & Glenny, 2000, p. 286)

Running, biting, and chair throwing showed up repeatedly in these descriptions as iconic behaviors. They continued to weave their way through interview and observation samples in this and following chapters. Smith (1990) helps with understanding why they hold such power as explanatory devices in discourses of alterity and mental illness, as discussed in Chapter 2. Chairs, for example, are ubiquitous classroom objects. The way that they are arranged in any classroom speaks volumes about the order of that learning space: Are they arranged in rows, indicating decades of stand-and-deliver teaching? Are they arranged around tables, hinting at cooperative learning pedagogies?

Thus, whenever "throwing a chair" was invoked in descriptions of student behavior, it thereby carried with it the instruction to the listener that the student was misusing the furniture according to the accepted social organization of the classroom. Students are to sit in their chairs. References to chairs thereby not only spoke to the use of that object, but also the regulation of student bodies in the classroom. Whether done in rows, at collective tables, or in a circle, sitting in chairs is passive. Throwing is far more active, and transgressively active, because sitting is the socially sanctioned use of chairs in classrooms. Beyond being a prohibited activity, throwing chairs also signals danger. A thrown chair cannot be caught as a ball could in physical education class or at recess. Thus, a student throwing a chair is constructed as doing others harm, because the discursive instructions of that example say that neither the rational speaker nor the rational listener could reasonably be expected to catch it.

As powerful as these singular behaviors are, another important discursive strategy

of the positivist truth value of patterning emerged in Galliano's discussion of patterns of

behavior. She referred both to patterns of office referrals and of being removed from the

classroom. Patterned behaviors and one-off behaviors might seem to be at odds, yet they

reinforce one another in building a case that the student can be regarded as having mental

illness. When speakers cited the one-off behaviors, they were telling the listener that

these were behaviors so egregiously outside of normative behavior as to be symptomatic

of deeper illness. Patterning is different. It evokes the medical gaze of a clinician

(Foucault, 1975), seeking an underlying cause within the body of the student that will

explain a series of events that are externally visible, similar to each other, but which also

deviate from the norm. In other words, normative behavior does not receive the same

scrutiny. But deviant behavior does. In this case, the shift from a disciplinary discourse

on deviant behavior to a medicalized one means searching not for justifications to punish,

but rather for underlying pathologies to treat.

This medicalized shift is at the heart of what these leaders saw as the promise of

Response to Intervention and Positive Behavioral Intervention and Supports. Their

efforts to build inclusive schools that cure students rather than suspend them were

powerfully influenced by that discourse. Repeatedly and emphatically, they felt that the

path to orderly behavior was through diagnosing accurately and treating effectively the

causes within students that underlay their allegedly abnormal behavior.

Applying RTI and PBIS Principles

Some of the districts studied called their practice RTI. Some called it PBIS.

Some called it both, and some called it neither. Regardless of the label, the leaders used

several of the basic tenets of the RTI/PBIS system as described by the theorists. Notably,

they 1) used data to identify students in need of assistance, to diagnose their needs, and then to prescribe ways to meet those needs; 2) applied a graduated continuum of interventions they regard as research-validated; and 3) regularly assessed students' behavior in a process they call progress monitoring. All three practices became discursive strategies for making the medicalized shift from regarding students as "bad" to constituting them as "ill."

The following section delineates these three practices. Analytically, I direct the reader's attention to the medicalized version of these practices. Only certain kinds of quantifiable and systematically regulated kinds of data are scrutinized, for example. Other methods are possible, such as the more holistic ways that parents understand their children, or the practice of "descriptive review" as developed at educators at the Prospect School (Himley & Carini, 2000), for two examples. Both of these alternatives take into account strengths of the student, as one simple difference from the data-driven discourses of RTI/PBIS and its similar methods.

Using Data

All the districts identified students showing disorderly behavior based on what they recognized to be sound data. Pleasant Hills' Coordinator of Youth Development and Leadership Michelle Vinter advocated screening all children by analyzing office discipline referrals (ODRs), attendance rates, and standardized test scores. "We're looking at kids who have met a threshold of 15% lack of attendance or students who are scoring poorly on math and reading benchmarks or kids who have two or more discipline referrals who are identifying criteria to at least give a student a look." Any of the three pieces of quantitative data could qualify a student for further analysis. She included

academic data alongside behavioral data as one indication that Pleasant Hills used the

RTI pyramid as a unified structure with which to both understand its students and design

responses to their needs.

Greendale was also attempting to create a unified RTI/PBIS structure. Special

Education Director Quinn presided over meetings of a broad district team of

administrators, teachers, and mental health specialists from the district and the city. In

those meetings, the team came back repeatedly to validating ODRs and attendance as

data to identify students in need of support, and furthermore as data that could trigger

moving a student from one tier to the next of their pyramid.

Lakeview used discipline and attendance data at the middle and high schools.

Superintendent Boniwell found the infractions in elementary school too petty to be

worthy of identifying disorder or distress in a child. However at all levels of the

Lakeview schools, teachers' anecdotal reports counted as legitimate data for further

investigation. At the elementary school, the SBIT team was the first line of inquiry.

Recall from above that nearly all the children discussed at SBIT sessions in May and

November 2011 were flagged for behavioral concerns.

Data discourses. The discursive strategies of using systems to pathologize

students are explored more fully in Chapter 6, and the uses of data for medicalization and

control are the focus of Chapter 8. For this chapter, two things are notable about the

basic epistemological discourse of using "data." In the Foucauldian discourse analysis of

power and knowledge, it is important to notice how "knowledge linked to power not only

assumes the authority of 'the truth,' but has the power to *make itself true*" (Hall, 2001, p.

49, emphasis original). Vinter wanted to give 15% of their students "a second look" by

virtue of data in discipline, grades, and attendance that identified them as troublingly different from the norm. Epistemically, the data themselves were assumed to have no bias, and therefore indicated some true deviance in the students. Secondly, as Greendale tied those same data points to tiers on the RTI/PBIS pyramid, they aligned the power of resource allocation and student placement with that kind of knowledge.

In later chapters, I show how the data-driven regime of audit discourses act on and through these leaders. The force of behavioral data becomes clear not only in making decisions about resources and student placement, but also in screening out other ways of knowing students. Thus, data were used first to identify students who troubled the school, and with repeated use became a lens that colored the view of many if not most deviant students. To switch analogies and to borrow from Maslow (1966), "If you only have a hammer, you tend to see every problem as a nail." Furthermore, the audit culture powerfully acts on and through these leaders to promote use of that hammer.

Meeting Student Needs with Interventions

Meeting students' needs was a foundation of inclusive practice for these leaders and their districts. Clearwell's district strategic plan, for example, established a "high strategy to "[c]learly define a seamless, systemic K-12 student support service model that builds upon RTI and addresses the needs of general and special education students" as high priority. The district communicated a consistent premise that accurately determining a student's needs would lead to crafting appropriate interventions, and lead to the goal of returning a student to compliant and productive behavior in school.

Accurate diagnosis would therefore lead to precise and appropriate interventions. Faith in this diagnostic tenet of RTI looked like individualization to two principals in this

study. As they described their use of RTI, they set up a shibboleth of prior practices,

calling them "cookie cutter" approaches to meeting student needs. Principal Sian

Ingraham at Jones School declared, "I'm the leader of a whole school. By knowing who

the kids are, I'm going to respond to their needs according to that child. And I think

that's something. There's no cookie-cutter process." Similarly, Lakeview's leaders were

passionately clear that they began from student need, and designed their interventions

from there. Principal Blanton described the value of having numerous people on her staff

who came at behavioral issues in different ways, some with a strict adherence to rules and

procedures, others with a more laidback approach—willing to have a child sit in a

beanbag chair or a desk chair, for example.

> You need to be able to have that variety. But you also need to understand that
> everybody understands that we'll do what we need to do for the children. They're
> all different. They all have to be handled differently. We can't cookie cutter
> them. But we hold them to high standards. We believe they all can achieve. We
> believe they all belong here. And we'll try whatever we need to try to make it
> work for them.

Two facets of this discursive strategy of needs/interventions made them

illustrative of a medicalized diagnostic discourse. First, when the leaders talked about

applying their best thinking to what was going on with students, it was almost entirely

about the students' needs as though they were deficits. There was little or no attention

given to student strengths as part of the diagnosis. Moreover, there was little or no talk

about the teachers' strengths or deficits either. For illustration of this narrow diagnostic

concentration, I have provided an extended look at a School-Based Intervention Team

meeting at Lakeview in the following section.

The second dimension of the needs/intervention focus that marked it as part of an

RTI/PBIS diagnostic strategy was a commitment to trying anything to keep a student in

school. This was a strongly held aspiration, but was limited in the actual practices of the

school. These two leaders and many others to whom I spoke shared tales of a student

who had not responded to the interventions that their school had attempted, and

ultimately were excluded—placed at other more restrictive therapeutic facilities. What

made this an RTI/PBIS type of discourse was that the justification for excluding the

student was grounded seeing the student as unresponsive to the therapeutic efforts of the

school. Blanton and Ingraham both were heartbroken by the times this had happened in

their schools, as were others who shared similar tales. Nonetheless, they felt justified

because their best attempts to attend to a child's needs and design appropriate

interventions had failed repeatedly. For an example of this discursive strategy of

escalating diagnosis and treatment that could lead to justifiable exclusion, see the

extended scenario from Fairview Middle School that closes this chapter.

Returning to the discourse of "needs," it is important to examine its nuances. In

the planning sessions, team meetings, and professional development sessions numerous

educators worked to elucidate the needs of students, and entwined numerous deficit

discourses as they did so. Often family of origin, social class, and pathology mixed

together. Leaders referred to "special needs" and "high needs" to highlight student

characteristics that would require a different educational response. Superintendent

Turnbull of Clearwater described how she led her faculty to adopt this paradigm.

> So I did the same kind of thing with kids who have special needs, and I said, "A
> special need could be that their parents told them last night that they're getting
> divorced." It's not necessarily a learning disability or a CSE label. Something
> happened in this child's life, and today they need more support than they ever had
> before." So we really looked at that and started talking about that as a faculty,
> how every child deserves the best we can give them, the best opportunity. That's
> how far we've come in just dialog and in thinking.

One reading of Turnbull's instruction is to distinguish between family

dysfunction (divorce) and disability. Another reading, however, is that the two deficit identities may well comingle—because the need is "not necessarily" disability, yet very well could be. Regardless of the cause, the discourse of student need necessitating adult support was powerful in this instruction.

Furthermore, they also often shifted the person-first language of a student *with* needs (even the euphemistic "special needs") to the more stigmatizing "high needs students." In the following two examples, the leaders were even more explicit that "high needs students" required the school to think about how it allocated resources. First, Director of Administration Nielsen from Fairview spoke of distributing students so as not to overload teachers.

> For example, if our high-needs kids in say 3rd grade are all in a co-teaching classroom, and we do not want to create that group of 21 kids or whatever to be an all high-needs group, what happens is we balance out the rest of the classrooms with other relatively high-needs kids who might or might have an IEP but are lower performing in some ways.

Nielsen here recognized that "high-needs" may have been formally identified by the special education process, yielding an Individualized Education Plan (IEP)—but not necessarily. As with Turnbull, "high needs" could have been greater than that group. This formulation centered students with disabilities as the core group of "high needs students," however. And the district's response to onus of addressing this "high needs" group was to spread them around ("balance") via other classrooms.

By contrast, in Lakeview, Principal Blanton had a quite specific and focused understanding of "high need kids" who could overwhelm their district. Lakeview had worked for many years on inclusion. Nonetheless, Blanton took to heart two students whose disabilities seemed too severe for them to accommodate.

We have areas that we struggle with, sometimes some of the real high need kids;

we have difficulty finding ways to fit them in as they – particularly as they transition up through higher grades. I know there's more we could do…I'm thinking of two that we have who are non-verbal, non-ambulatory in wheelchairs. We're working with them communicating with switches, but we have to pre-record things. I'd like to see ways that we can improve their experiences and their opportunities. It's tough because in part of where we live it's difficult for us to access some – we only have a store and a diner. We don't have much here for availability to take kids out into like a workforce situation, things like that. And even in the school it's hard in the classroom sometimes to make activities that are parallel activities that they can do and work on the skills that they need. Their schedules are also incredible. They are so difficult because they have so many therapies and so many things that they have to go to themselves that it sometime is difficult to keep them in a classroom.

The specificity of this diagnosed need and required therapeutic response was a notable contrast to the two prior examples from Clearwater and Fairview. Whereas there was more conflation of deficits in those other two, Blanton here actually read the working class resources of small-town Lakeview as the constraint, rather than implying the students' class backgrounds might limit them. Nonetheless, an even more striking contrast was yet to emerge right there in Lakeview. As the next section demonstrates, when it came to understanding student behavior, Blanton and her team quite often mixed poverty and pathology as student deficits.

Poverty and pathology as entwined deficit discourses. During the meetings at which the causes of disorderly behavior were analyzed and adult responses were planned, leaders participated in and validated discourses that further entangled students' deficit markers with their purported needs. For example, at Lakeview Elementary, poverty and pathology mixed with descriptions of classroom behavior in School Based Intervention Team (SBIT) meetings. As the team reviewed each student, the student's family of origin was often read as a significant explanation for the troubling behaviors at hand. In this small town, the team's collective knowledge of individuals and families went back generations. SBIT team members were commonly neighbors to the students' families.

Indeed, having spent their careers in Lakeview, Principal Blanton and Director Carson

had often taught the students' parents a generation ago.   Table 3 contains my notes from

an observation of an SBIT team meeting.

Table 3

Lakeview SBIT Team Descriptions of Disorderly Behavior

Student	Behavioral Description
S1, 1st Grade	Classroom teacher describes her as "flipping out" when it is time for testing in the classroom. Director of Special Education is sure that "bad behavior is reinforced at home."
S2, 5th Grade	Principal wonders if thumb sucking is the result of visitations with the father, whom she taught in high school. The mention of father's name gets a knowing response from the rest of team. Mother is regarded as ignoring S2 and a younger sibling. Nurse sees S2 as a candidate for teen pregnancy. Principal concurs at least that S2 is "at-risk."
S3, 5th Grade	Described by Principal as a victim. This is a discourse that notably carries over from S2. Director of Special Education identifies a change in diagnosis from Pervasive Development Disorder to Autism Spectrum Disorder.
S4, 5th Grade	Principal provides all the information on S4. She states that behaviors (not yet described) follow instability of home. Multiple adults are in and out of the household, and many meals are eaten out at the Kwikmart. S4 frequently has his hands on other students, which will be a problem in puberty. Father is prohibited from coming to school because he is a registered sex offender.
S5, 2nd Grade	Teacher reports that S5 says, "Mrs. F, I don't know why I'm flapping my hands." She thinks this may be Asperger's Syndrome. Team agrees with teacher. Teacher goes on to say that S5 is scaring the other children with visions of snakes on the playground. He thinks the snakes will hurt his friends. Team asks teacher if student seems otherwise anxious, and if mother has mentioned the visions. Teacher says, "No." Psychologist gave mother a rating scale that included "bizarre

Student	Behavioral Description
	behavior," but has received no response. Teacher sees parents as "quirky." She doesn't want S5 to become violent. Principal agrees that, especially with visions, we do not want this development. No conclusion reached on the roots of behavior, but S5 will be referred to the school's mental health counselor.
S6, 2nd Grade	Teacher reports S6 has trouble focusing, but is fine when the Psychologist comes to observe. ("Like a car when you bring it to the shop," adds Principal.) Nurse says S6 may have Attention Deficit Disorder. Principal nods. Psychologist will test and conduct a diagnostic rating scale [OC: Conners Scale], giving a home version of S6's grandmother to do at home. Nurse adds that S6 would be an excellent candidate for medication, if grandmother agrees.
S7, 1st Grade	Teacher describes as "having issues over being obsessive compulsive." When asked by Special Education Director to describe the behaviors, says that he cannot let go of an activity once he has started it. Reading Specialist believes S7 is smarter than he lets on, and cites reading scores from last year. Director of Special Education worries about younger sibling "with selective mutism." Psychologist labels the behavior "stubbornness." Teacher describes parent as ineffective, allowing children to run the house.
Key: S# = Student being discussed.	

Two deficit discourses of family were used to explicate students' disorderly

behavior and unruly emotions. The first deficit discourse described students' homes as

chaotic. Parents in jail, the loss of a job, the intermittent presence of pseudo-parental boyfriends or girlfriends of mother or father, prolonged illness, all figured in the SBIT team's analysis of causes of a student's disorderly behavior. Second, comparisons were made to other family members. The disorderly behavior and emotions of siblings currently in the Lakeview schools and parents or other relatives who previously went to Lakeview were held up as explanations for the child currently being discussed by the SBIT team.

Pathology was often used as an identity marker in itself. This came in several forms. One form was using psychopathological diagnosis as shorthand for student need. Psychiatric diagnostic labels (American Psychiatric Association. & American Psychiatric Association. Task Force on DSM-IV., 2000) such as Asperger's Syndrome, Pervasive Developmental Disorder, and Attention Deficit Disorder mixed with other diagnostic references, such as "selective mutism," and "obsessive compulsive" (which only needs the word "disorder" to itself be a DSM-IV label). A second related strategy was invoking pharmacology as an effective response or intervention, as when the nurse backed up her claim that Student #6 had Attention Deficit Disorder (ADD) by commenting that she would be a good candidate for medication. Third, when the school psychologist provided clinical behavioral rating scales to teachers and families (C. Keith Conners, Sitarenios, Parker, & Epstein, 1998), the team deployed a diagnostic technology that constituted the student as having a mental disorder—in this case ADD—simply because the student was the object of that diagnostic gaze. Finally, Carson herself invoked heredity as an indicator of mental disorder. She read a sibling's selective mutism, for instance, as an indicator of disorder in Student #7. The team entwined bad parenting and heredity as

causes for disorder, noting that the parents allowed the children to "run the house."

Another version of both of the deficit understanding of poverty and pathology came as SBIT members predicted future dire consequences as extensions of presently observed behaviors. The projections were also notably bound up with descriptors of poverty, criminality, and psychopathology. In later chapters, one sees that these deficit discourses were so powerful that they not only projected a student's trouble in school in the medium term, but also the potential to run afoul of the legal or mental health systems in adolescence and adulthood.

Discursive strategies surrounding "student need." Helping students in need is a concept that seems so obvious as a guiding principle of school that it might seem churlish to interrogate it. However, a Foucauldian analysis compels looking at what is apparently self-evident, even if it engages a level of discomfort (Harwood & Rasmussen, 2004). First, the schools took on to themselves the responsibility to identify and then treat those who are needy. For example, Clearwell School District's focus on "need" as their primary guiding principle spoke to the centrality of this discourse. Responsibility in this context was also connected to power, since the school district had the authority and the tools to direct the lives of students with that designation. Strategic planning, systemic design, and imperative programming were based on the identification of student need.

By way of contrast, one could imagine a school that organized itself to identify student strengths rather than needs. It might then organize itself to enhance those strengths. Another option would be a discourse that emphasized student rights. The power relations in a system that explicitly set itself up to exercise and protect those rights

could be quite different from a need/response discourse.

Nonetheless, these school leaders had embraced student need as an organizing principle. Beyond generic need, the examples above notably conflate numerous deficit identity markers, including psychopathology. Carabine's (2001) discourse analysis of unmarried motherhood helps understand how the participants in the above section entwined various deficit identities.

> Discourses are also fluid and often opportunistic, at one and the same time, drawing upon existing discourses about an issue, intersecting with, and being mediated by, other dominant discourses (about, for example, family, femininity, morality, gender, race, ethnicity, sexuality, disability, and class, etc.) to produce potent and new ways of conceptualizing the issue or topic. (Carabine, 2001, p. 269)

The essential conversation going on in these various examples was about the neediness of the students, marked by identities of difference. Lakeview's SBIT team repeatedly conflated poverty and pathology. Observations of similar team meetings in each of the other districts revealed similar fusions, also including sexuality and race.

But it is not enough to identify need. The schools also propelled themselves into responding to that need with elaborate procedures for identifying and treating students. Again, the SBIT team from Lakeview was but one typical example. In every school, a similar team and protocol existed to perform this function. This chapter's final section includes scenarios from such teams. Thomas and Glenny (2000) call into question just whose needs are being satisfied in this discourse, especially where disorderly behavior lies at the core of the purported need.

> There are taken-for-granted assumptions of 'help' in the 'meeting need' mantra of contemporary special education protocols, and these 'needs' have been silently transmuted with the assistance of the constructs of academic and professional psychology from the school's needs for order calm, routine and predictability to the child's needs—supposedly for stability, nurture, security, one-to-one help, or whatever. (p. 286, emphases original)

Furthermore, this discourse of need ties a precise student need to a precise school response. In their interviews, both Lakeview's Principal Blanton and Greendale's Principal Ingraham eschewed "cookie cutter" solutions, letting the listener know that they could not only understand each student as an individual, but more importantly, could diagnose and treat each student effectively from an array of options their schools had at hand. Discursively, this represented a further medicalization of the school/student relationship.   This discourse took on even greater power within a regime such as the RTI/PBIS pyramid, in which diagnoses and treatments became systematically aligned.

Plotting Student Need on the RTI/PBIS Pyramid

The literature on RTI/PBIS suggests that student need can be represented in a pyramidal structure, in which all students belong in the "universal" first tier, a smaller group with more pronounced needs are in the second " targeted" tier, and relatively few students whose needs are considered most extreme are in the top "intense" tier (Jimerson et al., 2007). The graphic in Figure 1 may be familiar from Chapter 2's literature review. It is also a piece of data in the present study because I saw it projected at several planning meetings and strategy sessions to which I was invited for field observations. Whenever it was displayed, participants were sure to include 1) percentages along the slope that indicated percentages projected in each tier, 2) brief annotations of both diagnosis and treatment response, 3) parallel of academic and behavioral tiers, and 4) green, yellow, and red tiers—bottom to top—indicating the rise in severity as one climbed the pyramid.
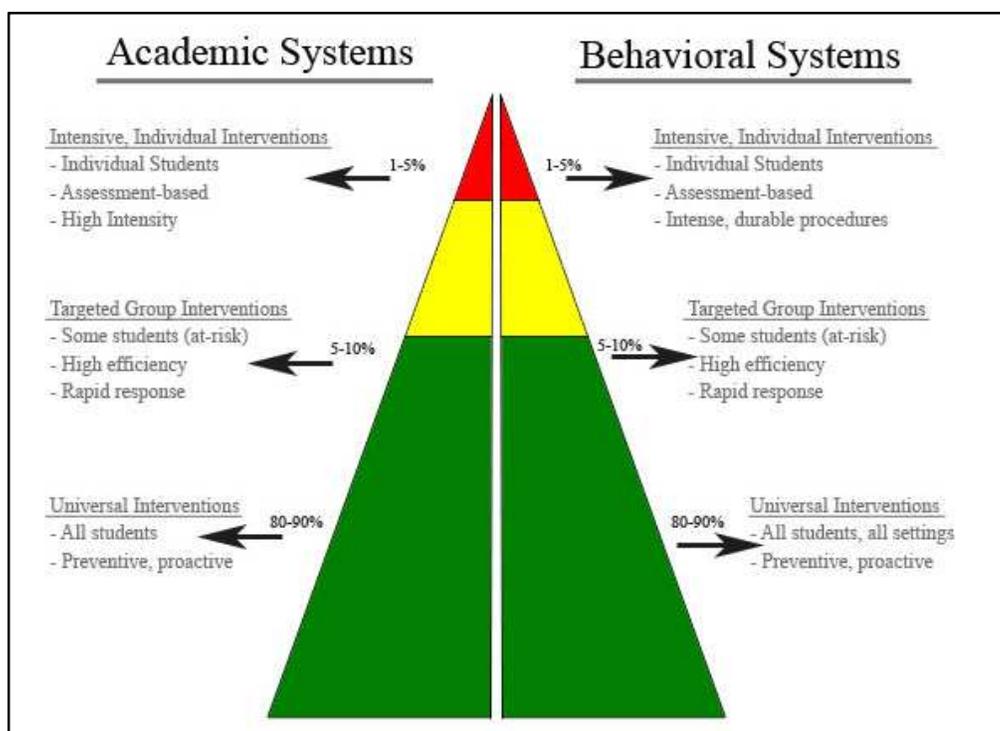
Figure 1. Sample Response to Intervention pyramid. (Sugai, 2010)

Greendale had modified the structure pictured in Figure 1 above to a four-tiered pyramid. They added another green tier, above the first, and below the top yellow tier. Students in the upper green tier would be treated by social workers and guidance counselors employed by the school district. Green therefore symbolized the needs/services pairing that schools could provide on their own, with in-house resources— universally for all at Tier I, and targeted from some in Tier II.

Students in the yellow tier would be treated in the school by mental health professionals from community agencies. Here, the school brought in outside help, with a new inter-agency initiative called Neighborhood Assurance.[9] Thus, students in the red tier were almost certainly sent to other facilities, on the reasoning that all possible

---

[9] Neighborhood Assurance is a pseudonym for this program, as are the names of individuals and schools.

services had been tried within the walls of the school. By March 2012, Warren School

was regarded as a model school within the district for its use of RTI/PBIS. Thus, it

serves well as an example of how student need gets plotted in this structure.

At Warren, children were identified as Tier I to IV students. During initial

interviews and observations at Warren School in March 2011, Principal Lowthian

highlighted Warren's ability to track all students' reading proficiency on a wall in her

"war room." Green, yellow, and red dots indicated each child's place in the RTI pyramid

as per their reading performance. At that time, Warren school dealt case-by-case with

their understanding of individual students' behavior, as opposed to the more systematic

tracking of reading proficiency.

One year later, they had established a second wall in the same "war room" for

behavioral monitoring. Each teacher had plotted students in her or his class along the

four-tier version of the PBIS pyramid that Greendale had fashioned. The criteria for

plotting students were found in the "4-Tiered Problem Solving Framework" (Appendix

D, Figure 7). The framework was essentially a list of teacher responses, some of which

were punitive and some of which were therapeutic. If a student was presumed to be

responsive to the interventions and responses in a given tier, she was thereby plotted

there in the class chart.

Each sheet represented one class. The pyramids were color-coded as described

above: Tiers I and II green, Tier III yellow, and Tier IV red. Each teacher wrote in

students' names in the tiers to indicate her/his estimate of overall behavioral need, based

on the 4-Tier Problem Solving Framework. Lowthian and her school social worker used

this room as evidence of why their school was regarded as a local exemplar of PBIS

implementation.
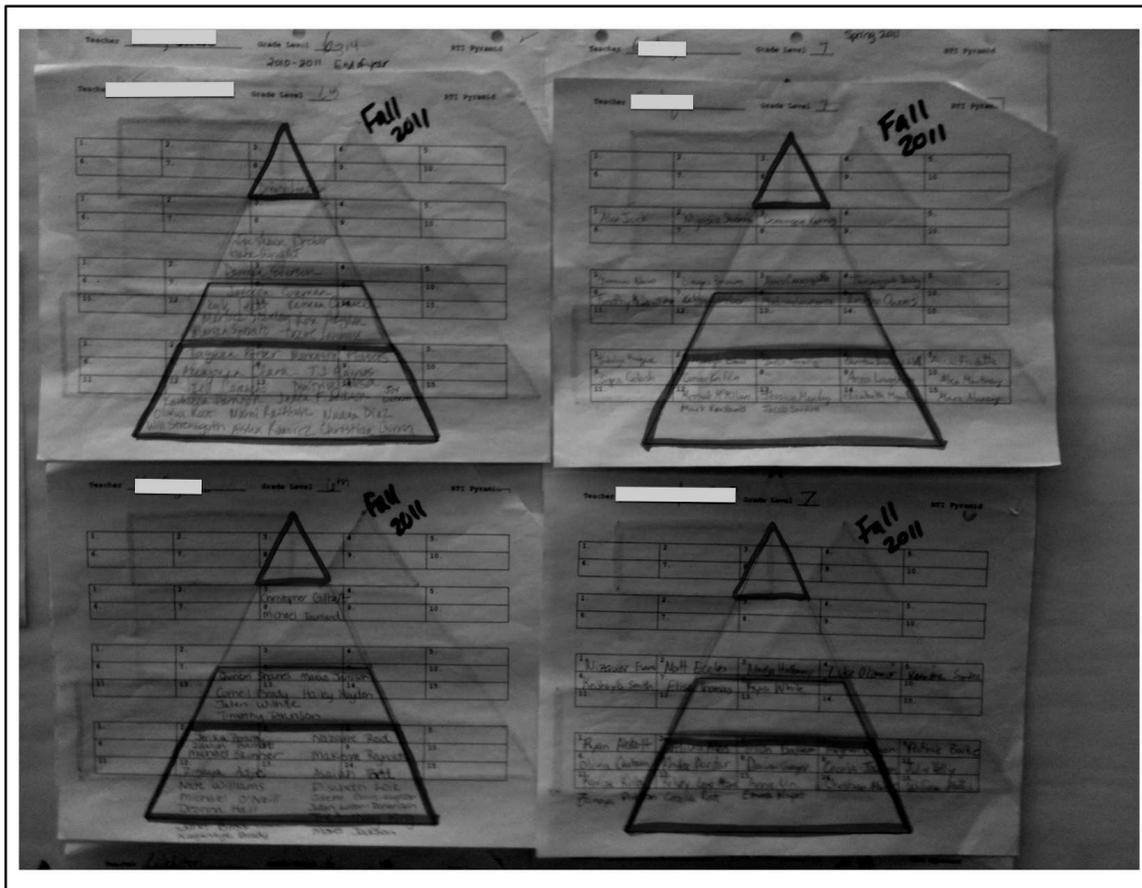
Figure 2. PBIS class plots at Warren School.

In Lowthian' view, PBIS was effective because it systematized how they viewed

their ability to focus on an individual.

> I think it's working. I think it's working well. It's working well because you're
> looking at individual kids. It's not just generic, "How are we doing," as far as
> referrals go. We keep getting that data, but here you can actually see where a
> child is on the triangle. I think we pretty much knew, because we're not a
> building where there are a lot of behavior issues. Those kids that rise to the top
> are the same ones that don't have that support or that come from dysfunctional
> homes.

By "working," Lowthian meant that she appreciated how the wall had come to guide the

school's ability to diagnose and treat students.   Students were plotted on "the triangle."

"Looking at individual kids" promoted the school's ability to locate the problem within

the student. In other words, whereas they had previously had a general sense of the students whom they found troubling, the plots on the wall allowed them to quickly identify which particular students would be subject to further diagnostic investigation.

As she elaborated, Lowthian comingled numerous deficit identities at this tier of the pyramid. In the overall example, she raised social class via her citation of family dysfunction and lack of support. Discussing it further, she also placed pathological disability in that range, noting how they had "identified" their problem students.

> The top of the pyramid. The teacher should know there are reasons. What we've done... We have a sheet the teacher gets with every special ed kid, what his disability is, what his issues are, so that if the teacher has a special ed kid in their inclusion class, she should be able to see, "Oh, Josh is on medication." Or, "Josh[10] is hyperactive, so I know I can't keep him in his seat 24/7, or..." You know, they should be able to know. We've identified every kid on this sheet.

Gender identification was also regarded as an identity that qualified a student for placement in the top tier. For example, Warren School was grappling with how to educate a student whose behavior was not disruptive to others, but who was "failing to make progress for the second year in a row," according to Lowthian. The school had retained her in seventh grade because her grades were poor. She was regarded as "bright," able to be productive one on one with an adult, yet "psychologically guarded."

> She's a he, but she's not getting any support or counseling outside of school. She's not a problem at all. She just stays in the background. She's very quiet. The teachers are feeling that... They call the parents. We try to connect with them. They don't come in. They don't talk to us about the whole situation. And she is suffering. You can tell she's very protective of her space. She's passing as a girl. They notice that she's shaving her fingers now, because she's going through puberty, but she's not on hormones. There's no support. But the parents have allowed her to do this since the age—you know, dress and be a girl—since five or six.

The "bright, but…" discourse emerged for this student, as it had for many other

---

[10] Several times during the interview, Lowthian used my name, Josh, to indicate that she was describing an iconic student, rather than an actual child.

iconic students that school leaders focused on in interviews and observations. It followed

a strategy for regarding someone as deviant, as Smith (1990) described it. "Bright,

but…" constructed an anomaly, and an anomaly particularly focused on deviant

emotionality. Intelligence was normative in school, and thus acceptable. However, poor

grades did not fit that norm, and thereby indicated some other malady.

This student was "not a problem," meaning that she did not disrupt with outbursts

or refusals. However, because the school could not square her intelligence shown one-

on-one with her overall academic lack of productiveness, they searched for other causes.

They landed on transgendered orientation as their explanation.

Lowthian supported the way her teachers equated sexual orientation of the student

with family dysfunction and pathology, and all wrapped up in the notion that dealing with

such a situation was beyond the means of her school. "She's a he, but she's not getting

any support or counseling outside of school." This introduction presumed the otherness

of transgendered sexuality, and further presumed that counseling would be necessary for

a transgendered student to belong in school. Referring to the "4-Tier Problem Solving

Framework," the need for counseling qualified a student for placement in Tier IV,

"Intensive Support Services."

Warren School had deployed its tried and true methods of coping, by reaching out

to the parents, inviting them onto school's turf. By highlighting this strategy, Lowthian

centered her school's authority to define normalcy. When the parents did not "come in,"

this was read as evidence of their dysfunction, connected quickly to school's view that

the student was "suffering." Hence, the parents were posed as somehow indifferent to the

dire circumstance a presumably compassionate school had identified. School proceeded

to the only remedy they felt they had left, Tier IV interventions of individualized counseling. Thus, the student was also constituted as a Tier IV student in the red zone, the most dysfunctional identity the school recognized, while still keeping her enrolled.

As with "Josh," the iconic top tier student in the prior example, Lowthian privileged a pathological view of student deficit in which pharmaceuticals would return the student to normative behavior. The principal asserted that "she's a he," "is passing as a girl," had dressed female since age five, and at the onset of puberty was showing unwanted hair on her hands. Lowthian thus signaled that she preferred a biological root of gender over choice. If this student was "on hormones" she would presumably stop shaving hair on her fingers and be less protective of her personal space. Likewise, with the right medication, Josh would be less hyperactive and able to sit.

Both "Josh" and the anonymous transgendered student were at the top of the pyramid because their needs presumably overtaxed the resources of the school. Writing prescriptions and conducting counseling were interventions provided by clinical experts outside of school. Thus, a combination of perceived student deficit and the expected interventions influenced placement on the pyramid.

Three Scenarios of Order and Medicalization

Three extended excerpts help display these discourses of order and medicalization in their complexity. The first is from Clearwell, and yields the title for this chapter. It demonstrates how RTI/PBIS can privilege medicalized discourses about students showing disorderly behavior.

The second scenario from Fairview highlights the principal who was regarded as an adept practitioner of RTI. He related the story of his school's application of RTI in

the case of one particular student, considering it an illustration of success. It is a narrative of ostensibly inclusive methods that actually lead ultimately to psychopathologizing a fourth grader and rationalizing her exclusion.

The third and final scenario comes from Pleasant Hills. It is also the story of a single student whom Coordinator Vinter viewed as an RTI success story. As the story proceeded however, it became evident that this girl too had been excluded, and that the same medicalized discourses that underlay Vinter's seeing this as a success also justified sending her away.

Medicalization Discourse that Permeates RTI/PBIS Identification and Intervention (Clearwell)

On a staff development day, Assistant Principal Sanders called together the district's social workers, counselors, and an elementary principal for a discussion on how to implement RTI strategies for children whose behaviors were regarded as disorderly. Sanders introduced a data review of office discipline referrals (ODRs) to set the ground for when and how to apply interventions. She brought the group's attention to an accounting that 36 students received 448 referrals last year, and translated that into percentages: "17% of the kids got 61% of the referrals."

One social worker's reaction was immediate. "They're mine! They're ED!" By this she meant that they were part of her caseload because they have been classified as Emotionally Disturbed.

From there, the discussion moved to examining the referrals themselves, whether they were consistently entered in the electronic student database called SchoolTool, and what the coded behaviors meant. For example, Sanders noted that she and the principal

of her school were continually reinforcing with teachers that they should log referrals in SchoolTool. At the same time, she challenged the usefulness of some codes. "Inappropriate behavior is not always a good descriptor," she said. The social worker reinforced this point, noting that the statistics for "inappropriate language" would have been be a lot higher "if we SchoolTooled every incident."

Sanders responded assertively that students "need to know that we will suspend for threats of 'I will kill you.'" As evidence that this sanction had become more accepted, she noted that suspensions were down for that behavior. Thus she believed students had gotten the message. "We talk about biculturalism, where they know that school is different."

With "biculturalism," Sanders used the discursive strategy of normalizing orderly behavior in this discussion. The "biculturalism" she referred to here picked up a point from an earlier exchange at this meeting in which the turmoil of many Clearwell families was attributed as a cause for ODRs. With this coded language, Sanders was telling the group that a school culture of order and safety would prevail, and would be the basis against which deviance was judged.

This "biculturalism" also harkened back to our initial interview, in which Sanders explained her position as an inclusive leader. Sanders understood her mission as "compassionate," particularly in reference to negotiating the social class discourses of home and school.

> You know, love is... I'm pretty tough on the kids. I grew up working class. I am not from an educated family. My older brother... I moved around a lot, my family, so I identify actually with some of our most severe families here. That's my background. I have my degrees up on the wall because that's a miracle to me. Those are a miracle. If you knew my upbringing, you would know that that's a miracle. The dissertation's a miracle. I identify with those kids. I'm getting

emotional. I'm working class, and one of the things I always have to mitigate is middle class discourse, because sometimes our kids need tough love. No one's going to save them. No one saved me.

Sanders preferred to read disorderly behavior as an expression of working class culture, rather than illness. She saw that her school's behavioral expectations were grounded in middle class values, which she believed were likely different from the values of her students' homes. Her heartfelt mission was to help students navigate school's middle class norms for orderly behavior. She tacitly accepted that working class culture was constructed as a deficit by the school—"those kids" with whom she identified were from "some of our most severe families." In essence, she was coaching working class on how to pass as middle class while in school.

During the staff development meeting, this tension between pathology and class emerged again. As the group worked their way through creating Clearwell's set of "tiered interventions" they contrasted two students as examples. In the excerpt below from my observation notes, Sanders and a social worker disagreed about one of the two children.

Principal: You [Sanders] mentioned children of incarcerated family members, and you're [Social Worker's] mention of kids with more needs is important. Let's look more at that.

Sanders: We could go down the case list [of students getting Tier II support], to see what are the themes of what's going on with them.

Social Worker: We have kids with emotional disabilities, or things going on that are emotional, and kids with bad behavior. Teachers have a hard time distinguishing. Like S11[11], crying and carrying on. He has emotional issues now, but not nearly what they were in 2nd grade. That's a bad example. There's no ED with him.

---

[11]   S11 and S12 are the eleventh and twelfth students discussed in the meeting.

How about S12, who has emotional issues and will always have issues? He is emotionally disturbed. Tomorrow, he will be emotionally disturbed. He will always be emotionally disturbed.

S11 will tell you, "I have different rules at home and school, and sometimes I get mixed up." He hasn't got deep-seated emotional issues.

Sanders: I'd argue with you about S11. I worry about taking him out of this safe context.

Social Worker: [Chuckling] She always argues with me about him!

Sanders: I worry about him. He's been crying and crawling under his desk.

Social Worker: That's what he does at home.

Sanders: [Collecting her papers.] When can we meet again?

The group used the list of children receiving Tier II intervention as a reference point. The RTI/PBIS pyramid thus became the technology for defining students' deviant identities. Regardless of whether the etiology of deviance was coming from a home with an incarcerated family member or "deep-seated emotional issues," the pyramid showed the students to be comparable.

Could schools deal effectively or not with that deviance, and what did that mean for the student's identity? This was the subtext of disagreement between the social worker and Sanders. Indeed, it was the logic at the heart of diagnosing someone's response to intervention. Sanders implicitly concurred with the social worker that there were students like S12 who had a "true" disability. She attempted to destabilize that category, however, stating that a "safe context" was crucial to this student. Furthermore, she signaled that a student with "true" emotional disability might legitimately be excluded by being *taken out* of that *safe context*.

The social worker asserted that the student's behavior was the "same at home." She acknowledged Sanders' list of disruptive or disorderly behaviors, such as crying and crawling. However if they were the same at home, the social worker implied that the cause lay within the student, regardless of context. Thereby, she discursively constructed the student has having a psychopathological disability. Significantly, Sanders dropped her challenge at this point, and shifted the agenda to scheduling their next meeting.

In a follow-up interview, Sanders reflected on that exchange. Although the moment had a playful, collegial tone, it underscored some tensions. "I think that's part of, probably, what we're wrestling with as a community. What is the difference between those two concepts of a student?" Sanders laid out how best to make that distinction. Her description was a powerful statement of the diagnostic discourse of response to intervention.

> I think part of it might be that, for the student who's naughty, there's a possibility that that child could self regulate and relearn behaviors and be shifted in their behaviors. I think, when we start looking at that Tier III level, we're also looking at students who may not have the capacity themselves to regulate, who are subject to... They themselves don't have the skills in them... And I think that's where, with that one student, we go back and forth on, "Can the student regulate, can he not regulate? Will this student ever have a moment where they know what's right and what's wrong?"

For Sanders, a naughty child could learn, could change behavior, and could internalize that change to the point of *self-regulation*. This was posed as normalcy. Within that normalcy, she had earlier signaled that she believed that someone who switches codes between working class behaviors and middle class behaviors is skillful and admirable. Thus, she expected students to have made school's behavioral expectations so thoroughly their own that they could self-discipline (Foucault, 1979)—and even do so nimbly.

From Sanders' perspective, if disruptive students were not naughty-turned-

disciplined, then they might never show the capacity to tell right from wrong. Importantly, Sanders posited that tiered interventions would reveal the true pathology in a student. Thus, the technology of the pyramid discursively created the student as having a disability.

Harwood's (2006) conceptualization of "subjugated knowledge" from Foucauldian discourse analysis helps understand what was happening here. In this case, Sanders could elucidate a social class basis for judging behaviors as disorderly in school. Nonetheless, she also believed that the RTI pyramid would differentiate between social class culture and illness. As per Harwood (2006), social class culture is a subjugated knowledge to psychopathology in this case. Psychopathologizing is a more powerful way of finding the truth about a student. Indeed, the pyramid seemed an even more powerful technology because in Sanders' conception, it could account for class-based explanations in the lower tiers. Yet at the upper tiers, where the pyramid was functioning most thoroughly because of all the prior interventions made, medicalized identities were paramount.

Escalating Pathology on the Pyramid (Fairview)

At Fairview Middle School, PBIS was about communicating rules and expectations consistently throughout the school. RTI was the system they engaged when trying to solve the problem of a child who was not succeeding with the academic or behavioral program they provided for all students. During our first interview, Fairview's Principal Underwood spoke first in general terms about how the RTI system worked, including a typical intervention strategy developed at his school. He concluded this description of the system with a narrative of a fourth grader who had recently been sent to

another school. As background, it is useful to go first through his generic description of successful use of RTI, because it sheds light on how he constructed exclusion as justifiable, if regrettable.

Tier I: Universal techniques. Whereas Underwood wanted to see PBIS as a school-wide system of rules and rewards, he also believed in some classroom management techniques that could be applied in every classroom.   His modest summation shows some pride in what he regarded as an exemplary success.

> We usually have a little point system, reward system, too, and that's ongoing every day. They get certain points and they get a reward, and they're always shooting for a goal, whether that goal is 80%: "Today 80% of the time I was on task and I was under control." Then we can fluctuate and change that depending on if they're getting better. So we kind of up the ante a little bit. They seem to respond to it.

Being "on task and under control" were the goals of this strategy, with specific meanings in a school context. "On task" signified that the students were working on the curriculum as assigned. "Under control" could have applied also to classwork, but stood more for orderly and polite social behaviors. These were the behavioral characteristics educators noted in orderly classrooms.

External rewards were understood by Underwood as a prelude to students internalizing the behaviors. The micro-economy of points and rewards for sanctioned behaviors were not sufficient until the students had reflected on their behavior. Another hallmark of this strategy was quantifying the behaviors, in this case, by a proportion of time spent in orderly behavior versus the presumed alternative of being unfocused or disorderly.

In this narrative of a successful intervention, Underwood indicated that teacher effort was relatively easy and feasible. "We have a little reward system…" gave the

impression that this universal intervention strategy could be accomplished with a reasonable expenditure of time and attention on the adults' part. Furthermore, he noted that the strategy could easily be flexed in response to the child's improvement or decline. Indeed, many classrooms used this kind of extrinsic reward system to encourage all students to be compliant. In that respect, it was a universally applied technique, as in Tier I of RTI systems. The nuanced but significant difference here is that the target children were expected to reflect explicitly on their performance.

Tier II: Targeted interventions. Underwood declared early in his interview that he "was an early supporter of the RTI process years ago" and "actually set that up in my building even before the regulation came out." He conceived of RTI as encompassing behavior as well as academics. Thus, the example he shared immediately following the points-and-rewards strategy indicated that he was moving up in the gravity of the students' troubles and the intensity of school's actions.

> We have kids who have real emotion issues, social issues. We even have what we call a check in/check out with one of the adults in the building. They go to them in the morning. They make sure as they get off the bus everything's okay at home, that they had breakfast or if not we get them to breakfast. We get them started in the day and check on them to make sure everything's okay.

> If there's a problem, right away we go into intervention with them. We go into those things we can do to work with them. Then at the end of the day the same way. They check on them as they get on the bus to see if everything's okay. It's a lot of reassurance, a lot of reinforcement of things, a lot of recognition, those types of things.

"We have kids who have real emotion issues, social issues," who were presumably more troubling than children who simply needed help staying "on task" and "under control." Notably also, he reported that these students "have" issues. "Having" something is an allusion to disability. The euphemistic "issues" indicated that Underwood recognized he was coming close to the stigmatized psychopathological label

of an emotional or behavioral disorder. Hence, at this level of scrutinizing student behavior, a diagnostic lens was now in use. By contrast, the students in the prior example were notably not identified as "having" anything. They would have responded to a minor strategy.

For students who had "real" issues, Underwood was willing to assign a specific adult to employ a "check in/check out" strategy. Check in/check out is a strategy that was mentioned by several leaders in Greendale and Pleasant Hills. It too had the imprimatur of research validation, as it has been referenced by the US Department of Education's Office of Special Education Technical Assistance for PBIS (Horner et al., 2011).

In this case, the check in/check out adult at Fairview Middle School saw the target students each morning to "make sure as they get off the bus everything's okay at home, that they had breakfast or if not we get them to breakfast. We get them started in the day and check on them to make sure everything's okay." This strategy had more deliberate scrutiny of the student's state of mind than the points/rewards system, looking to family stability and nutrition as signposts of the kind of behavior school could expect as the day moves on. The adult was also prepared to provide breakfast. It was perhaps a simple strategy to give a child breakfast who did not get it at home, yet it used more resources than the points-and-rewards strategy.

Check in/check out continued through the school day. "If there's a problem, right away we go into intervention with them." A "problem" called for urgent response. "Going into intervention" was unspecified, though Underwood indicated that they had a range of options. Again, the language of "going into intervention" indicated a deliberate

application of techniques that corresponds to the RTI/PBIS pyramidal graduation of intensity.

Tier III: Intense interventions. Sometimes, Tier II techniques did not get students to comply, and thus failed to achieve inclusion, as Underwood saw it. He felt it was then time to consider the possibility that the child had a diagnosable disability. "We're looking at ways we can help a student, provide intervention, provide strategies, and help them learn. Then if we feel as though we've exhausted it, then we will do some evaluation of that student."   At the point of using up the resources and strategies they had at hand and still failing to achieve success, then they reasoned the problem may have lain within the student, and she may have had a diagnosable disability. Underwood went on to describe an exemplary "situation that's not working," in which he reluctantly excluded a girl from school.

> We actually had a girl come in this year who's now been out of the building for two weeks. She came in and she did not have a behavioral plan. She was a special ed student. Had multiple disabilities. Was in co-teaching. She just really had a difficult time. Really just a total meltdown.

In short order, the principal described a student who had significant deficits and significant supports. Despite having already risen to that level of diagnosis and treatment in school, the implication was that her previous school must have missed a crucial part of that diagnosis, because she lacked a "behavioral plan" and had "really just a total meltdown."

When asked to describe the situation in more detail, Underwood clarified that the prior school was indeed aware of her behavior. Her behaviors were moderately disorderly, but could be dealt with by targeted strategies. However, in Underwood's school, the situation seemed different.

She came in and, in the past we were told she was very impulsive and got off task a lot but was able to be redirected and get back on task.

Her behavior was really bizarre. She was really defiant and said she didn't want to do... If we were on the computer, she wanted to go into things like barbie.com. She didn't want to stay in the program or website we were working with.

It got to the point where she just totally refused to get out of her seat. "I'm staying here until I finish." If she had a book, she would want to read the book and not do anything else. Everything was based on the book.

She was all over the place in terms of having a conversation with her: One minute she seemed like she was receptive to what you were talking about, and the next minute she was talking about something off the top of her head.

It got to the point where she wouldn't leave classrooms, walked out of classrooms, ran down hallways, even to the point where she took some of her clothing off in the nurse's office and wouldn't get dressed. Those types of things.

Without using any further language that was explicitly pathological, Underwood nonetheless employed a number of discursive strategies to construct this student has having mental illness. He remained focused on her behavior throughout, rather than her identity, and began by characterizing it as "really bizarre." In and of itself, "bizarre" behavior may not equate to mental illness. However, as part of a longer narrative, it begins significantly to build a discourse of pathology.

> Recognizing in events the 'fact' that someone is mentally ill involves a complex conceptual work. It involves assembling observations from actual moments and situations dispersed in time, organizing them, or finding that they can be organized, in accordance with the 'instructions' which the concept provides. A simple, immediate, and convincing recognition of a fact at this conceptual level implies that much of the work of providing events with the appropriate conceptual order has already been done. All that the reader/hearer has to do is to discover in those events, or rather that account of events, the model which enables them to classify them as this or that kind of social fact. (Smith, 1990, p. 15)

At this point in the interview, Underwood had endeavored to demonstrate that he had carefully thought through how children act and why. Hence, he established himself as a trustworthy judge of behavior. Thus the discursive practice of contrasting the girl's

behavior with conventional expectations began.

She was portrayed as defiant because she chose to visit websites about beauty toys rather than the assigned website and curriculum while the class was in the computer lab. Furthermore, she was so engrossed that she defied the transition timing of the class around her, insisting on staying put until she had finished, rather than leaving the computer lab with the other students. Likewise, she became engrossed in reading to the point of eschewing all other activities. The contexts of these scenes were classrooms with scheduled times for reading and the use of computers, and specified content to read and view. In those contexts, the fourth grader's choices to read <u>what</u> she wanted for <u>as long</u> as she wants were regarded as defiant and bizarre by the adults.

And the medicalized case for disability built. The discursive strategy of describing the student not making sense in conversation suggested that she was irrational, since the adults were presumed to be reasonable. The piece of data that "she was all over the place" in dialogue was read as evidence that her logic was incoherent. As further proof, Underwood observed that she rapidly veered from being "receptive" to a mutually understood topic to talking about "something off the top of her head." Erratic change of topic away from what the adults wanted to discuss was made into evidence of a deeper malady than the "impulsivity" her prior school described.

Unpredictability was a continuing theme in this narrative. Beyond self-directed reading and illogical conversation, the girl's movements appeared to be random. On the one hand, she would not leave the classroom, presumably when requested or directed to do so. On the other, she walked out, again presumably when she ought to have remained. She ran in the hallways—an age-old act of school misbehavior.

The list—"wouldn't leave…walked out…ran"—implied that her movement lacked any rhyme or reason. Listing the movements this way also told the listener that they made their own pattern. Hence, if the child was exhibiting an unpredictable pattern, this was interpreted as evidence of her irrationality.

The final behavior described seemed initially incongruous, yet provided the climax in a narrative of disability: "…even to the point where she took off some of her clothing in the nurse's office and wouldn't get dressed." Getting undressed was presented as very far outside the ken of conventional, acceptable school behavior. The listener was instructed to understand that there was something seriously wrong with this child.

To make sure that the listener understood that the narrative held together, building a logical interpretation, Underwood summed it up with "Those types of things." He then described the efforts they made at school to include this youngster.

Following the RTI framework, the principal wanted the listener to know that they did their best to get the nine year-old to comply. They escalated their efforts along a continuum. They applied the resources they had—and added some more. It was all to no avail. She needed psychiatric support that the school could neither provide nor accommodate.

> So we really had to sit down quickly. We actually had put together a quick behavioral plan for her with that continuum of response, and we actually brought in a one-on-one TA [Teaching Assistant] that we hadn't anticipated but hired temporarily to see if that would help. Even with the TA, the TA struggled. She wouldn't listen to the TA. There were moments that showed she could be successful, but overall she wasn't.

> We really were surprised it got to the point where the program wasn't the right fit for her. She needed a much more intense, therapeutic type of program to address whatever those concerning behaviors are that we weren't equipped to deal with here.

In essence, this principal was saying that there was no room at the top of the pyramid. Reluctantly, they sent the student to another facility. "Not the right fit" was a concession that the system at Fairview Middle School had been overwhelmed, because they were "not equipped" to apply a course of therapy they felt was necessary. Poor fit and an overloaded system were the ingredients of a decision to concede that inclusion does not always work. A defiant student had been constructed as having some sort of emotional pathology. Exclusion was thereby warranted by the systematic efforts they had made to understand and accommodate this student over the course of approximately five weeks.

Medicalized Success and Failure via RTI (Pleasant Hills)

In Pleasant Hills, Coordinator Vinter was part of a leadership team working to use RTI structures to shift from suspending students to providing them the support services necessary to remain in school. Vinter described the success story of one high school student as a success in re-interpreting discipline data as diagnostic data, rather than as a trigger for discipline. However, as we continued to talk, it appeared that RTI may have encouraged success for dealing with tardiness, but may have supported exclusion when used as a solution for more disorderly behavior.

Vinter described the leadership team's attempts to use office discipline referrals (ODRs) as evidence of student need, rather than justification for punishment. The district had been called to task by the State Education Department (SED) for suspending too many students with disabilities (State Education Department, 2011e). As they looked into their past practices in a July 2011 meeting, they found that they had a multitude of individualized student plans triggered by disciplinary referrals, but were not following

through on them. Thus, discipline records accumulated for the students, and building

administrators were suspending them. When Vinter reflected on that meeting a month

later, she cited the case of Annie as one instance in which they had used RTI principles

well, and she believed that example could be a harbinger of their shift toward supporting

students in need, rather than suspending them.

First, she believed the district would improve as it developed "criteria to look at

kids for a more targeted intervention, meaning a group intervention. And then if students

aren't responding to group interventions, then do we put in an individualized student

learning plan that really targets one or two of the things that we're seeing with the student

to make a difference?"

Vinter regarded Annie as an example of that kind of criteria-based analysis and

targeting.

> At the high school, we brought a kid forward who had 36 referrals. I thought,
> "Wow, that's a lot of referrals." As I'm looking at the referrals, I was looking at
> the patterns of the referrals. Most of them were for "late to class.' Of the 36
> referrals, almost 28 or 29 were "late to class," and they were late to a particular
> class, which she wasn't doing well in. If you look back and connect it with her
> academics, math was her disability.

Vinter believed that showing up late to math so often spoke to "some avoidant behavior

going on." Rather than focusing on the tardiness, Vinter believed that if the school were

to provide Annie with some math support, "maybe she would feel more successful in

class, maybe not be disruptive, maybe not be late to school, those types of things."

This need/support analysis discursively medicalized the situation, constructing

Annie's disability as the root cause. In this discourse, she was late and disruptive

because she had a math disability. With added math support, Annie ought to have felt

competent enough that her other disruptive behaviors would cease. Other analyses are

possible. For example, the math teacher's competence was not in question. Thus the adult's behavior was held to be fine, again discursively locating the problem with Annie.

Vinter and I were talking in August, and Vinter indicated that the math support had been put in place for the end of the previous year. She did not know if it had worked, however, because they "haven't progress monitored," which was one of the "kinds of things we have been missing." Vinter here further engaged the medicalized discourse of RTI, letting me know that she expected that kind of diagnostic protocol even if it had been absent to date.

As an interviewer I wondered how strong that expectation was. So I asked if the protocol would be reinstated once school started in September. Vinter said that it would, that Annie's math support would be tried for six to eight weeks, and then evaluated. But this was where the story about Annie took a surprising turn. Vinter informed me that although the math support was in place, Annie would be at "an alternative school[12], because there were some other discipline issues."

Vinter lamented this placement decision. "It's kind of a sad case, to be honest with you." She went on to describe the school's unsuccessful efforts to work with Annie's parents, whom the school "brought in under duress. The parents didn't want to

---

[12] The alternative high school is designated for students whose behaviors are so disorderly that their home school no longer sees itself as an appropriate place for them. Pleasant Hills is part of the Educational Collaboration Consortium (ECC) of 25 school districts that collaborate to provide a multitude of services that they cannot afford to operate singly. This alternative high school is one of those services. Fairview and Greendale are also part of that ECC, although Greendale does not participate in this particular service. Coincidentally for the purposes of this research study, Fairview hosts the alternative school in one of its facilities, although the school remains a creature of the consortium as a whole. Also coincidentally, of at the very end of data collection for this study, Fairview Superintendent Newsome resigned from his small district to assume leadership of this ECC.

be there. [Annie's mother] said she wants nothing to do with her child. She hates her. She used those words." Vinter identified other family members and their criminality and disorder—two siblings in jail and a younger sibling stealing in elementary school. Indeed, one brother "never made it to the high school. He had so many discipline problems, so many problems with the law that he was just a name on paper by the time he hit 9th grade." This prelude came as an implicit diagnosis. The stigma of a dysfunctional family attached to Annie as a marker of behavioral deviance (Goffman, 1963).

Vinter saw Annie as "an example of kind of falling through the cracks," although school "has always known there were problems" with her. They had placed her in the "smaller environment" of the alternative school since "it's not working in the big school setting because of her inability to contain her comments, racial and sexual comments." Vinter acknowledged that Annie "hasn't been taught the skills," by which she meant the social conventions appropriate to school. Vinter called up the Tier I language of RTI with this observation. Annie lacked the experience of being taught social conventions. That was not yet evidence of pathology, but did begin the pyramidal and medicalized discourse.

Conflating family dysfunction with school discipline referrals, however, yielded more of the medicalized and pathological discourse of RTI.

> I just wonder if we had intervened earlier and really looked at what was going on, would we have had a chance, and maybe created some wraparound opportunities for her mom. Obviously this mother is overwhelmed. Two of her children are in jail. She's had Annie and then a little girl in 5th grade. I have now the social worker at the elementary school working in a group with the younger sibling. They're complex. If it were just the math issue, I think that would be one thing. But again, 36 referrals, 28 being related to "late to class" tells me something. The other referrals are for those racial and sexual comments.

Vinter speculated that providing therapeutic services to Annie and her dysfunctional

family might have yielded orderly behavior sufficient to keep Annie at Pleasant Hills High School. Indeed, there appeared to be some hope for her younger sister in this excerpt. Thereby, Vinter validated the essence of the therapeutic discourses prevalent in RTI/PBIS, even when though they had not been effective for Annie.

Discourses of Order and Medicalization

These leaders were most troubled by behaviors they regarded as disorderly. They would not tolerate leaving the classroom, calling racial slurs, generally disrupting classrooms, nor posing a danger to oneself or others. Intolerance for disorder was not necessarily to be met with exclusion. With RTI/PBIS, these leaders shifted their schools from utilizing juridical power to exercising medical power (Foucault, 1973). The discourses that these leaders engaged cast disorder as unhealthy, both to the individual student presenting those behaviors and also to the other students in school. The technologies of RTI/PBIS furthered those discourses by locating the cause of illness within the student. Ultimately, this could create the identity of a student who not only acted in a disorderly manner, but was actually a person with a pathological emotional disability. Faced with what they regarded as sometimes ineluctably ill and unmanageable students, even these committed inclusive leaders could rationalize exclusion as a sound option. At that point, they confronted questions such as whether a student would ever be able to distinguish right from wrong, and found that they could not influence that ability.

Chapter 5: "We need to better understand the difference between systematic, systemic, and robotic."

> If they're on Tier I of the pyramid—they're behaving, they're getting the work done—there are really no concerns with the child that we can see.
> —Principal Sian Ingraham, Jones School, Greendale

The leaders in this study felt challenged to include children whom their schools regarded as disorderly. As expressed in their interviews with me and in their leadership meetings, they wished to return those students to compliance and productivity. They were attempting to shift their schools from a juridical model to a therapeutic one as the best method to do so. This was in part a response to state and federal imperatives to do so, and in part an extension of their medicalized discourses surrounding inclusion. Rather than relying on rules and punishment to achieve order and discipline, they instead sought a system by which students would internalize the values and expectations of the school system, and thereby display *self*-discipline. If and when a student's behavior should become disorderly, the leaders' goal was to develop therapeutic ways to return that student to *self*-regulating discipline, avoiding punishment thereby.

As was explored in the previous chapter, this reorientation was grounded in a discourse of needy students and responsive, therapeutic adults. Much of that discourse arose as leaders faced their colleagues' strong desire to design a system that first delineated precisely how students would be identified as needy, and then precisely how to apply particular interventions tailored to return them to orderly conduct. Teachers, specialists, administrators, and ancillary service providers from external social service and mental health agencies looked to the leaders studied here for predictable and consistent rules and practices from individual child to individual child, from grade to

grade, and school to school. This was especially evident in field observations of planning teams and staff development sessions.

As Principal Ingraham suggested in the opening quotation, schools felt that the first tier of the RTI/PBIS pyramid presented "no concerns," because children were compliant and productive. Ingraham seemed to be voicing common sense here. However, a research "ethic of discomfort" (Harwood & Rasmussen, 2004) invites further analysis of such common sense.

This chapter and the next scrutinize the ways that schools established systematic ways to define their concerns. This one analyzes the normalization discourses in that work. It looks at what was constructed to be fine, not problematic, and thus, the standard against which problems were contrasted. The next chapter takes up analysis of the rest of that equation—the pathologizing discourses that regulated how problems were perceived and addressed.

This chapter emphasizes the discourses of normalizing behavioral expectations— taking a look at the common sense of having no concerns. Normalizing effects a major shift from a juridical discourse in which "normal" meant "tolerable" to a medical discourse in which "normal" meant "healthy." While Conrad (Conrad, 1988, 2006; Conrad & Schneider, 1992) has written about the medicalization of deviant behavior, this chapter's analysis borrows more from Foucauldian work on systems of justice and medicalization (Foucault, 1973, 1975, 1979), and on the ways that such systems create ways of knowing students (Golder, 2007; Graham, 2005; Hall, 2001; Harwood & Rasmussen, 2004; D. M. Jones & Ball, 1995).

Following field observations, I went back to the participants for follow-up

interviews to check their perceptions of the data I had collected. In those follow-up interviews, the leaders affirmed that they had been hearing the same striving for systems. Reflecting on that striving, all participants were trying to effect a shift of deficit identity that regarded some students as punishable to one that regarded them as curable. They acknowledged that the systems their educators and collaborators wanted would cast students as people who could be remedied via behavioral intervention. This shift from exclusion and punishment to inclusion and intervention is, indeed, the essence of Positive Behavioral Interventions and Supports (United States Department of Education, 2004).

This shift from schools acting as disciplinary institutions to therapeutic ones was based on maintaining the health and safety of the individual <u>and</u> of the entire population. Foucault (2003b) calls this the emergence of *biopolitics* and *biopower*, in which the state and its institutions legitimate their power to regulate the actual lives and bodies of the people under their authority. Similarly, developing systems that are therapeutic rather than punitive, develops a technology of biopower.

> Where discipline is the technology deployed to make individuals behave, to be efficient productive workers, biopolitics is deployed to manage populations; for example, to ensure a healthy workforce. (Foucault, Bertani, Fontana, Ewald, & Macey, 2003)

Technologies that carry out the move from discipline to medicalization articulate the link between knowledge and power, between how students are known and the power that the school may exert over their lives.

> The apparatus is thus always inscribed in a play of power, but it is also always linked to certain co-ordinates of knowledge…. This is what the apparatus consists in: strategies of relations of forces supporting and supported by types of knowledge. (Foucault, 1980b, pp. 194, 196)

This chapter focuses on the normalization discourses in this evolution from disciplinary systems to medicalized ones. From discipline codes to Tier I of the

RTI/PBIS pyramid, one saw the emergence of a discourse of what was considered to be normal behavior. Deviance and disorder were judged against this baseline. Chapter 6 takes up how the discourses of disorder and cure emerged in the upper tiers of the RTI/PBIS pyramid. However, to make that understandable, and to understand the work that these leaders were doing to move their institutions from punishing naughty kids to fixing broken ones, it is necessary to analyze the normalizing discourses in the first place.

Superintendent Ferrara of Pleasant Hills knew that her educators wanted to have systems in place to do this work. She cautioned that, "We need to better understand the difference between systematic, systemic, and robotic." Ferrara's challenge spoke to undertaking the work with an ethic of discomfort, particularly with reference to the growing influence of an audit culture discourse that drove analysis and decision-making. In the spirit of that challenge, this chapter proceeds to unpack comfortable assumptions about normalizing discourse. The first section analyzes normalizing discourses in the codes of conduct. These documents originated as disciplinary documents, and yet set the baseline of acceptable behavior by students and adults. The next section explores the first tier of the RTI/PBIS pyramid, demonstrating how a medicalized discourse of behavior, screening, and identification set its concept of normalcy. This depiction of normalcy is critical to understand the discourses of pathologizing that dominate the later pathologizing discourses surrounding order and inclusion (explored in detail in Chapter 6).

Disciplinary Normalizing

By way of the 2004 reauthorization of the Individuals with Disabilities Education Improvement Act, Positive Behavioral Interventions and Supports (PBIS) have been

intended to provide an inclusive remedy to exclusionary discipline like suspension. PBIS is mandatory under federal law when developing an Individualized Educational Plan (IEP), the foundational program document for any student identified as having a disability. To wit, the team developing an IEP must, "in the case of a child whose behavior impedes the child's learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior" (2004). The normalizing discourse is evident here in that not only is the student's learning in question, but so is the unimpeded learning of her/his peers. The previous chapter demonstrates the way that this day-to-day concern about order had been interpreted, whether or not a child carried a diagnosis of disability. This section examines the disciplinary roots of what was considered to be normal behavior, against which abnormal and possibly pathological behavior were measured.

Codes of Conduct

The identity of the child whose behavior impeded her/his own learning or the learning of peers had roots in the juridical language and practices of school discipline. Since 2000, SED legally required all districts to have a Code of Conduct setting out student behavioral expectations (2000). Behavioral norms were established in the "Student Responsibilities" section. The 2011-12 editions of the Codes of Conduct for each of the five districts in this study are excerpted in Appendix C.

The Codes set a strikingly similar baseline for expected behavior, ranging from lists of three responsibilities to twelve. Abiding by school rules was first or second on every list. The institution's authority to set the terms of behavior was explicit.

All the codes of conduct established normative behavior by calling on students to

be responsible for an environment conducive to learning. The students were thus responsible not simply for themselves, but also for the common good. By contrast, individual students could be held culpable for disruption of the organization of school.

The codes were largely silent on what sort of environment was conducive to learning, although they tied order and safety to learning. Note how closely the terms are associated in most of the excerpts in Table 4. Although Fairview did not explicitly call for safety and order, respect for property stood in as an analogue.

Table 4

Student Responsibility for Learning Environment as per Codes of Conduct

District	Excerpt from "Student Responsibilities"
Greendale	Contribute to maintaining a safe and orderly school environment that is conducive to learning and to show respect to other persons and to property.
Clearwater	Contribute to maintaining a safe and orderly school environment that is conducive to learning and show respect to other persons and to property.
Fairview	Contribute to the maintenance of an environment that is conducive to learning and to show due respect for other persons' property.
Lakeview	To work to the best of his/her ability in all academic and extracurricular pursuits and strive toward the highest level of achievement possible.
Pleasant Hills	Contribute to the maintenance of an environment that is conducive to learning and to show due respect for other persons' property. Be safe, and not interfere with the educational process.

Three of the districts laid out other classroom behaviors presumably conducive to learning. Greendale, Clearwater, and Fairview wanted their students to ask questions when they did not understand what was going on in class or with their assignments. However, the silence overall on learning behaviors became a discursive strategy that made orderly compliance prominent as the basis of normative behavior. Within the text of the Code of Conduct, students were not expected to collaborate, show curiosity, create,

or even participate. Indeed, the verb *participate* arose only in the most passive sense in the clauses in which students were expected to behave well when *participating in or attending* extracurricular events. Typically, in those instances, the students' good behavior was normalized as acting like *representatives* of the district when they might be on display for other members of the general public.

All five districts required respect for people and property as part of Student Responsibilities. Greendale, Clearwater, and Fairview again amplified that requirement by singling out respect for school faculty and staff with a separate rule in the code. Indeed, Greendale went a step further, holding students responsible to "react to direction given by teachers, administrators and other school personnel in a respectful, positive manner."

Discourses of power and normalcy. The Codes of Conduct were evidence of the institution's authority to regulate the conduct of all (Foucault, 1979). However, the very vagueness of many of these codes discursively conveyed considerable power vested in adults as they were authorized to interpret student behavior. What exactly was meant by a "respectful, positive manner" in which students were to respond to directions from adults? Who got to make that determination? The adults had official permission to do so, not the students. Thus, power was exerted in school not simply by the authority to impose one sanction or another, or to grant leniency. Power was also evident in how and by whom a behavior was known to be "truly" disorderly or disruptive, and discursively what constituted the "respect" that was a precondition for order and productivity (Foucault, 1980b).

Self-regulation. The Codes of Conduct foreshadowed PBIS in a specific clause

found in three of these lists of student responsibilities. Students were expected directly to control their anger in Greendale, Clearwater, and Fairview. In the first two, their responsibility was to "work to develop mechanisms to control their anger." In the third, students were to "develop anger management skills." Managing and/or controlling anger via mechanisms and/or skills was an expectation that opened the door to PBIS interventions. In the disciplinary format of a Code of Conduct, that responsibility was placed squarely with the student. The discourses of mechanism, management, and skill presaged behaviorist diagnosis if not pathological diagnosis. Here, the move from juridical control in the Code of Conduct to clinically induced control in PBIS was evident, with both methods ultimately seeking an internalized locus of control from the student.

Furthermore when the Codes of Conduct called for anger management, those clauses decontextualized anger. They left no room for questions about culture—as for example, whether a student's behavior might be read as angry by an adult of one culture when there were other possibilities for the behavior, such as oppositional resistance to situations that the student regarded as oppressive (Fordham, 1993). The Codes of Conduct did spell out the responsibilities of teachers, parents, and administrators to support students, to communicate clear behavioral expectations for students, and to essentially be human versions of the Codes themselves. However, nowhere did the Codes call on the adults to engage in the kind of self-analysis and change such as acquiring anger management skills. Clearwater's Code of Conduct was typical. All district employees had the responsibility to "maintain a climate of mutual respect and dignity." Teachers' responsibility for climate was the same, with more focus on the

effects for students. They were to "maintain a climate of mutual respect and dignity, which will strengthen students' self-concept and promote confidence to learn." Principals and assistant principals had a broader charge to "promote a safe, orderly, and stimulating school environment, supporting active teaching and learning." In conjunction with school, parents were held responsible to "help their children understand that in a democratic society appropriate rules are required to maintain a safe, orderly environment;" and "help their children deal effectively with peer pressure." If conflict should arise, school counselors were expected to "assist students in coping with peer pressure and emerging personal, social, and emotional problems," and "initiate teacher/student/counselor conferences and parent/teacher/student/ counselor conferences, as necessary, as a way to resolve problems."

Emerging medicalized discourse. As per this Code of Conduct, adults were to *assist*, *help*, *maintain*, *initiate*, *promote*, and *support* environments and processes done by others. There was no call there for them to examine or change their own behaviors. In that silence, the conduct of adults was assumed to be reasonable. Discursively then, students were constructed as the people with problems, as the gaze of the Code of Conduct remained fixed on their behaviors and emotions. As in the *Birth of the Clinic* (Foucault, 1975), one can see here the discourse of a disorderly-student-as-patient arising from the disorderly-student-as-delinquent. It was an impressive moment in the genealogy from punitive to medicalized discourse.

The Codes of Conduct codified normal behavior, limited to orderly compliance. They also codified a set of power relations in which students were clearly objects, while adults were subjects who could wield institutional resources and authority to enforce

compliance. Furthermore, it is worth noting genealogically (Foucault, 1975) that while the Codes were fundamentally juridical, they also held the seeds of medicalized discourses.

Policy Inducements to Move from Discipline to Therapy

As the leaders in this study sought to build more inclusive schools, they attempted to confront patterns of disciplinary exclusion in past practices. In particular, better systems were posed as the corrective response to practices of exclusion that the leaders saw in their districts: unevenness across different schools, implementation without evaluation, and ignorance of sound pedagogy. Not coincidentally, RTI/PBIS is posed in the literature and the law as providing just that systemic structure (Gresham, 2005; Mellard & Johnson, 2007; Sugai, 2010; United States Department of Education, 2004). Again, it is worth noting that the leaders were thereby both subjects and objects of the discursive shift from discipline to therapy.

One significant motivator for correction had come from the state education department, which tracked the long-term suspensions[13] of students with disabilities. The annual target has been for a district to suspend no more than 2.7% of its students with disabilities. Since the 2003-04 school year, three of the districts exceeded that mark at least once, and the other two came very close, as in the table below.

Table 5

Students with Disabilities Suspended for More than Ten Days

School Year	Greendale	Clearwater	Fairview	Lakeview	Pleasant Hills
2003-04	5.8%	0.6%	0.0%	0.0%	0.9%
2004-05	6.4%	0.7%	1.9%	0.0%	0.7%

---

[13] More than ten days cumulatively in a given school year.

School Year	Greendale	Clearwater	Fairview	Lakeview	Pleasant Hills
2005-06	6.3%	1.2%	3.0%	0.6%	1.4%
2006-07	6.4%	1.7%	3.4%	2.1%	1.4%
2007-08	5.6%	2.9%	2.9%	1.4%	0.2%
2008-09	7.3%	0.9%	2.5%	0.8%	0.9%
2009-10	5.6%	0.6%	0.9%	0.0%	2.7%
2010-11	5.6%	2.2%	1.3%	2.5%	1.0%

(State Education Department, 2011a, 2011b, 2011c, 2011d, 2011e)

Although Pleasant Hills met the statistical target, Director DeMartino noted in her initial interview that they had been cited for improper practices in writing Functional Behavioral Assessments (FBA), which were among the measures envisioned by IDEA 2004 for addressing disorderly behavior (Horner & Carr, 2004; Sugai et al., 2000; United States Department of Education, 2004). Lakeview alone had never been cited.

This measure of accountability was in keeping with the provisions of the 2004 Reauthorization of IDEA, which counseled "the use of positive behavioral interventions and supports, and other strategies, to address" behavior that disrupts the student's learning or the learning of that student's peers (United States Department of Education, 2004). Hence, the leaders saw an opening via this report from the state to begin reviews and revisions of their systems for addressing such concerns. Indeed, the superintendents in Clearwater, Pleasant Hills, and Fairview hired their current special education leaders in part specifically to conduct such reviews and reforms. Greendale had the most egregious violation of the state standard, and took to heart the reform mission. Director Quinn described the urban district's history with implementing PBIS, and expressed much of what other leaders also said in their interviews.

> It [PBIS] has been here for about nine years in this district. It was kind of inconsistently implemented in different places. Schools had choices. They could implement whatever behavioral models. Some schools had things in place; others did not. Two years ago, we were cited for 4A, 4B, which are disproportionate

suspensions due to some disabilities. So, I built into the IDEA budget... I felt like this was a bigger issue than special ed.

Quinn used the nomenclature of the state report on disproportionality as shorthand for two forms of disproportionate discipline. "4A" referred to the data in Table 5. "4B" complicated that trend further, because it reflected students' racial and disability status in concert with disciplinary action. When Greendale disproportionately suspended students of color with disabilities, it was cited under Indicator 4B.

For nearly a decade, Greendale had attempted to put PBIS into effect, according to Quinn, although that effort was compromised by inconsistency. Seeing the issue as "bigger than special ed" indicated that Quinn was seeking district wide reform. To do so, he took guidance from a strategic "blueprint" for RTI produced by the National Association of State Directors of Special Education. The document "draws on science and experience," and tells the practitioner as a blueprint would "where to put walls so that the structure is sound" (Batsche et al., 2005, p. 6). Very much like a head engineer who directs construction from an architect's design, Quinn used this document to build a PBIS system in Greendale.

Malleability of power. Although the districts may have been moving away from discipline, they maintained their authority to reach all students. Quinn said it best when he described his charge to deal with an issue "bigger than special ed." His response to the state was consistent with the vision he and the other participants had of inclusion as a way to reach all students. This was basic application of biopower (Foucault, 2003b) because it asserted that schools were assumed to legitimately control, regulate, shape, and direct the behaviors of all people within the institution.

Such power is tied to particular moments in history, and thus takes different

forms. As Youdell (2006) points out, new policies will bring with them new discursive strategies to create new identities. While Youdell focuses on the neo-liberal policies of No Child Left Behind, I would include IDEA 2004 and state initiatives such as the tracking of disproportionate suspension. Together, these policies create a kind of educational "triage" that creates identities of some students who are fine, other students who are remediable, and still other students who may be beyond the school's capacity to fix. Youdell speaks below to policies on academic testing, but the same discourse of power is evident in policies on treating rather than suspending students for their disorderly behavior.

> Students expected to perform comfortably at or above the benchmark are diagnosed as 'safe' and left to succeed; students expected to perform just below the target but believed to have the 'ability' to make the improvements necessary to push them over the benchmark are diagnosed as 'suitable for treatment' and targeted for intervention. (Youdell, 2006, p. 11)

The state demand for schools to address disproportionate suspension—particularly for students with disabilities—was a demand to get their triage systems in order. They would need more effective ways to treat students they were otherwise punishing with exclusion. In that discourse, both the schools and the students were constituted with new identities. Students became akin to patients, and adults became akin to clinicians.

Normalizing Discourses of RTI/PBIS

As the leaders switched their organizations from punishment to treatment in order to achieve inclusion, they led teams and planning sessions to introduce this new way of working with students. Much of the debate and discussion in those meetings focused on establishing predictable and consistent systems for doing so. This drive for systems can be understood as a discourse of normalization—both in terms of normalized expectations for the schools and for student behavior. In the following two sections each is analyzed.

First, a powerful call for *consistency* came through in interviews and observations. This spoke to a desire for normalizing the techniques of RTI/PBIS. Second, the descriptions and aspirations for Tier I of the RTI/PBIS pyramid brought forth powerful discourses for normalizing student behaviors.

Consistency

Consistency was a significant topic in the leaders' talk of reform. At one level, they wanted their schools to have the same rules and expectations for behavior, posted ubiquitously, taught, and reinforced often. When disorderly behavior happened, the leaders wanted their schools to use the same protocols for identifying misbehavior, to regularly seek the causes for misbehavior, and to draw on a set of research-validated pedagogies for rectifying misbehavior.

Clearwater Superintendent Turnbull and her team used the district's Strategic Planning Summary in this fashion. The plan not only spelled out directives, but also included a summary of qualitative data from workshop discussions of the plan and its underpinnings. For example, in the discussion on "Limitations and Weaknesses," the following items were coded as "representative of the group's thinking," and taken verbatim from the plan:

- Educational- lack of consistency/equity between facilities/gr. level, curricular expectations, parental involvement lacking/limited due to social and economic literacy, dealing with increasing spec. needs people.

- Lack of consistency in dealing with student *behavior*.

In interviews, the three leaders from Clearwater validated these findings, and expanded on their vision for better practice. Director Galliano addressed the elementary school version of that practice:

I think that every classroom should have the same Tier I interventions. The

expectations that are posted in the hallways should be the same ones in classrooms. Even within grade levels, you go into classrooms and it is a totally different set of expectations. There needs to be more consistent expectations. How can we expect kids to know how we want them to behave if it is different in every classroom in every setting from the cafeteria to the gymnasium to the hallway to art class to music class? It is not the same. That is what is missing. It is not the same, and it should be. They are babies. They are little kids. The other thing is I would like to see teachers putting interventions in place in their classroom before an administrator is called on the case and enter the room.

In this account, interventions and expectations were seamlessly woven together in the greater design of consistency. As will be shown below, one part of this equation became a discursive strategy for establishing normalcy. However, consistency itself was the focus here: teachers should hold the same expectations, and apply the interventions in every school context.

Director Nielsen in Fairview referred to that consistency as evidence that their schools were doing PBIS well in the sense of creating a baseline of desirable behavior:

Consistency in expectations, the consistent message. Be responsible, be respectful, be safe; and how that applies in different areas and what that looks like. I see teachers asking kids to describe appropriate behaviors before they start an activity in the classroom.

By the same token, he worried that inconsistency was the hallmark of poorer practice when it came to students whose behavior school found challenging:

What I have tried to push at the high school, which has taken a pretty traditional approach to this—kid gets in trouble you send him to the assistant principal, and the assistant principal plays a large role in keeping order in a building—but we have tried for a couple of years to move towards a more proactive approach of monitoring things like behavioral referrals, suspensions, absences, failing grades, and kind of identifying kids who are struggling with those three areas, academics, behavior, and absences, and try to track and monitor those. And it has happened in a less methodical way than I think would be productive. I think we would do well to be more consistent in identifying kids who are struggling in any of those areas and picking them out.

Technologies of normalcy. The desire for consistency established technologies of normalcy more than it actually established normal behaviors. As noted above, the

codes of conduct were intended to apply the same disciplinary expectations to all students and were to be enforced by all adults. Here, disciplinary consistency of meting out the same expectations was grafted to a medicalized gaze (Foucault, 1975) that established the identity of "struggling students." A discourse of conventional disciplinary power was evident in posting and teaching the same rules the same way in every learning space and by every adult in authority in that space. The leaders expected that this alone would have a salutary effect because students would have only one set of behaviors to remember and practice. Thus, they were eager for the disciplinary power to become normalized and pervasive. In this sense, they wanted to see the school operate with the same hegemonic authority that is available in total institutions (Foucault, 1979; Goffman, 1961).

When students violated those rules however, the leaders wanted a consistent response that reflected of a medicalized diagnostic manner of thinking. The participants in this study aspired to have all adults understand breaking the rules as a diagnostic screening tool with which to "identify struggling kids and pick them out." See the next section on how Tier I became that kind of normalizing and screening technology. The emphasis in this section is on the evolution of disciplinary authority to medical authority via the discursive strategy of being "consistent" in exercising power.

Graphic Representations of RTI and PBIS

For some of the districts, RTI and PBIS were significantly present as guiding plans, whereas in others their tenets were being followed without explicit reference to the pyramid. Indeed, pieces of evidence to this effect were the varied graphic depictions of RTI and PBIS. Fairview, Greendale, and Lakeview used graphic representations of the RTI process (See Appendix D). In Clearwater and Pleasant Hills, I heard leaders talk

about the pyramid, but could find none anywhere in Clearwater, and saw only a handwritten version for reference purposes in the office of Pleasant Hills' Coordinator Vinter.

Fairview adopted the pyramid presented by the Office of Special Education Programs (OSEP) within the U.S. Department of Education. According to interviews with all leaders from Fairview, this graphic was used mostly at that policy level of the district. It was not yet evident at faculty meetings, staff development sessions, or in school-level documents. Nonetheless, the principles of the pyramid clearly guided the work, as was seen in the scenario in Chapter 4.

By contrast, Greendale's four-tier pyramid was designed with input from numerous stakeholders, having been modified from the more common three-tier version. (Indeed, at one such meeting, the very same graphic from OSEP that Fairview used was projected on the wall.) The sample in Appendix D is from Greendale's Warren School. In that graphic, the pyramid in the center was the district version, promulgated to all schools. Extra labels and details on the sides were added by Warren School staff. Principal Lowthian from Warren reported that Director Quinn regarded their plan and practice as models for the district.

Both the Fairview and Greendale pyramids laid out normalizing strategies at Tier I. Greendale's Tier I was labeled "Universal Behavioral Expectations," intended for 100% of the students. Fairview's Tier I was called "Universal Interventions," intended for 80-90% of an unnamed group, but presumably students. In both districts, the base of the pyramid was for "all settings" and "all students," with actions by adults that were "proactive" and "preventive."

In later chapters, I will analyze the other portions of these two pyramids, as well as the "journey" graphic from Lakeview, which were depicted diagnostic and therapeutic discourses. For present purposes of understanding how the normalization discourse grew out of juridical frameworks into medicalized ones, several things about the Fairview and Greendale bases are illuminating. First, the color green in a green/yellow/red hierarchy obviously represented the traffic signal for "go." This identified Tier I with the orderly rules of the road being observed by all. Of all the metaphors available—such as a community at peace, a vibrant collection of individuals, etc.—the traffic symbolism again reflected the influence of a juridical construction, as the map is punctuated with road signs at each moment of analysis, decision-making, and identity creation of students.

Second, both pyramids discursively constructed students as the objects of the RTI/PBIS gaze, and adults as the watchers. It is interesting to contrast how Greendale and Fairview pyramids address the green base of the pyramid. Fairview had one tier, counting them as 80-90%, yet also expecting universality. Greendale felt the need to create a Tier II for "83-86% of the population"—still a green tier—to capture the first interventions. Fairview expected up to 20% of their students to show disorderly behavior, for which they had a range of responses, and still regarded this as within the "universal" expectations and intervention practices. Greendale addressed roughly the same proportion of students, still greenish, indicating relatively manageable disorder and simple correction, yet in Tier II dubbed these interventions "Small Group Targeted Instruction."

This Tier straddled both "instruction" and "intervention" as responses to disorderly behavior. Likewise, Fairview's Tier I indicated the first use of interventions.

This mix of instruction and intervention was an important moment in the genealogy from juridical to medicalized discourse. Instructional responses can be understood as part of the normalizing discourse. Interventions implied the application of universally acceptable corrections, therapies, rather like drinking lots of fluids for a common cold.

First Tier in a Medicalized Pyramid

In the prescriptive literature on RTI, the intent of the pyramid is to first offer all students high quality schooling, and then to tailor research-validated interventions that would lead to academic and behavioral success (Jimerson et al., 2007; Sugai, 2010). These leaders and their districts fundamentally sought order and productivity. Therefore, when adults read students' behavior as disruptive and applied intervention strategies, and those strategies failed to encourage compliance, the students were constructed as themselves disordered. The pyramid itself functioned as a technology for this identification.

Discursive strategies that medicalized the relationships of students and school arose in discussions of each level of the RTI/PBIS pyramid. Normalizing strategies were apparent at the *universal* Tier I level. Diagnosis and treatment discourses emerged more prominently at the *targeted* Tier II level. Added to diagnosis and treatment, the exclusionary part of a triage discourse occurred explicitly at the *intense* Tier III (and Tier IV in the case of Greendale) levels [14].

In interviews and field observations, it became evident that *Tier I* referred in most cases to pedagogical techniques and broad descriptions of normal behavior. Climbing

---

[14] As per the literature advocating RTI/PBIS, Tier I of the pyramid equals a universal level of instruction and screening for all students; Tier II is characterized by targeted interventions and more individualized assessments; Tier III is the use of intensive diagnosis and interventions (Mellard & Johnson, 2007).

the pyramid, identification/diagnosis and treatment grew increasingly important as the

nomenclature shifted to referring to *Tier II* or *Tier III students* as well as *interventions*.

Again from interviews and observations, at the top of the pyramid the discursive strategy

of having applied all the diagnoses and interventions that the school organization had at

hand established a "truth" of the cause of disorder lying within the student, to the extent

that clinical medical services beyond the ken of school were required. The alterity of the

emotionally/ behaviorally disordered student was reified by the school's having

employed its systems of intervention. Hence, the student rather than the intervention

system was cited as the cause of any failure to progress.

Tier I of the RTI/PBIS pyramid called for universal instruction, screening, and

interventions, meaning that methods employed here should be accessible to all. In

whatever form the five districts conducted their inclusion—some using a PBIS/RTI

format, others not—they each sought a widespread application of behavioral expectations

and basic instruction. Coordinator Vinter from Pleasant Hills saw the need for "doing

positive behavior interventions and support on a more macro level…that universal level

of teaching school-wide expectations."

As has been mentioned, the five districts studied had varied approaches to

PBIS/RTI when it came to behavior. For Clearwater, Fairview, and Pleasant Hills, PBIS

was essentially a simplified version of the Code of Conduct—common rules, used

pervasively through a school building, plus rewards that incentivized students to adopt

the rules. Fairview Middle School and Heights Elementary (in Pleasant Hills) had the

same set of three PBIS principles, in fact: "Be respectful. Be responsible. Be safe." In

Fairview, only the middle school thoroughly used that practice, although at a district level

PBIS was embedded into the RTI process in their formal RTI plan, where PBIS was described as "a systems approach for establishing the social culture and individualized behavioral supports needed for schools to achieve both social and academic success for all students."

Normalizing with rules and rewards. During the initial interviews, I asked participants where I might see their leadership on inclusion in action. I was directed often to meetings at which teams would work out just how to enact PBIS and RTI. In Pleasant Hills, Principal Brumson presided over the PBIS Team of Heights Elementary. The team was composed of a teacher from each of several grade levels, the music teacher, school psychologist, two parents, the guidance counselor, and the principal. The team focused on procedures and practices for fairly distributing the "Braggin' Dragon" reward coupons handed out for good behavior. The coupons can be traded for small prizes at the school store.

Mindful of PBIS as a district initiative, they compared their efforts to a neighboring elementary school. Like the other school, they considered enrolling parents to hand out Braggin' Dragons to kids as well. This conversation spurred a good deal of talk about just what kinds of behaviors were notable, and what language should be used when implementing this reward system.

The music teacher asked the parents who were attending what they thought. One parent said, "I have my own reward system," indicating that she was reluctant to sacrifice her family's autonomy in this area, although she was curious. The other parent was more hopeful, saying that she "could see a way to use them [the coupons] with one particular student" as a way to encourage him to complete his homework cooperatively. The team

chuckled in recognition of this parent's goal, and also in her using the school language of *one particular student* to refer to her own son.   Evidently, she was willing to have this school identity apply in her home.

Again calling up the other school, the music teacher noted that they were encouraging parents to use the language of PBIS as in, "You're being so responsible when you make your bed." They opted to limit their program to behaviors that were more clearly school-related. They did not spell out those behaviors at this particular meeting, but the prior example of cooperatively completing homework remained fresh in the conversation. In this vein, it invoked clauses from the Codes of Conduct of contributing to a safe, orderly work environment that demonstrates respect for oneself and others.

The drive to be thorough and systematic took up an equal portion of the team's discussion. They set a limit of three coupons per family. All agreed that coupons must be accompanied by a letter to parents explaining how they were to be used. Parent conferences were on the horizon in a week, which seemed opportune to the second grade teacher. The music teacher agreed that parent-teacher conferences were a convenient time to discuss this in person with most parents, but cautioned that he would rather do this well than just get it out, and thus recommended they table it for a year. The team agreed with the caution.

A bit of humor that closed the meeting signaled the recognition from all (including Principal Brumson) that they were engaged in a systematic extension of behavioral expectations to all families—reinforcing a base of behaviors for all students and a base of responses from all adults. Seeing that they now had a full year to write an

explanatory letter, plan for a brief discussion in next Fall's parent-teacher conferences, and print a supply of Braggin' Dragons, they loosened up and began to mock the process.

"Maybe we could poll all the parents" about this, suggested the fourth grade teacher.

"Then we'll collect the data, analyze it, and…" continued the music teacher. Others laughed, lampooning the calculated process of PBIS.

Joining in, Brumson predicted aloud that, "We'll have folks going to Kinko's and copying" the coupons, thus devaluing them. More laughter from the team.

The school counselor capped it off with, "I just paid my daughter $5 to score a goal in soccer this weekend. Did I say that out loud?!?"

Irreverence divulged what was supposed to be valued. The PBIS system was intended to apply to all, encouraging the behaviors that made an environment "conducive to learning" for oneself and others. Indeed, the team members expected the rewards to be so attractive that families would forge counterfeit coupons to create the appearance that their children behave well. Even so, individuals might find other ways to game the system by creating their own incentives, especially when the system's economy of rewards could be easily undermined at Kinko's.

The sarcasm indicated a broader critique of PBIS as a system as well. The team derided the analytical regimes of PBIS, creating polls and analyzing data. Their knowing laughter indicated that PBIS, as part of an audit culture, imposed a contrived and gratuitous regime of inquiry and decision-making. (More about this in Chapter 7 on data.) That being said, all team members acknowledged PBIS' reliance on positivist methodology. Otherwise, the joke would have fallen flat.

Normalizing with ideal pedagogy. Numerous times in interviews, leaders described their ideal of inclusion as a well-functioning universal level of the pyramid. Analyzing this discourse of aspiration reveals much about the role that normalcy plays in the discursive construction of disabled identity via RTI/PBIS and analogous structures. Against abnormal, one can construct normal. Contrary to deviant, one can construct ideal.

Tier I and triage. In one version of this aspiration, Director Quinn from Greendale believed that successful inclusion relied on Tier I, the base of the pyramid. Part of his reasoning was expressed statistically:

> I think the key to this whole thing should actually be the Tier I, though. Tier I whether you are talking behavior or academics. Those systems and expectations at Tier I, you cannot have less than 80%. You have got to have at least 80% of your kids achieving at Tier I successful behavior. The PBIS system can provide the level of support, direction, and guidance for 80% of the kids to be successful at Tier I, classroom interventions, that whole-school intervention type thing.

Quinn calculated success by the performance of "successful behavior" by the significant majority of students. That statistic was an important moment in normalization as a strategy. Codes of Conduct may have expected a standard of behavior for all. However, the 80% success rate raised immediately the discursive question of who the other 20% were. The discourse of alterity was in play here. Notably, the pyramid graphic (see Appendix D) identified this group as "83-86% of the population" to be addressed by Tier II—still green, but requiring interventions. Greendale planned for this version of segregation into "small-group targeted instruction" and "intervention." Indeed, the definition of 80% success as "the key to the whole thing" echoed the strategies evident in leaders' descriptions of inclusion overall in Chapter 4, wherein they strategically created a cohort of othered students to be included with the majority.

PBIS was the vehicle for that standard via "whole school intervention." When every classroom in a school engaged those interventions via systematic provision of resources ("support"), creation of norms ("direction"), and methods for fitting the diversity of experiences into those norms ("guidance"), the schools would have achieved a level of success that "you have got to have." Quinn's urgency attached to other points he made about how to deploy resources so as to avoid overload in the system. When one failed to reach standards of success, such as 80% of the students behaving well, "your resources get too saturated coming up through that pyramid, up through the triangle." He employed here a discourse of triage (Youdell, 2006).

Teaching competence. Clearwater's Director Galliano felt similarly engaged in a struggle to reform a school system that New York state had cited for disciplining too many students with disabilities, disproportionately to their share of the student population. The district had been mandated to write a Quality Improvement Plan, which included the following goal:

> Measurable goal # 3: By August 2013, Clearwater Middle School will decrease the number of referrals to the office for students with disabilities by 5%.

> Objectives: District will fully implement PBIS as measured by a decrease in the number of referrals to the office.

Galliano explained the Quality Improvement Plan as a mandate for teaching. Actually, she wanted to see teaching that she defined as synonymous with Tier I work.

> We should all be using the same language. That's part of PBIS as well. But you know what? That's Teaching 101: the consistency of language; the consistency of expectations; telling kids, "This is what's expected." Not with "You will not chew gum." Instead, "Mouths clean," or whatever. But there's no consistent language.

Galliano called for consistency in word and expectation for all students. *Consistency* was emblematic of a discursive strategy of normalization. She sought consistent language

and expectations from adults with students as the object. As earlier, with the Codes of

Conduct, it was the adults' role to establish and promote the school version of normalcy,

within which students could be judged. Galliano picked gum chewing as a relatively

trivial example to demonstrate how that might be accomplished with positive rather than

negative language. Yet, it did address the regulation of student bodies in this discursive

strategy.

The normalizing discourse extended beyond student behavior. Students should

have learned what normal behavior is from their teachers. But further, Galliano regarded

that kind of teaching as basic pedagogical competence for teachers: the techniques they

should know from introductory training courses. In this regard, she also created a

normalized expectation for teaching.

Galliano went on to describe her image of how a model inclusive leader had

designed a PBIS system that universalized these principles.[15]

> Their middle school is also PBIS, and he is very dynamic. I'm curious to know
> what their referral rate is, but you just knew it when you walked in the building.
> It was written all over the place. The same rules were posted in every classroom.
> If a kid changed classes from year to year transitions, the expectations remained
> the same, so kids didn't have to figure out, "How am I supposed to behave here?
> Oh, now I'm in the gym. How am I supposed to behavior here?" It's school-
> wide. That's missing here. I mean, that's Teaching 101. We all learned that
> when we went through school.

Galliano's admiration employed a normalizing discourse. She noticed that

behavioral expectations were consistent over geography ("in every classroom") and time

("from year to year"). They were hegemonic at Fairview Middle School. Indeed, she

observed that normalized behavioral expectations were so effective that "you just knew it

---

[15] Coincidentally for the purposes of this research study, her role model was Fairview
Middle School Principal Underwood. Galliano had completed part of her administrative
internship at Fairview Elementary, where she got a view of PBIS in action. This
association was unbeknownst to me when I assembled the sample of participants.

when you walked in the building." That visceral response to something you *just know* when you are in the institution was a vivid description of hegemony, the discourse of what seems simply to be common sense (Foucault, 1980b).

She further used a positivist rationale in her curiosity about "their referral rate." The referral rate was shorthand for statistical evidence of deviant behavior. Galliano may have meant either discipline referrals of individual students to the principal for punishment or special education referrals to consider individuals for diagnosis and treatment. A low referral rate here was analogous to Quinn's 80% success rate as an indicator of both conformity and deviance. This positivist language reinforced a systematic discursive strategy to create identities of deviance and disability.

Curricula. Students are to receive high quality, research-validated instruction as part of the first tier of the pyramid (Mellard & Johnson, 2007). All five districts actively applied this principle to reading instruction. A few were extending it to behavioral expectations. Galliano's call for basic teaching competence of behavioral expectations was a start. In Pleasant Hills, Director DeMartino described the need for more explicit universal instruction on behavioral expectations.

> You add in those kids who have been environmentally deprived for the first four years of their lives, and you put them in there too. Now you have a whole classroom full of kids who are ready to learn in very different places. They're all ready to learn something, but it's not the same thing. I don't think we ever stop and just teach those kids how to be kids, how to be citizens in the classroom, how to function in a classroom, what really works best. How do you share with somebody? We assume those skills are there.

> I think if we stopped, taught them, really focused on that, on that kindergarten year, teaching expectations: These are the rules. This is how we follow the rules. This is how you can follow the rules. If we include parents in some of that, I think we would spend a lot less time dealing with behavioral issues as kids go through school.

> The normalization discourse in this excerpt were fairly straightforward: all

children learn the same rules. However, there a deficit discourse concerning families both introduced and concluded this description. DeMartino created a definable group of children whose early childhood had was characterized by educational deprivation, compared with the culture of school. When they arrived as kindergarteners and were to be included, it was necessary to inculcate them to the culture of school, so as to avoid future "behavioral issues." PBIS as a system thus afforded the opportunity to discursively construct a set of children who were deficient and in need of its services.

This family deficit discourse echoed what was heard in Chapter 4, when the Lakeview Elementary School SBIT team looked for the causes of individual children's deviant behaviors. And as in Chapter 4, the same thinking was present in each of the districts at the individual student level.   This creating of a definable group of students who could generate *behavioral issues* through the years called up the need for the entire school to rigorously and pervasively apply this curriculum on following the rules. School's hegemony was also expected to reach families, who could be enlisted to help teach. PBIS became a way to construct a group of deviant students, whose presence in turn justified use of PBIS. Again, Maslow's analogy fits, but with a Foucauldian twist. When you have a hammer, everything looks like a nail. Having a set of nails makes it sensible to use your hammer. And when the federal government hands you the hammer via IDEA 2004, you are still more likely to use it.

The kind of teaching that DeMartino called for in Pleasant Hills was a notable step up from posting the rules throughout the school building. It was similar to *Teaching 101*, as Clearwater's Director Galliano named it, but more intentional and sustained. In a third district, Fairview's leaders followed a similar pattern of wanting to be sure that all

students received the same instruction on how to behave, especially as they grew as an increasingly diverse district. Chair Danton described the district population as both urban and suburban and transient, with "many typical kids."

Pleasant Hills and Greendale were in the beginning stages of introducing curricula for that instruction. In Pleasant Hills, Superintendent Ferrara and Coordinator Vinter highlighted their adoption of the popular *Seven Habits of Effective Teenagers* (Covey, 1998) as the basis of that instruction. In Greendale, Director Quinn piloted the Good Behavior Game, which carried the imprimatur of being research-validated (Embry, 2002; Intervention Central, 2011; Tingstrom, Sterling-Turner, & Wilczynski, 2006).

> We've talked about, as a district, adopting a social-emotional learning program type of thing, just for all kids; so we are dabbling with the "Good Behavior Game" in fifteen of our elementary schools. They have rolled it out in all the first grades. We sent twelve social workers, their director, and their assistant director to go through training for a week. They have come back turnkey trainers. I happened to be at a school the other day, and I happened to be in the first grade hallway. It was amazing. All three classes were using the same strategies, and they have only been doing this for about a month.

Two discursive strategies of normalization reinforced each other in this plan. First, declaring a set of consistent rules set a standard for normal behavior. Second, enticing students to follow them indicated that such behaviors would require some level of organizational support in order to be practiced pervasively. Normalcy at school got a carrot, which families were asked to add to their menus at home.

However, these leaders attempting to build a more inclusive system believed that carrots would not suffice. They aspired to put effort into a more thorough system of teaching all students how to behave. Normalcy had thus more force, being more finely described and transmitted through curriculum than through rules stated once and incentivized through rewards.

Evolving Normalizing Discourse

RTI/PBIS supported the necessity for that teaching, asserting that all students had a right to it. In the pyramidal structure, this became the prescriptive base—it was what school normally should do for everyone. Simultaneously, it created a diagnostic state of normalcy. These inclusive leaders wanted all students to act normally, but assumed that some definable group would not. They may have been Quinn's 20% or a version of DeMartino's educationally deprived kindergarteners. If they did not respond to the teaching by internalizing the rules and acting accordingly, then they were eligible for the next tier in the pyramid.

Orderly behavior had been codified in a disciplinary system. The government, the schools, and individual teachers were thus engaged in disciplinary discourses of power (Foucault, 1979). However, as laws and government policies sought to move from punishment to treatment, this codified behavior became part of a new clinical discourse (Youdell, 2006). Disorderly behavior thus developed into evidence of something curable, rather than something punishable. This clinical discourse deepened in the upper tiers of the RTI/PBIS pyramid.

Chapter 6: "We build these systems so that if there's a turnover, it doesn't stop."

> You don't want to be the only person. You want to make sure you empower your staff, because then it's going to be around a while. I always say to my staff, "We build these systems so that, if there's a turnover – a teacher's gone, or a principal's gone, or a superintendent leaves the district – it doesn't stop. That's the worst part of it. We don't want to do that. We want to have a system in place that operates on its own that's made up of those people who are involved in the system.
> —Fairview Middle School Principal David Underwood

In each district, the leaders called meetings on how their schools would implement their shift away from punishment and discipline toward intervention and therapy.. Repeatedly in those sessions, attendees sought to employ or construct consistent guidelines, procedures, and expectations for including students whose behavior was understood as disorderly, especially when the agenda was about protocols for Response to Intervention (RTI) and Positive Behavioral Intervention and Supports (PBIS). Although the leaders valued systems as means to foster inclusive reform, there was a paradox inherent in that effort. The drive to be systematic was expressed in becoming more adept at identifying students and applying interventions.

This chapter analyzes several combined discourses. The first section emphasizes hallmarks of RTI/PBIS that the leaders believed would function as a valuable system to enhance inclusion. In Chapter 5, *consistency* was one such quality, and enhanced the normalization strategies evident both in disciplinary rules and in Tier I of the RTI/PBIS pyramid. Here, the two systematic qualities are *progress monitoring* and *fidelity*. These two are analyzed apart from the more pathologizing discourses because they lent the entire RTI/PBIS structure epistemic power as an apparatus that could deliver the truth

about students. This analysis continues the last chapter's analysis of RTI/PBIS as an

apparatus that links power and knowledge (Foucault, 1980b, p. 49; Hall, 2001).

The second section spotlights discursive strategies that more overtly medicalize

inclusion via RTI/PBIS.   From the data of discussions and applications of the upper tiers

of the RTI/PBIS pyramid, discursive strategies of diagnosis and therapy emerged more

noticeably. This was the heart of the medicalized discourse that shifted deviance from

being regarded as unruliness or naughtiness to sickness or disability (Conrad, 1988, 2006;

Conrad & Schneider, 1992).

Chapter 5 explored the base of the pyramid (Tier I) as a technology for

normalizing behavioral expectations and institutional practice. This chapter examines the

upper tiers. Moving up the pyramid and using those normative behaviors as a basis for

comparison, some students were discursively constructed as difficult or impossible to

include. Paradoxically, even as leaders believed systems could foster inclusion and

manage resources, yet the pyramidal discourses undermined those aims. Climbing from

Tier I to the upper tiers, students were increasingly regarded as deviant, and intervention

options become increasingly understood as overtaxing the organization—whether at the

class, school, or district level. Indeed, at the top of the pyramid, educators came to

convince themselves that they had come to know the children well enough to conclude

that their needs exceeded the school's capacity to meet them. Analyzing these

intertwined discourses of *need*, *challenge*, and *overload* is of a piece with the discourse

analyses of Harwood (2006) on creating student identities as disorderly, of Orsati and

Causton-Theoharis (2012) on the perspective of nominally inclusive teachers on such

"challenging" children, and of Thomas and Glenny (2000) on creating purportedly

students out of the primary necessity of the school to maintain order.

The third and final section of this chapter takes up the ways that this pathologizing discourse squeezed out other contesting alternative discourses. This section untangles one of those planning meetings in detail. At that meeting, Greendale leaders worked to create a system of understanding disorderly children and returning them to orderly behavior. Some participants pushed for other ways of seeing the issue, such as institutional racism as a framework. They lost, however. Staying in a Foucauldian mode, this section analyzes the meeting with Harwood's (2003) "angle of scrutiny" which posits that

> These are knowledges that have been disqualified and excluded, knowledges that are disqualified precisely because they are deemed not to meet the criteria for recognized knowledge because they are inadequate to their task. (Harwood, 2006, p. 49)

Roughly put, this chapter opens and closes with epistemic arguments. It begins with the truth claims that were made for RTI/PBIS by its systematic nature. It progresses then to the pathologizing discourses that accompanied the upper tiers of that system. And it closes with an extended example of how those discourses dominated, subjugating other possibilities for understanding the work of inclusion.

Progress Monitoring and Fidelity

As two lexical examples of the emergent systemic discourse, the terms *progress monitoring* and *fidelity* showed up often in a variety contexts, from strategic plans to planning meetings to interviews in which leaders reflected on the overall organizational effects of their efforts at inclusion. These terms are prominent in the prescriptive RTI/PBIS literature. Discursively, it is important to recognize the situated meaning they had in moving back and forth between the prescriptions and practice (Gee, 2005). Not

only have they figured in the academic descriptions of RTI/PBIS (Jimerson et al., 2007;

Sugai, 2010), but also in documents that served as guides for practitioners, such as the

blueprint for implementation that Director Quinn adopted for Greendale (Batsche et al.,

2005). Thus, as these phrases cropped up in interviews and field observations, they

joined other broader discourses.

Progress monitoring came to signify a medicalized preference for changing

student behavior regarded as disorderly or disordered to behavior that the schools

recognized as well-disciplined and productive. In that same vein, *fidelity* indicated a

strategy of using science to validate organizational practice. Taken together, if the

schools were conducting their interventions *with fidelity*, and they were *progress*

monitoring the effects on students, then they were creating a scientifically supportable

education system that could return deviant students to orderly behavior. In Pleasant

Hills, Coordinator Vinter explained that doing this effectively meant that "as we have

progress monitored at elementary school, we've seen significant changes in behavior,"

and that they focused their attention on "extinction of behavior. If the child's hitting or

biting, could we reduce the incidence of that, and would more time be focused on

academics?"

Therefore, when disorderly behavior continued, the discourses of *progress*

monitoring and *fidelity* strategically located the problem inside the student. They

functioned to give the imprimatur of scientific truth to the identity of the child as having a

true disability, because they had eliminated all other possibilities.

The two terms also served the normalization discourse that was explored in

Chapter 5. In one obvious sense, *progress* meant movement toward the *normal* state of

orderly behavior. A student would only need to progress in that direction if s/he were in a deviant state to begin with. Also, in the broader sense that both *progress monitoring* and *fidelity* indicated rational processes carried on by adults, they further normalized the position of teachers and of the system's expectations overall.

Progress Monitoring

The phrase *progress monitoring* came to be used as a compound verb of its own. Numerous times, leaders used the phrase, "if we are progress monitoring, then...." RTI/PBIS planning documents, such as the *RTI Blueprint* (Batsche et al., 2005) employed by Greendale called on designated support teams to "formally progress monitor impact of each support plan."

Taking up a form-function analysis of this discourse (Gee, 2005, 2012), it is helpful to look at the syntax of *progress monitor*. In conventional grammar, these two words have a different syntax. Leaders might have insisted that "if we are monitoring progress, then…" Greendale's new syntax is harder to translate. It comes out either as teams will "formally monitor impact of each support plan," or "formally monitor progress of each support plan." *Impact* and *progress* claim the same space as object in that sentence. The new verb assumes a direction. When educators were *progress monitoring*, they were keeping track of the student's movement back to compliance. It would not have been sufficient to evaluate *impact* without a curative direction toward normalcy. Hence, this verb that lay at the core of RTI/PBIS discussions and processes, reified the discursive strategy of regarding some students as deviant, and eligible for a therapeutic return to normalcy. Director DeMartino complicated that strategy by combining it with another discourse of overloading the classroom system as it is.

> I think we're still in a stage where people are figuring out who should do what. It is an enormous task to start to say to somebody who's got four kids in their classroom and who need a lot of intervention, "Okay, let's put everybody on an intervention plan, and then I want you to progress monitor this in addition to teach the curriculum to the other twenty kids who are sitting here in addition to those 4 who need you to modify things."

DeMartino put forward progress monitoring as a necessary but burdensome new teaching technique here. The "four kids" in a single class "who need[ed] a lot of intervention" were an added load, compared to the discursively normal "other twenty kids…sitting here" to learn the prescribed curriculum. But the interventions were only part of the burden. The other part was progress monitoring, over and above modification and standard teaching.   Hence, even though the work was onerous, it was still necessary to achieve the goal of an orderly class of twenty-four, who would presumably require *only* teaching.

Lakeview employed RTI as a framework for reading instruction, but used a more generic metaphor of the disability/ability continuum for behavior (Taylor, 2001), with *progress monitoring* as a key similarity between the two. Indeed, although the lexicon changed slightly, in fact there was great symmetry between their RTI plans and the practice of the SBIT team (detailed in Chapter 4.)

Lakeview envisioned the RTI process as a journey, as depicted in the graphic in Appendix D. The road led from one RTI Team meeting to the next, with periodic off-ramps "back to class with new skills." A bus traveling the route carried the RTI Team, including the principal, special educators, psychologist, reading specialist, occupational therapist, speech therapist, physical therapist, and others (!). Indeed, the School Based Intervention Team (SBIT) that I was invited to observe was essentially the same team, with the math specialist added as another standing member. In Chapter 4 there is an

extended analysis of how the SBIT team regularly analyzed student behavior as the root of the vexing classroom situations.

The team portrayed in the RTI journey had the same hallmarks as the SBIT team. They were enthusiastically focused on solutions, defined as productive and compliant students. Success on the journey graphic was represented by the off-ramps indicating "new skills" had been acquired—though not clearly acquired by whom. The overall graphic appears to be only about adults, who may have been acquiring new teaching skills. However, the SBIT team meetings I observed (see Chapter 4) more clearly indicated that the team expected students to make most of the change toward productive and compliant behavior.

The team met roughly every four to six weeks. Between meetings, they collected data, as per progress monitoring. Here again, in practice, students were the objects of data collection, as per frequency and severity of disorderly behaviors. Ultimately, if the bus had not sent the student "back to class with new skills" after RTI Meeting #4, then the bus went on to a "CSE Referral" in the plan, indicating that the Committee on Special Education would undertake a diagnosis of possible disability.

In an interview explaining their data collection procedures for SBIT and/or RTI, Principal Blanton used the lexicon of *progress monitoring*:

> It becomes more detailed, depending on how we move up that continuum. Every student's behavior is tracked on a daily log sheet and then also in a computer program that we can call up. So we can call it up individually. But we do progress monitoring.

Progress monitoring played an important role in signifying the rationality of educators, and by extension the legitimacy of their authority. It demonstrated that the educators were the guardians of normalcy, determining the direction of progress toward

compliance. Second, when they monitored, they gazed on the students with a clinical

lens. In this fashion, *progress monitoring* was a powerful strategy in the medicalized

discourse of RTI/PBIS (Foucault, 1975).

Fidelity

The epistemic force of *progress monitoring* emerged when it joined with *fidelity*,

as in "progress monitoring for fidelity." Leaders aspired to keep tabs on the fidelity with

which teachers were implementing intervention strategies. In this study's largest district,

Greendale, this fidelity was synonymous with consistency, which further served creating

a system. Director Quinn held that,

> At the same time, having that fidelity or that consistency across schools in the
> implementation has been an issue. Because schools are using different
> interventions still, there are some inconsistencies. That is what I think we are
> seeing. I think there is a drive toward wanting it more systematized.

Quinn made this observation when explaining the planning meetings I had been

observing. He was particularly chagrinned by the variation from school to school.

Drawing from a model district-wide blueprint produced by the National Association of

State Directors of Special Education (Batsche et al., 2005), he and the planners sought the

same practices throughout the district as a measure of their effective change.

Fidelity of process. In nearby Fairview, Principal Underwood explained the

weekly process he used to ensure the same kind of fidelity in his building.

> I do meet on Monday mornings with the counselor and the school psychologist.
> We actually go back, whether it was an RTI meeting or other kids who are
> coming up as potential. There's follow-up. Sometimes we find there was a
> breakdown in communication or in the plan: They were supposed to go to
> counseling. So we make sure the checks and balances are taking place.
> Especially two phone calls to the parents. If there are behavioral rating scales and
> things, they've got to go home, or they've got to go to teachers.

Underwood emphasized in detail the fidelity of enacting interventions agreed to in RTI

meetings, and maintaining communication. Notably, Underwood recognized communication as the practice that had broken with fidelity.   A student may have missed a counseling session with a social worker or other mental health counselor. Furthermore, the truer communication was characterized by all the adults having the same diagnostic tools: as in teachers and parents getting behavioral rating scales. Underwood thus indicated that the instrument of medicalized perception, as Foucault (1975) describes the medical case file in *The Birth of the Clinic*, was the best vehicle for getting at the truth.

Staying just with communication for example, one can imagine other kinds of fidelity to check on. Did the team feel that the student's voice was truly represented in the process? In the same vein, on reflection did they feel they had enough information, or might they have benefitted from examining the behaviors of the teachers, the expectations of the classroom, or the behaviors of other students in the same setting, for example? What biases might the adults have exhibited when interpreting the student's behavior from their own points of view? How did relying on instruments such as a behavioral checklist influence their perception of the situation? How did they resolve differences of analysis or opinion?   But without asking these questions, the system that Underwood's school used was discursively constructed as yielding the truth.

Indeed, I observed no instances in which the student's voice was considered, except as it had been recorded by adults. At those times, students were and usually considered to be irrational or disturbed. See Chapter 4 for the scenario from Fairview Middle School as one such example. Another such example from Warren School follows in the section on fidelity in diagnosis.

In neighboring Pleasant Hills, Coordinator Vinter also focused on the power of

fidelity when an entire institution is doing the same thing. She compared two schools in the district through the lens of a school nurse who transferred from one to the other. She moved from the school that had the longest history with PBIS to the newest.

> They've been implementing for 10 years. She went from going to South Street Elementary to Rhodes Elementary. Rhodes was our last elementary on board with PBIS. She called me one day, and she said, "Michelle, there's a marked difference between the behavior of the kids at South Street," which is our lowest socioeconomic, Title I school, "to the kids at Rhodes," just typical kids.
>
> The kids at South Street really embraced the model and understood the expectations and followed the rules better. To me that was just kind of anecdotal testimony that if you implement the model with fidelity, you're going to get positive results. South Street has the fewest discipline problems. I know some of that is based on the principal and the personalities of the teachers, but all in all, I think it's testimony to the fact that teachers really embrace PBIS.

Several parts of this narrative indicate that fidelity has real power. First, Vinter recognized the school nurse as someone giving reliable information. It is interesting, though not definitive, that this was a person whose job was fundamentally medical. The nurse's analysis of such a disjuncture between the two schools is part of what Vinter found compelling. Thus began a discursive strategy of "cutting out," as Smith (1990) calls it, in which the conventions we all should recognize were broken, indicating the power of both normalcy and deviance.

The most telling part of this tale of the power of implementation with fidelity is that the comparison between the schools was not about their history with PBIS, it was about social class. Vinter decoded for the listener what was so shocking to the nurse. She explained parenthetically that South Street was a school of the "lowest socioeconomic" class, as opposed to Rhodes' population of "just typical kids." Also, Title I is a federal support program for schools whose academic performance and socioeconomic status are low. So, South Street was not only a poor school economically

but also in its academic scores, Vintner told the listener. Orderly behavior at South Street was remarkable in this narrative not only because it was pervasive, but because one would expect that more from "typical kids" than from those in a low performing and low socioeconomic class school. Those deficit identities did not fit with normative orderly behavior.

Hence, what got the credit for breaking that convention? Implementing PBIS with fidelity over time was the evident cause in this discourse. And furthermore, fidelity was measured not just in logging ten years of doing PBIS, it was also about "embracing" it. Systematic fidelity was more powerful than social class, and even more powerful than the "personalities" of the teachers or the leadership of that school, in this narrative, although Vinter believed they may have a part in South Street's success as well. The major point of the example is that if fidelity led to success in a significantly deviant school, then it should certainly work in a normal one.

Fidelity in diagnosis. The more powerful truth claim of *fidelity* as a systematic practice was in diagnosing an emotional disability. In final interviews, all participants concurred that the diagnostic and prescriptive practices of the RTI/PBIS pyramid were a legitimate way to find "true" disability. This was in whatever realm the RTI/PBIS pyramid was used. Lakeview, for example used the formal RTI process solely for reading. Although they did not call it RTI, they used medicalized practice that was consonant with the pyramid for student behavior. Greendale, by contrast, formally used PBIS with behavior, and RTI for other academic areas.

Director Quinn in Greendale and Principal Underwood in Fairview expressed most succinctly the view that all the leaders shared.

If the interventions have been done with fidelity and done with good progress monitoring and you can truly show that this student has been resistant to those interventions then you are definitely moving up toward that category of the student having a disability.

—Greendale Special Education Director Quinn

You always go for the least restrictive to more restrictive. You have to demonstrate that you have addressed what the concerns are. You identify what they are, and you've provided the most effective accommodations for that student that you can, and it's just still not enough. Sometimes there are not programs for certain kids, so sometimes you have to beef up your staff and have some additional adults. It just really felt that it was interfering with her academics, the emotional issues she was going through.

—Fairview Middle School Principal Underwood

Quinn addressed the overall systemic practices of progress monitoring and fidelity as diagnostic tools. Underwood did too, but in this context used that as justification for their decision to exclude a fourth grade student whose behavior continued to be unruly despite the school's efforts "to provide the most effective accommodations." Whereas Quinn's description referred only to the language of the reauthorized IDEA (United States Department of Education, 2004) that introduced RTI/PBIS, Underwood also tied it back to the earliest version of that law that established the mandate to provide a free and appropriate public education in the least restrictive environment (United States Department of Education, 1975). Both leaders invoked the concept of a continuum (Taylor, 2001) of treatments and diagnoses. Quinn spoke of "moving up toward that category of the student having a disability," and Underwood referred to a direction of school action "from least restrictive to more restrictive" accommodations. These two leaders spelled out what all the leaders affirmed, that when their graduating set of interventions were attempted with *fidelity*, and the student's behavior remained disorderly, then this was strong evidence that the student had a disability. Thus, *fidelity* supported a discursive strategy of psychopathologizing (Harwood, 2006, 2011).

Psychopathologizing discourse. At Warren School, this pathologizing was in evidence early in my data collection. Prior to my first interview with Principal Lowthian, I sat next to a sixth grader in the office while a meeting was being held in the next room. Judging from what the girl was saying under her breath, the meeting was evidently about her fate at the school. The student was fuming because she was not allowed in the meeting, though she was not addressing me directly. When the meeting broke, her family stormed out. Fortuitously for my research, Lowthian addressed that student and that situation during our subsequent interview. She related her staff's characterizations of the student as "delusional" and "dangerous" and "having visions." Their dramatically medicalized interpretations included regarding her stomachache one day as a possible pregnancy. The team had decided at that present meeting to send the student to another more restrictive facility within the district.

Lowthian invited me to a meeting that reviewed the process that the team had used to reach the conclusion to exclude this sixth grader. In the words of the Assistant Principal, they lacked "the therapeutic resources for a kid such as this." The team repeatedly validated for each other their systematic and exhaustive efforts to bring her to productive and orderly behavior. They had engaged their behavioral strategies and short term counseling, and kept records. They had attempted to tease out whether she "was capable or not." With some discussion of her issues being "language-based," they decided that the preponderance of evidence was that "mental health is very different from LD[16]," including "threats to other kids," "seeing demons," and "manipulation." Throughout the discussion, members of the team assured Lowthian that their observations

---

[16] LD = learning disability

were consistent with one another. Having led the team through its efforts with the child, the Assistant Principal summarized it thus: "We had twelve people working with this family. A four-tier RTI? She's the tip-top." Lowthian responded that she was "very comfortable with what everyone did. We went above and beyond the call." Resignedly, she and the team justified sending this eleven year-old African American girl away, based on ostensible fidelity to escalating practices of diagnosis and response, as per RTI/PBIS.

A counter-narrative on pathologizing. By contrast, one participant from another district did challenge pathological discourses, to a degree. Actually, this was the area in which Pleasant Hills Superintendent Ferrara expressed concern that even fidelity may not counteract a focus on deficit thinking about children.

> I think a problem-based model will always yield more problems, looking for labels. I think a strength-based model will look for what we are building on that the child can utilize in order to, in some way, look at whatever the challenge is in learning, or that we need to be addressing.

Ferrara's concern was part of the paradox of the discourses of RTI/PBIS. The positivist strategies of consistency, monitoring, and fidelity squeezed out numerous possible ways of seeing students, and privilege psychopathological discourses. As the following section demonstrates, the pyramid itself became a technology for doing so.

Medicalized Discourses of Diagnosis and Screening

When a student was thought of as the cause for disrupting her education or the education of others, and conventional classroom remedies failed to end that disruption, then leaders came to see further behavioral modification techniques as necessary. These techniques are characterized as *targeted interventions* in the literature advocating RTI and PBIS (Hawken et al., 2009; Sailor et al., 2009; Sugai, 2010).

In Chapter 4, the analysis emphasized discussions of individual children. Here,

the analysis shifts to the protocols schools were establishing to target all eligible students for potential intervention. Field observations of planning meetings and professional development sessions yielded data from vigorous discussion and debate over how to decide when a student was eligible for further intervention. Analyzing those debates reveals a significant element of the discursive strategy of psychopathologizing students.

Training in a Diagnostic Gaze

At the school level, Jones School Principal Ingraham had worked with her team to establish a PBIS system. Jones School had a long and storied reputation as an inclusive school, especially with regard to students with autism. As they established PBIS, Ingraham made a point of incorporating the school's past practice and learning into a new framework. With respect to office disciplinary referrals (ODRs), she noted,

> We look at our referral system. Why are they being put out of class? If they're being put out of class, there's a reason why they're misbehaving in class, so you have to go in and look at all the root causes for why they're misbehaving in class.

Referrals indicated student need in this discourse (Thomas & Glenny, 2000). Ingraham had put great effort into training her staff to look for causes of disruptive behavior. As part of that extended effort, she taught an after-school class in 2010-11 for faculty on "social-emotional learning," as she called it, which focused on diagnostic approaches. When they "look at their referral system," she wanted them to use what they learned in the class.

> Last year the whole study was on social-emotional learning, and we really looked at kids in the sense that we had a pyramid. That's what they were supposed to do for the class all year long. There are so many factors that go into the social learning. You have to look into the family structure. Are there issues going on at home? Is the child in a two-parent family? We have a number of same-sex parents here, so is the child having issues with that from kids that are causing them to misbehave?

This discourse of examining the causes of misbehavior was contingent upon a

prior assumption (Harwood, 2003, 2011). It relied on locating the cause within the student. Ingraham landed on several descriptions of family as causes, which were themselves contingent on heteronormative assumptions. There was also the acknowledgement that misbehavior may have been a response to bullying by other students. Yet, as they "looked at kids in the sense that we had a pyramid," the focus remained on diagnosing the individual through the diagnostic discourse of RTI/PBIS.

As the 2011-12 follow-up to that class, Ingraham extended the theme more explicitly toward RTI. She was trying to acclimate her faculty to RTI, moving them beyond the cynicism that arose when they encountered the latest flavor-of-the-month reform effort. In a play on words, she titled the class "RTI: Reaching the Individual."

> If you call it 'Reaching the Individual,' everybody will come to the class. So what we've done is, we took... We had someone from special ed come in and talk about RTI and the pyramid. We had someone come in and talk about appropriate interventions.

Ingraham was looking for her entire school to have the same base of knowledge, and apply the same diagnostic gaze.

Ingraham believed that this training played an important role in the project of building an inclusive school. Furthermore, she was deliberate about creating a logical flow from the school's past practice into the pyramidal lexicon, which set this diagnostic discourse as an emerging version of inclusion. Diagnosis was regarded as a legitimate function for a school in which the education of children with disabilities was already part of their legitimate authority. This was biopolitical authority, in the Foucauldian frame, in which the school had the responsibility and the power to reach the lives of all its children. Beyond biopolitics, however, it was also an extension of a medicalized discourse to all students and all teachers (Foucault, 1975). When "misbehaving" and office discipline

referrals were the first indicators of the need for diagnosis, the school was using

disciplinary power to initiate medical power. From there, medical power took over as the

diagnostic gaze was regarded as the most legitimate way to know the children,

encompassing other identities, including family status in this example.

Triggers for Moving Up the Pyramid

Much of the concern in planning meetings centered on establishing criteria for

moving from one tier to another. The two indicators for moving that were mentioned

most often in these sessions were discipline referrals and attendance. Specifically, how

would they manage discipline or disability referrals from classroom teachers? How many

referrals, and what kind of referrals must a teacher have made for help with a student

whose behavior was regarded as too challenging? With attendance, how many classes or

school days must a student have missed? What would be the prompt for targeted

intervention?

Medicalization discourses in screening for disorder. Other schools and

districts likewise grappled with reconstituting familiar practices into the medicalized

discourse of RTI/PBIS. Office discipline referrals (ODRs) were common to all districts,

for example. And in all districts, multiple referrals for the same student were read as

indicators of students in need. In Lakeview, when I asked Superintendent Boniwell what

it looks like when his district is doing well at including children who present challenging

behavior, he talked about his regular practice of scanning ODRs.

> I look at discipline data every month. Every month I sit down at this table with
> my administrators, and I say I want to know how every kid in this school is doing.
> I want to know who is doing what. I want to know how many violations.

This response told the listener that systematic diagnosis was key for Boniwell's

conception of successful inclusion of students with challenging behavior. First, he picked

statistical data—which can only be generated systematically—as an object of study.

Second, the practice was regularly scheduled as a monthly meeting, indicating a

systematic practice. Third, it was held in a place of authoritative power, since the table

he mentioned was in his office. Fourth, he called together the administrators as a group,

indicating the expectation that they would follow the same practice. And finally,

although he said he wanted to know about every child—similar to the language of

universal screening in RTI/PBIS—he actually wanted reports about violations. The

meeting was called to use a universal screening instrument that sifted out data of

disorder. Students with no referrals were not discussed, and by that silence were

constructed as being normal. By contrast, multiple violations indicated disorder or

deviance, which bore more scrutiny.

In the other districts that were implementing a more explicit RTI/PBIS process, it

was significant how often people brought up the number of ODRs, tardies, and absences

it took to trigger more intervention. One of the Greendale meetings is discussed at the

end of this chapter, as a more extensive example. Here, several shorter moments in those

discussions illustrate the emergence of a diagnostic discourse.

RTI/PBIS confirmed deficit discourses. Principal Lowthian pointed out that an

audit by the "We Will" Education Foundation highlighted Greendale's Warren School for

how well they were been implementing RTI/PBIS. In particular, she noted that they

received high marks for how well they used office referrals and attendance data to

identify students of concern. Lowthian explained their team's practice to identify a

student by teacher recommendation and ODRs.

> They also go by referrals. They have to have five to six referrals. That's
> something you look at and say, "Why is this kid getting so many referrals?"

Five or six discipline referrals triggered further diagnosis. As earlier examples showed,

the school's disciplinary system first identified a student as disorderly. Then, a record of

"five to six referrals" became the basis for further diagnosis, as the school moved from

disciplinary power to medical power.

Lowthian explained further that this identification practice was especially

effective within the RTI/PBIS system.

> It's working well because you're looking at individual kids. It's not just generic,
> "How are we doing," as far as referrals go. We keep getting that data, but here
> you can actually see where a child is on the triangle. I think we pretty much
> knew, because we're not a building where there are a lot of behavior issues.
> Those kids that rise to the top are the same ones that don't have that support or
> that come from dysfunctional homes.

In this school, RTI/PBIS functioned to place students who have been disciplined "on the

triangle." That deviant identity was consistent with the way that Warren School's

educators historically saw kids, or as Lowthian puts it, "we pretty much always knew,

because we're not a building where there are a lot of behavior issues." Thus, the

technology of RTI/PBIS allowed them to distinguish students well for further diagnosis.

The students who "rise to the top" of the "triangle" had been known to the school before

through other deficit identities, such as coming from "dysfunctional homes." Just as

importantly, Lowthian indicated that RTI/PBIS validated the way that the school already

knew its students. The discourse of normalcy—a school without "a lot of behavior

issues"—was continuous from the past to the present. With RTI/PBIS, deviance had a

clear measure (ODRs) and a new framework (the "triangle"), but so long as the basic

discourse of normalcy/deviance was maintained, Warren School was on familiar ground.

Disability v. delinquency. In Pleasant Hills, Director DeMartino had been in the

district only a few months when she invited me to a meeting on responding to the state's

citation for disproportionate suspensions. In the initial discussion, the group

acknowledged that they were working earnestly on dealing with students whose behavior

had gotten them in trouble with school, but that the work was disorganized. The head of

guidance noted that they need to "know when to do what. How many referrals? How

many absences? We need to know when to intervene early," in order to avoid proceeding

down a path of escalating disciplinary consequences. DeMartino encouraged the

conversation to continue in this vein of seeking regular and agreed upon decision points

and follow-up practices.

DeMartino described that session as an important demonstration of how

RTI/PBIS could function as a diagnostic system to help sort out the vexations of

diagnosing students with disorderly behavior.

> Let's face it: What is the biggest challenge for a school psychologist saying
> somebody's emotionally disturbed? Are they ED or are they JD? Are they
> making a choice, or are they really unable to guide their decisions? I think that is
> always such a convoluted path. In the 25 years I've been doing this, I've seen it
> get muddier and muddier and muddier.

In particular, DeMartino felt that the RTI/PBIS structure was useful because it introduced

progress monitoring as a diagnostic practice. It established the truth of a disability within

a student.

> I think it helps by being able to really look at a student in different settings. When
> you're going to progress monitor something, you need to look at it over different
> settings. It gives you a better clue: Are there antecedents to this? Is it really truly
> impulsive and unpredictable, and it just happens for this kid?

In this discourse, progress monitoring was a technique in scientific examination.

Presumably if the setting varied, yet the student's disruptive behavior remained

substantially the same, then the student brought the disorder with them. Danforth (2007)

describes this psychodynamic construction of unwanted behavior as a disability, in which

emotion is understood as psychic energy.

> In the dynamic process of acting out, internal emotions are converted into external actions. Specifically, the behaviors are unwanted or deviant, and the conversion from emotion to behavior is primarily unconscious, mostly beyond the awareness and control of the person. Note that, despite the unconscious or unintentional element, the phrase acting out is only meant to describe unwanted behavior, not spontaneous acts of kindness or benevolence that arise from the depths of the psyche. (Danforth, 2007, p. 15)

Other medicalizing discursive strategies were at work here as well. The normalcy/deviance discourse arose in the phrase "really truly impulsive and unpredictable" to describe behavior. *Impulsive* and *unpredictable* were judged here from the perspective of the educator, the authority for establishing the bounds of normal conduct. Finally, the medicalization of deviance (Conrad & Schneider, 1992) got another boost with the implicit comparison that if "it just happens for this kid" and not for other students, then there was something wrong with that kid. In sum, DeMartino's argument was that RTI/PBIS' technique of progress monitoring would help the school district transition from excessive use of discipline, and move toward making diagnostic distinctions between disability and delinquency.

Diagnostic Knowledge Dominated Other Ways of Knowing

One meeting proved to be a particularly illustrative example of these discursive strategies at work. As Greendale constructed its PBIS structure, they explicitly used RTI as the model, working from the RTI Blueprint (Batsche et al., 2005). Seeking a broad support and input for this effort, Director Quinn invited nineteen "stakeholders" including several of his colleagues from central administration, school-based administrators, psychologists, and teachers, representatives from community-based mental health providers, a parent advocate, and an external consultant on PBIS. They met in the offices of an educational foundation (We Will Education Foundation, 2012) that was a

significant collaborator with the Greendale district, and hosted this session.

The facilitator was a representative from Neighborhood Assurance , another school-community collaboration that sought to place mental health therapists from community groups in the schools directly. She greeted participants with the following agenda on a flip-chart:

> Guide Posts:
> - Identify youth early
> - Support with effective interventions
> - Exit/transition off interventions
> - Progress monitor
>   1. Individual youth response to intervention
>   2. Interventions themselves
>   3. Team integrity
> - Considerable efforts to engage family in intervention, assessment, and progress monitoring.

Although the meeting did not proceed step-by-step through the agenda, it stayed true to the content in that considerable time was devoted to identification criteria for students on the different tiers, and the organization of who will provide services when. The group never did come around to discussing when students might exit from intervention services, however.

In the first agenda item, "Identify youth early," the facilitator discussed how students would be "screened in and out of Tier II." She anticipated a process "parallel" to the School Based Intervention Teams (SBIT) that already functioned in the Greendale schools to identify students who might have disabilities. She pointed out several structural aspects of this new process to signal its similarity to SBIT: the case load for each meeting would be ten to fifteen students, with data review beforehand, including meeting with parents in a supportive way. Unlike SBIT, the composition of this new committee had not yet been determined. The facilitator posed this as a question that

could be settled in this day's planning meeting.

The parent advocate—one of four people of color in the meeting of nineteen planners—addressed the question directly, asserting that parents should be informed and part of the interventions, though not necessarily part of the screening team.   In response, the RTI coordinator explained the function of the RTI pyramid as a model, in which Tier I interventions belong in the classroom. From there, Tier II and III interventions and referrals were considered as data by the screening team. A school psychologist added that one needed to ask, "Have Tier II interventions been tried?" before moving on to Tier III.

The Director of Elementary Education—a central administrator on par with Director Quinn, and one of the other people of color in the meeting—observed that faculty at the school level would be serving on too many committees, including a discipline committee, SBIT, and the new screening team. "How will this work?" he wondered. "Who will be funneled to which committee?"

Again, the concern about who would be engaged in making the decisions was met with a generic description of the diagnostic function of the pyramid. The RTI coordinator identified the basic question as "How do kids get sifted out?" The back-and-forth about who would have decision-making power and diagnostic protocol happened repeatedly in this planning meeting. The effect was to assert that the protocol of the pyramid created a reliable way to diagnose the precise deficit that lay within the child. Each time one question was raised on who might decide, several responses about diagnostic protocol followed, effectively quashing the challenge.

Within that ebb and flow, identification criteria got a lot of attention. In the RTI

process currently being used for academic matters, four to five referrals were the "trigger point," explained the RTI Coordinator. She repeated that RTI should be the model for PBIS.

Four to five referrals seemed too arbitrary a trigger to the Director of Pupil Services, another central office administrator. To him, "throwing a chair" or being suspended were "automatic" reasons to screen a child. However, since the schools did not regularly "progress monitor for behavior," then a "loose target" of ODRs could "set kids up to fail." He skeptically adopted the position of a teacher to illustrate by saying, "If I as an adult have a five referral goal, then I'll have the paperwork ready beforehand," especially for the common instance in which a student came to class without the requisite materials.

This challenge to the reliability of referrals as sound criteria for triggering a screening continued. Seeing ODRs as part of a status quo that needed to change, the PBIS Coordinator for the district suggested using other data, such as monitoring the use of four to five standard interventions for each building. He wondered aloud if "common sense" could be employed as well "to distinguish between lacking a pencil and setting a cat ablaze in the gym?" Recognizing that ODRs would remain an important part of the system, he wanted professional development for all teachers to "standardize" the referrals. Standardization was his answer to faulty judgment. The RTI Coordinator supported her colleague, the PBIS Coordinator, in that effort. She offered the "at-risk form referral" used in RTI, suggested that it could be broadened from academic concerns to behavioral ones, and thus made universal.

Here, Director Quinn made his first substantial contribution to the discussion. He

acknowledged that RTI preceded PBIS in Greendale, and should be its model. Done

properly, Quinn saw this as a "problem-solving construct" which would reconcile the

district's current ability in identifying "where a kid was having problems" with its

inability in "putting together therapeutic pieces." He noted that they had been cited by

SED for that failure. Furthermore, he argued that an integrated RTI/PBIS pyramid would

"bring all the pieces together of intervention for the whole child" and would prevent

"60% of our kids reaching Tier III," where it would be "better to have 15%."

> Tier I is for everybody. Tier II moves beyond Tier I. Tier III is an individual
> plan. Now, maybe we're talking about ED. So, at Tier IV, we have FBA and
> BIP.[17]

Quinn's summary enforced the discourse of a unitary diagnostic and therapeutic

system for the district. A proper "construct" would align therapies with student-based

troubles. The top of the pyramid was where emotional disability was identified and

treated. The results should be statistically measurable, and remedy their troubles with

SED.

Following this reiteration, the group called again for systemic clarity with a bevy

of questions and demands. The coordinator from "We Will" wanted to monitor

attendance. The liaison from Neighborhood Assurance (the mental health counseling

agencies) described their commitment to place clinicians in each school, but admitted

they were confused by RTI with three tiers and PBIS with four in Greendale. And the

discussion returned again to ODRs and composition of the screening team. To close out

the morning session, Quinn brought the group back to the blueprint document, arguing

that it integrated the answers to all these questions.

---

[17] ED = Emotional disability. FBA = Functional Behavioral Analysis. BIP = Behavioral
Intervention Plan.

During the lunch break, I overheard a conversation between the Director of Elementary Education and the parent advocate, both of whom were African American. I picked up some racially coded language about placing advocates in a particular set of schools. From my field observation notes:

> Because I am sitting next to [the Director of Elementary Education], during lunch I overhear him and [the Parent Advocate] connect on development of the parent advocacy group. They discuss having several chapters of the group in each quadrant [of Greendale]. Racial sensitivity seems to be the subtext, as they mention who could be expected to be in each chapter. [The advocate] uses the phrase "gatekeepers." Sounds to me like coded language for "White." This strikes me as the only discussion of race thus far today.

> I ask [the Director] about this afterward, still during lunch. He acknowledges that it is indeed about race, and that he feels that race is an uncomfortable topic in Central NY. He has tried to have discussions with some, referencing "courageous conversations." I take this to be a reference to the book *Courageous Conversations About Race* (Singleton & Linton, 2006). He notes that there are only three African Americans at the table today.

This interlude seemed to have an impact on the afternoon session. When the meeting resumed, they returned to the topic of screening committees, their composition, and their focus. Clinicians, such as the school psychologist, argued for two separate teams—an SBIT "A" for Academics and an SBIT "B" for Behavior. SBIT A would deal with the RTI half of the pyramid, and SBIT B the PBIS half. Administrators, such as Quinn and the Director of Elementary Education, supported a single team, especially involving the principal, so that discipline referrals, FBAs and BIPs could all be considered in one place.

The parent advocate who was one of the three African American attendees present, took a stand here. When she spoke, she stammered a bit, signaling to me a risk of speaking to power. The Elementary Director shot me a knowing glance as if to say, "See? Here it is," a reference to our lunch discussion unpacking his side conversation

with her.

> It is important in marketing this to the community to keep the behavior team and SBIT together so that they don't think our kids are buck wild, and needing mental health services. And what about special ed and black males? They will receive most of this service. From my world view, many parents want to know where I can get help. For example, I am just now learning that we will have behavior specialists in the schools. Is that a resource available for families?

The advocate made a direct challenge to the practice of racialized diagnosis of disability. She observed that the more numerous and clinical the structures, the more that children of color would be constructed as "buck wild and needing mental health services." She called out the history of racial disproportion in disability diagnosis and treatment. Further, she urged that parents should have an important role in directing the application of therapeutic services if they were to be used at all.

The group ignored her challenge for the moment, however. The RTI Director returned the conversation to distinguishing whether SBIT A and SBIT B teams were preferred. The representative from the mental health agencies joked about the possibility that the new teams would actually be set up as "SBITA vs. SBIT B." Following the protocol of SBIT teams as they exist, the RTI specialist suggested that SBIT B screening teams should include a "generic classroom teacher" for "empathy" as part of the analysis of "the whole child." "What about a parent?" asked the mental health representative.

"We usually invite parents to follow-ups once the plan is done. People felt uncomfortable problem solving with the parents present," responded the RTI coordinator. The coordinator's thus defended committee clinicians as those with the most effective knowledge of children. "People" belonged at the meeting; parents might be invited in later. Parents who may know children differently nonetheless could receive the therapeutic plan once it had been completed.

"That's been your downfall. None of us were there," asserted the parent advocate in response.

The Director of Elementary Education pursued this thread further, tying the composition of the screening team to the ways that ODRs were used. "Having parents present might stop us referring kids who didn't bring pencils to class." He proposed professional development with "courageous conversations around race," because "we are predominantly White staff and predominantly African American students. People grew up differently. Staff need to know who the students are in front of them."

Once race had been put squarely on the table, various strategies emerged from White participants to minimize its importance, and to discursively assert the primacy of clinical knowledge. One person argued that teachers need training in generic de-escalation strategies. The school psychologist insisted that specialists were needed because "good assessment drives strategies."

The Elementary Director would not be brushed aside however. Despite the past trainings he had conducted in such strategies, he found that, "Folks are still uncomfortable with some patterns, and uncomfortable around race. De-escalation is appropriate, but we still need to deal with race." The parent advocate caught his attention across the table and whispered, "Thanks!"

At the mention of discomfort, the mental health representative revisited an argument she had made earlier in this and previous planning meetings. "With emotional/behavioral challenges, people are uncomfortable if they are not professionals. They are worried that they will do something to make it worse." She thereby raised the fear associated with disorderly or disruptive behavior in school.   Not only did the

behavior disrupt school expectations, but it was so frighteningly unpredictable that a lay teacher with the best intentions might unwittingly exacerbate it. Thus, the behavior gained status as a diagnosable disability, an emotional disorder. The context was unstated, as was the social location of "people." Hegemony spoke through this silence. The assumption was that classrooms were the context, that White (probably female) teachers were the "people," who feared straying into the territory of clinicians.

The parent advocate tried again, expressing her confidence in courageous conversations. She had been through those trainings herself, and witnessed a change. "Initially it's very scary, then it clicked. In the end, we need support."

In response, the clinicians again claimed their ability to arbitrate whether a given situation was indicative of racism or disability. The school psychologist described nexus hearings, which have been legally required to precede the suspension of a student with disabilities (United States Department of Education, 2004). The hearing determines whether or not a student's disability caused the disciplinary infraction. The mental health representative re-centered the discomfort of teachers, this time placing herself in the role of teacher, with an empathetic "we":

> We get overwhelmed with behavior, unlike academics. We tend to focus on the end: throwing a chair. We need to be able to break it down. Behavior has a purpose. We should focus on what we can do.

The school psychologist had the last word on this thread in the conversation, "That's why you need an expert, a school psychologist, to tell what's really going on."

This exchange demonstrated the strategy of subjugating some knowledges to others, and thus discursively constituting medicalized discourse as dominant (Harwood, 2003, 2006). Two African American participants in the meeting contended that White educators must develop the cultural competence to know children differently. Parents

should at least be involved to bring that perspective themselves, if a predominantly White staff could not adequately understand a predominantly African American student body. Clinicians in the meeting marginalized race, asserting discourses that normalized White culture, and had the power to pathologize behaviors and students that did not fit the norm.

Quinn validated that strategy. He agreed that psychologists could tell what was racism and what was psychopathology, although he equivocated a bit. He argued that psychologists might not necessarily appreciate "what it's like to be in front of a class of 28." Thus, he put forward an overload discourse in which both race and disability were student deficits that might overwhelm a classroom teacher.

The meeting's final discussion followed. Here, the participants talked about the importance of composing lists of "resources" available for each school. Examples of what could be on that list were teaching assistants devoted to behavioral change, instructional coaches, autism and behavioral specialists. Quinn reported that he had reallocated his department's staff in line with this PBIS pyramidal structure, as a response to the strictures of shrinking budgets.

This resource discussion followed the discourse of meeting student needs (Thomas & Glenny, 2000). Clinical judgment was held to identify legitimate needs, while subjugating other knowledges. Amassing a list of "resources" constructed a systemic response to those legitimized needs. Near the close of the meeting, the parent advocate appealed yet again for alternative knowledges and decision-makers. She asked to please add cultural competence to professional development, and to engage families more concertedly. Marginalized once more, her suggestion was passed off possibly to the Parent Teacher Student Organization (a local version of the PTA) to pick it up.

This planning session in Greendale brought together many of the discourses observed in other meetings and from other interviews. First, members demonstrated the belief that a pyramid systematically identified students with emotional disabilities. Second, the positivist assumptions that a system was both necessary and the most reliable way of knowing students overrode other ways of knowing. Third, faith in the positivist capacity of a system, medicalized knowledge, and clinicians were regarded as the most truthful and trustworthy way of understanding students. Fourth, reliability was seen to rationalize how the district could make decisions about allocating both human and financial resources. The RTI/PBIS pyramid thereby gained great power as a construct for approaching problems both about individual students and for the school system as a whole.

Systemic Clinical Power

Clinical power took over from disciplinary power as the schools adopted these systems. RTI/PBIS recast the disciplinary record as an initial piece of medical diagnostic data. The perception of the educators shifted from disciplinarians to therapists (Foucault, 1975). And this technology created the opportunity for a vast array of institutional interests to intersect in generating a system of care that required students to be cast as patients, rather than as delinquents (Conrad & Schneider, 1992; Thomas & Glenny, 2000).

In either discourse—disciplinary or medical—the students bore the identity of being disorderly, while the schools as institutions and the adults who work there donned the identity of authorities, caregivers, and keepers of order. Other discourses of power contended for legitimacy, yet failed in the face of the medicalized discourse, which was

taking over for discipline. Biklen (1988) referred to this construction of patients and

caregivers as part of the "myth of clinical judgment," in which political and social power

dynamics become institutionally camouflaged as diagnostic and therapeutic information.

There were moments in this study when discourse of institutional oppression challenged

the expectations, judgment, and practices of systems that persistently empower white

adults and subjugate students of color and boys. Nevertheless, clinicians pushed back

that they were the arbiters who could discern whether institutional racism or

psychopathology was the "true" root of a situation that appeared to be unacceptably

disordered.

This contest, in which one psychopathologizing prevailed while critiques of

racism were suppressed (Harwood, 2003) provided powerful lessons for the entire group

of educators and their institutions about the terms on which inclusion would proceed.

The drive to be systematic vested clinical knowledge—mythical or otherwise—with great

power. Scenarios in this chapter and in Chapter 4 displayed that dynamic in the prevalent

pathologizing of unwanted student conduct.

Danforth (2007) offers an alternative perspective, which pointedly shows the

limitations of psychopathological discourse in schools.   He borrows a Wallace Stevens

poem "Six Significant Landscapes," in turn quoted in Mickelson's (1995) dissertation on

labeling boys as emotionally and behaviorally disordered.

> Rationalists, wearing square hats,
> Think, in square rooms,
> Looking at the floor,
> Looking at the ceiling.
> They confine themselves
> To right-angled triangles.
> If they tried rhomboids,
> Cones, waving lines, ellipses –

> As, for example, the ellipse of the half-moon –
> Rationalists would wear sombreros.
> (Danforth, 2007, p. 22)

The next chapter takes up this limitation in more detail. As was seen here, the drive for systems that will sustain beyond the careers or influence of individuals was marked by a positivist reliance on data-driven methods. Chapter 7 interrogates those discourses as they arose in interviews, observations, and documents. In interrogates as well the neo-liberal policy contexts that brought them to prominence. Taken together, this becomes evidence again of "myth of clinical judgment" (Biklen, 1988) which can hide potent forces from the political realm beyond the school walls.

Chapter 7: "If you've seen the tool, it seems like everything is 'at-risk.'"

> We are a very data-driven school district. We are always looking at data.
> —Lakeview Superintendent Bill Boniwell

The notion of *data* as a touchstone was present in almost every conversation about disorderly behavior, about students as individuals, or about systems the schools are establishing, evidence of the regulating power of neoliberal audit culture discourse. Leaders and their colleagues in this study put great stock in *data* to bolster their beliefs about students and their behavior. They also placed faith in data as a means to judge how effectively their schools responded to disorder. They conducted data reviews which monitored the conduct of conduct (Foucault, 1980a; Taubman, 2009). The last two chapters on normalizing and pathologizing discourses demonstrate that these inclusive-minded educators may have debated what constitutes reliable data. Nonetheless, they were having those debates with the underlying assumption that data would drive important decisions. This chapter unpacks the discourses surrounding the use of data. It asks who and what were the objects of data collection and analysis. Who fell under the gaze of the RTI/PBIS pyramid and its attendant practices? What counted as useful and valid data? And just as importantly, who and what went unexamined?

If the lens of RTI/PBIS remained securely fixed on students, rarely on adults, and almost never on the power structures of the schools themselves, then the status quo power relations were strengthened. Foucault calls this fixed focus the mechanism of *hierarchical observation* "that coerces by means of observation; an apparatus in which the techniques that make it possible to see induce effects of power and in which, conversely, the means of coercion make those on whom they are applied clearly visible" (2003a, p. 189). The RTI/PBIS practices of data collection and analysis formed this kind

of apparatus—reading disorderly behavior as symptomatic of pathology, while leaving unchallenged the power relations and actors that defined what was orderly or acceptable, and what was disorderly or deviant, and most importantly, *who* was deviant. The apparatus thereby formed the deviant identity of *disordered student*, even as it intended to be a means of achieving inclusion and belonging. Furthermore, because race was never interrogated in the data, it was thereby difficult, if not impossible, to pursue questions of racial justice (Omi & Winant, 1994) at work in the shift from disciplinary to therapeutic authority. This was also true for other identities that might interweave with the data on disorderly conduct.

It would be a mistake to conclude, however, that the leaders in this study were at the very top of the hierarchy of observation. Embedded as they were in a culture of accountability mandated by state and federal laws and policies, these leaders were themselves subject to data-driven analysis and control. They were, in this sense, objects of hierarchical observation in that broader context as much as they were the subjects of it in the contexts of their own districts.

Another Foucauldian principle arises in this chapter's discourse analysis: the development of a tool that surveyed all students from a single authoritative point of view. Foucault (1979) calls this technology of institutional power the "panopticon," calling to mind the central watchtower in a prison that maintains a view of all inmates at all time. Screening tools were meant to apply to all students—enshrined in the universal Tier I for the districts that used the pyramid RTI/PBIS model. The tools intended to sift and sort those students whose disorderly behavior called for more interventions that return order. In the earlier chapters and in this one, the discourses surrounding that data analysis are

dissected. In this chapter, it becomes evident that data analysis was employed not only as a way for leaders to feel that they knew important truths about students, but also that data analysis led directly to new school procedures for observing and controlling students as a whole. In this way, the data-driven practices supported discourses that were reminiscent of the panopticon.

This chapter is broken into four sections. The first section is on the types of data that these leaders regard as necessary and important. Following that, the second section explores the technologies of data collection, manipulation, and reporting. Third, as in Chapters 4-6, three extended scenarios display these discourses at work in more complex detail. The concluding section of this chapter speaks to the silences, the questions not asked, the challenges not made, thereby privileging the discourses that were enunciated so clearly.

In the first section, leaders highlighted several forms of important data: referrals from teachers, statistics on student attendance, and the behavioral data of Functional Behavioral Analyses (FBAs) and Behavioral Intervention Plans (BIPs). This analysis describes discourses that emerged around these data points when they were discussed in planning meetings and data review sessions, as well as in the leaders' reflections in interviews. In this section, a counter-narrative begins to emerge in which leaders challenged the reliability of the data on which they relied. This was especially true as they questioned the validity of referral data, both office discipline referrals (ODRs) and referrals for disability diagnosis and classification. As the chapter continues, however, it becomes clear that these counter-narratives did not actually interrupt or fundamentally challenge the truth claims or the practices of the data-driven discourse.

One salient marker of the momentum of the data-driven discourse was the use of database technology, explored in the second section of this chapter. This technology was used both as a school-wide and district-wide systematic practice. Computerized databases aggregated and analyzed ODRs and attendance data at the school and district level. In that work, discursive strategies emerged that enhanced the truth claims about data as a way of understanding students.

Those strategies maintained the gaze consistently on the student, occasionally on the teacher, and almost never on the power relations of the organization as a whole. Teams of educators analyzed data on student behaviors, focusing on one student at a time. Similarly, administrators examined the same data to discern patterns of ODRs generated by individual teachers. The leaders considered this an accountability mechanism for teachers. Whether their gaze was fixed on students or on teachers, the data analysts and decision makers were consistently evaluating their subordinates in a hierarchical power structure—teachers assessed students' data, administrators assessed the same data but aggregated teacher by teacher. Thus, the RTI/PBIS attention to data-driven processes and decisions exhibited itself as a technology of control in a discourse of maintaining order.

The third section follows the diagnostic process of data analysis in three scenarios. Despite the misgivings that leaders may have had about referrals, the diagnostic and prescriptive processes that they advocated nonetheless treated referrals as truthful information about students. And these were processes that the leaders were putting in place as fundamental structures for attempting to include students whose behaviors were regarded as disorderly. This section explores the paradox of creating a

reliable data-driven system based on dubious data. Ultimately, the drive for a system overpowered the counter-narrative of suspecting the judgment that created the basic data in the first place.

The chapter concludes with the questions that were rarely or never asked in the data-driven pyramid. In final interviews, I asked the leaders if and when they found that data analysis turned back on the adults or on the institution of school as a whole. Several came up with a surprisingly consistent example. And yet, their responses are instructively varied. Perhaps even more instructive, were the things they never thought to interrogate. When the panopticon searched and scrutinized everyone but its operator, then the operator's power never came into question.

Types of Data

Throughout interviews and observations, the leaders gave their consistent attention to three types of data. First, there were office discipline referrals (ODR). ODRs served as screening criteria for moving from one tier to another. Of particular note, ODRs as data were at the core of the RTI/PBIS discourse that moved from discipline to illness, and thereby from punishment to therapy. Second, attendance data performed a similar screening function, though its tie to the medicalization discourse was less explicit. Third, the leaders often cited the data that informed Functional Behavioral Assessments (FBAs) and Behavioral Intervention Plans (BIPs) as typical of their efforts at including students seen to have emotional or behavioral disorders. Indeed, this was the most medicalized of the data discourses.

Office Discipline Referral Data

Insofar as RTI/PBIS was meant to shift from discipline to therapy, ODRs were

held to be leading indicators of children who might once have been punished into compliance or excluded, but might now instead be made more orderly with therapeutic interventions (Hawken et al., 2008; Pearce, 2009). At one level, ODRs were used as screening data, to sift out those students who may require further scrutiny or corrective interventions. Beyond that mode separating one segment of the student population from another, they were used as diagnostic data pertinent to individual students. In this medicalized discourse, ODRs might be thought of as analogous to cholesterol levels, which initially may indicate that one group of people are at risk for other dire illnesses, and later may be regarded as diagnostically important to the individual who has failed to respond to prescribed therapies.

Discipline referrals as a diagnostic screen. Office discipline referrals were pivotal data points in RTI/PBIS analyses. Sometimes that importance showed up ironically in the *lack* of data. Principal Brumson at Heights Elementary School in Pleasant Hills had this experience. As described in the last chapter, this school's version of PBIS was mostly about rules and rewards, rather than a fuller implementation of a pyramid of diagnosis and therapeutic intervention. She was aware that fully implemented PBIS would involve data analysis, which they did not do. "We don't have a lot of data because we don't have many referrals." ODRs were regarded as important by virtue of their absence at this school. Curiously, the lack of ODRs did not prompt the converse investigation of what might be going well for the students at this school. Only data on disorder were deemed to be consequential.

A few miles away in neighboring Greendale, Principals Ingraham and Lowthian had plenty of ODRs, and used them as an important starting point in how they knew their

children within PBIS. Ingraham began her team's analysis with ODRs. "We look at our referral system. Why are they being put out of class?" Chapter 6 discussed how that point of entry led to a diagnostic and therapeutic discourse. The point of entry itself was critical in this data discourse. Students were identified in the first place because they were the objects of ODRs. Regardless of what had happened in the classroom, the student was excluded as a result. At this moment in the adults' deliberation, they were confirming the student's identity as someone disorderly, worthy of their diagnosis and therapeutic intervention. Ingraham believed that an ODR indicated "misbehavior" with many possible "root causes," including "violence in the home, parents who are on drugs," or more benignly, "they didn't have breakfast that day" or "dinner the night before," perhaps got to school via "a bad bus ride." It was a data point that she believed pointed toward a host of conceivable student deficits, all of which "affect their emotional stability." Notably, neither in interviews nor in observations did she ever express the expectation that an ODR would direct her gaze or the gaze of her team toward the faculty, the school rules and power relations, or the school culture.

Her colleague across town took the ODR analysis several steps further. During the first interview, Principal Lowthian at Warren School boasted about their RTI "war room" with charts posted of all students' reading data. At her closing interview, she showed off the room again, now augmented by postings of PBIS data. She was proud that Special Education Director Quinn recognized the room as a model for the district. The room's nickname drew on a military meme of course, in which the stakes are high, resources are precious, accurate "target" assessment is necessary, and the overall corrective system intends to work reliably on the population in question, much like the

"war on cancer" (Sontag, 1990).
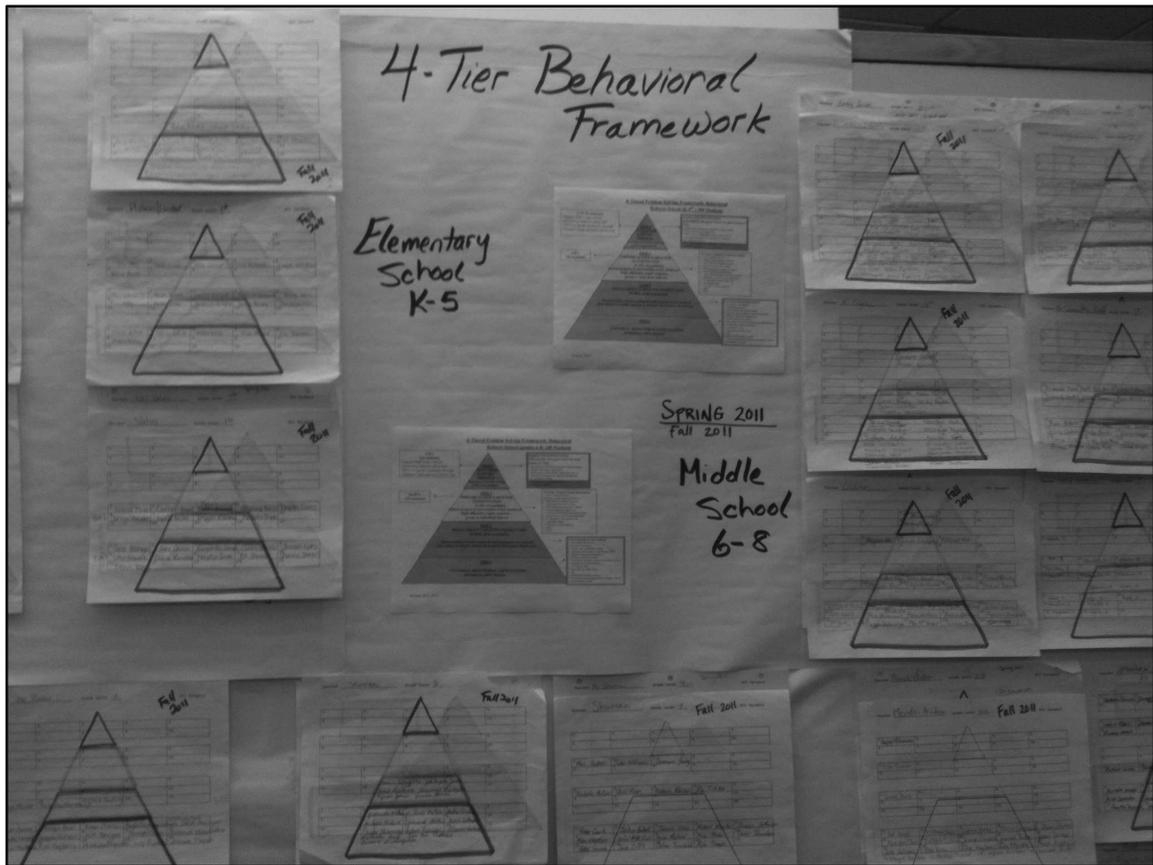
Figure 2: Warren School's PBIS data wall.

The center of the wall held two model frameworks, one for elementary and one for middle school. The framework detailed the number of students expected in each tier, the criteria for placing a student in that tier, and typical interventions applied in each tier. Figure 3 shows the framework applied to Warren's grades 6-8. (See Appendix D for a larger version.)

4–Tiered Problem Solving Framework: Behavioral ███ School (grades 6-8) 240 Students

5.8%
(14 students)
Support Staff Team closely monitoring behavior plans and FBA's to assure continuity through Summer Camp and next school year.

TIER 4 INTENSIVE SUPPORT SERVICES
Data-driven decision making
6-10% of population

Intensive, Individual Interventions
Individually designed behavior plan based on FBA
* Intensive pro-social and sustainable strategies taught
* Parent training and collaboration
* Multi-agency collaboration; wrap-around services
* Alternative programs to suspension & expulsion
* 8+ discipline referrals
* CPS referrals/ ed neglect referrals
* Counseling support

16.25%
(39 students)

TIER 3 INDIVIDUALIZED TARGETED INTERVENTION
13-18% of population
Student progress & interventions closely monitored
High efficiency, rapid response,
group or individual delivery

Strategic, Targeted Group Interventions
* Some Students (at-risk)
* Group or Individualized Delivery
* High efficiency/Rapid Response
* Increased social skill teaching
* Self-management training & support
* Parent training & collaboration
* Functional Behavioral Assessment (FBA)
* Alternative to out of school suspension
* 4-7 discipline referrals/time outs
* Attendance letters
* Referrals to outside agencies
* SBIT
* STEP

TIER 2 SMALL GROUP TARGETED INSTRUCTION
83-86% of the population

Documentation of interventions & student progress are required.
Data utilized to identify students & measure intervention effectiveness

Core Instructional Interventions
* All settings, all students
* Preventive, proactive
* School-wide social skills teaching
* Teaching school behavior expectations (PBIS)
* Effective classroom management
* Positive reinforced systems
* Firm, fast & corrective response to problem behavior
* Community & service learning
* 1-3 referrals- Tier 2
* Time outs- not office level
* SBIT (Tier 2)
* School-wide incentive system
* School-wide acknowledgements of students' success
* Good Behavior Game

TIER 1

UNIVERSAL BEHAVIORAL EXPECTATIONS
All Students-100% Receive

Figure 3: Four-tier Behavioral Framework for Warren School, Grades 6-8.

Within this densely packed diagram of shapes, colors, and bulleted lists, two items are given quantitative parameters: the number of students in each tier and the number of ODRs typical for that tier.[18] Tiers 1 and 2 are green, Tier 3 is yellow, and Tier 4 is red. The targeted percent of students per tier is listed inside the pyramid, while the actual percent and number of students currently placed at that tier are in the boxes to the left. The number of ODRs typically expected per tier is in the color-coded boxes to the right, part of a bulleted list of criteria that qualify a student for placement on the pyramid.

The diagram served as a key to the class-by-class pyramid maps that surrounded it. Every child in the school was mapped on the pyramid. According to the social worker, ODRs were the most salient criterion for placement of all the factors in the bulleted list. Children in the upper tiers were placed by their ODR count, and also by

---

[18] The arbitrary cut scores were determined at district level meetings on PBIS. One of those meetings is the subject of a detailed scenario at the end of Chapter 6.

their apparent failure to respond to interventions attempted in lower tiers. Taken together, the pyramid maps formed a visual database of all students, their level of disorderly behavior, and their response or lack thereof to efforts to return them to compliance. Furthermore, it depicted the deployment of resources to meet those "needs" as they had been defined. Each tier had its own set of interventions, and the resources attached to them. Because they increased in intensity, the student data and the intervention resources also discursively created student identities of more and more disorder in both senses of the word—a) unwanted behavior and b) possible pathology.

Counter-narratives on ODRs. Referrals were based on teacher judgment. The student behaviors documented in ODRs received much analysis. However, the judgment of the referral *authors* was rarely scrutinized, except in occasional instances of individual teachers.   All the leaders in this study agreed that they might question the judgment of a teacher who seemed to write an excessive number of ODRs. (Later in this chapter, an extended example of a data analysis meeting in Lakeview includes such a discussion.) Two superintendents—Silva in Greendale and Ferrara in Pleasant Hills—were the only leaders who supported a critique that ODR data might be suspect, or draw attention away from other more salient considerations.

ODRs as dubious data. Silva described the syndrome of teacher incompetence resulting in excessive ODRs.

> You have all these referrals because students come in, and the teacher's sitting there for ten minutes, pulling herself together or getting the lesson together, and leaving you to "journal" or do something that has no rigor. The kids are off the wall. We don't take that into account at all, because we're just focusing on, "See, here's another disciplinary referral." There's no question of a teacher who can generate 25 disciplinary referrals in a month.

> By offering this hypothetical scenario, Silva told the interviewer that she was

describing a widespread condition in her district. She rhetorically empathized with the student and objectified the teacher in this excerpt, by talking about "you" the student who had been assigned work "that [had] no rigor." Silva offered a hint here that she regarded student-centered assignments as less valuable when she characterized journaling as having no rigor. If so, this indicated that she expected curriculum-centered pedagogy to be the source of academic rigor. Such rigor would presumably have prevented "off the wall" behavior from students. The teacher "herself" was "just sitting there" or doing last minute preparation as the lesson began. Silva discursively constructed "off the wall" disorderly behavior as a predictable consequence of incompetent teaching.

Such scenarios ought to show up in monthly data reviews, Silva instructed the listener. She expected her administrators to notice the data point of "25 referrals a month" that could be written by this hypothetical teacher. "Can generate" signaled a diagnostic discourse vis-à-vis the teacher. "Can" implied a deep-seated tendency in the teacher. "Generate" implied that the referrals were suspect; they were not trustworthy documents of student behavior.

Silva's critique went beyond skepticism about referrals and the teachers who wrote them. She recognized that current data analysis scrutinized the student, but ignored the teacher. "There's no question of a teacher who can generate" the apparently excessive and alarming "25 referrals a month." Instead, she decried her administrators' myopia as they "just focus[ed]" on "another discipline referral." The skepticism may have had something to do with her relative newcomer status in Greendale. This interview took place within Silva's first year as superintendent for the urban district. It was conducted as a form of member check, in which I sought her interpretation of

observations and other data I had collected previously. Our subject positions felt somewhat similar in that conversation: she as comparative new arrival, me as immersed researcher. I took the skeptical stance as indicative of that stance—critical, a bit detached, gathering information to be used at some time in the future. Nonetheless at this juncture, skepticism did not impel her to call for any changes to the developing RTI/PBIS system.

   ODR data focuses on compliance rather than learning. During a leadership team meeting in Pleasant Hills, Superintendent Ferrara supported a critique of the focus on ODR data. The meeting was called to review the district's progress in implementing RTI/PBIS. Director DeMartino and Coordinator Vinter attended, along with other district level administrators.

   DeMartino reviewed changes that they were making in conducting Functional Behavioral Analyses (FBAs). She shared a checklist that was intended for students with emotional or behavioral disabilities. She also suggested that a simplified version could profitably be used for all students. She did not specify that it could be used for students exhibiting disorderly behavior. At this point, a colleague in the meeting questioned the emphasis on order and disorder. The following dialogue ensued:

   Director of Curriculum, Learning, and Assessment:
         Does the checklist talk about behavior for learning?

   DeMartino:
         So far, much of the discussion centers on asking, "How does the behavior
         impede learning?" So that makes a shift to academics.

   Director of Curriculum, Learning, and Assessment:
         We've had meetings where there's a disconnect between improving
         behavior so we can learn…. If folks are turnkeying, is it for compliant
         behavior, or is the purpose of behavior plan behaviors for learning?

   DeMartino:

I see it as behaviors for learning.

Coordinator of Guidance:
We look at antecedent causes. Also, teacher can develop empathy by seeing causes.

Ferrara:
We probably need to pay attention and listen at each building in how they are in that process. Some are looking at how do I engage in success for learning, whereas others are into "They've done something wrong, how do I get them to comply?' Still, people operate under the thought that for every misbehavior, there's a consequence.

DeMartino initially used "behavior" synonymously with "disorderly behavior" that might "impede learning." Her colleague attempted to reframe "behavior" as also including behaviors that were themselves evidence of students learning. To make the redefinition clearer, she contrasted learning behavior with compliance. DeMartino accepted this redefinition, but the Coordinator of Guidance pulled it back to diagnosis of disorder. Currently, she said, they analyze for "antecedent causes" for noncompliance, hoping to promote teacher empathy for students. Ferrara, however, appreciated the distinction between a diagnostic process that emphasized compliance as the goal—especially when stuck in the disciplinary discourse of "misbehavior" and "consequence"—and one that promoted "success for learning."

For the moment, Ferrara and the team seemed content to note the distinction, yet not do anything about it. Each leader in her own sphere was willing to accept a different discourse for behavior. The Coordinator of Guidance was engaged with returning students to orderly behavior, and thus emphasized this medicalized discourse. By contrast, the Director of Curriculum, Learning, and Assessment drew attention away from compliance toward other (unspecified) "behaviors for learning." Ferrara's major focus had been getting her district to move away from a simplistic disciplinary equation of

misbehavior and punishment.   Thus, both she and DeMartino were content to have a

focus on behaviors rather than on infractions. Nonetheless, medicalizing discourses that

could turn generic use of the term "behavior" actively into "compliance" appeared from

this example to have been developing more apace in Pleasant Hills than others might.

Attendance Data

Aside from referrals, attendance data also arose in interviews and observations.

Like ODRs, poor attendance was regarded as a leading indicator of a troubled student.

Thus, attendance percentages and their significance in data analysis was the second type

of data that was commonly of interest in the five districts of this study.

Attendance as another diagnostic screen. There were numerous references in

observations and interviews to using attendance data as a method of identifying students

who might be eligible for RTI/PBIS interventions. It was regarded as an early

indicator—a kind of canary in the behavioral coal mine. The PBIS planning meetings in

Greendale particularly emphasized this discourse. They were searching for an attendance

percentage that would clearly move a student from Tier I to Tier II consideration.

Similarly in a very different district demographically, Lakeview Superintendent Boniwell

reviewed attendance statistics monthly with his administrators. Students with the most

tardies or absences became objects of further inquiry. Later in this chapter, one such

session is analyzed for numerous discourses of data analysis.

Attendance as diagnostic corroboration. In the diagnostic discourse

surrounding an individual student, attendance was sometimes employed as data that

corroborated other deficits. Often, it was tied to a deficit discourse around family. For

example, three teams in three different schools functioned effectively the same way to

analyze the root causes for disruption or disorder from individual students. At Lakeview Elementary, this was the School Based Intervention Team (SBIT); at Greendale's Jones School, it was the Student Staff Support Team (SSST); and at Fairview Middle School, the RTI team. Field observation data showed that each team flagged students with notably high number of absences. Furthermore, each team interpreted that flag as an indication that the child lived in a dysfunctional home.

Principal Ingraham facilitated the Jones School SSST meeting. Throughout the meeting, the staff involved used of the diagnostic training that Ingraham gave the year before in her staff development class on social-emotional learning. For example, two students who were "having some problems," including "violent acts" were discussed one after the other on the agenda. The social worker noted that poor attendance tied the two of them together "in the same category." In both cases, the team identified an absent or neglectful parent as a root cause of the student's disorderly behavior.

Lakeview's Elementary's SBIT was facilitated by Principal Blanton and attended by Special Education Director Carson. One first grade teacher presented a student as "smart but disruptive." His attendance had declined because he was being picked up early each day. The immediate explanation was that his father was home more because he has lost his job, and simultaneously, the students' disruptive behaviors had increased.

The RTI team at Fairview Middle School considered the poor attendance of one student, who troubled her teacher. As they looked into the causes of her numerous absences, they noted that the girl's own illness may not have been the issue. They presumed this because the social worker had sent home coupons for free asthma medication with the student. They presumed that this intervention dealt with the issue of

the illness itself.

Instead, they believed that the student was required to accompany the rest of the family when anyone had to visit the doctor. At this point, the team conflated several identity markers. First, they commented that this family's pattern of visiting the doctor all together may have had its roots in their Hispanic culture. Second, they noted that several other children in the family had formal diagnoses of emotional disturbance. They implied that the girl may have had the same diagnosis, or may have been pulled out of school to cope with the needs of family members. In either case, the stigma (Goffman, 1963) of one family member's illness spread to this child during the team's data analysis. Finally, the team puzzled over distinguishing the child's intention from her ability. "I can't tell if she cannot or will not do the work," remarked her classroom teacher. Either possibility was evidence of some internal defect of the student, because the school saw productivity and compliance as desired behavioral norms.

Culture, family, pathology, and disorder commingled in this discussion. All four areas were putative causes of the girl's unwanted behavior—in this case, poor attendance, which they planned to monitor more closely thenceforward. The RTI team looked everywhere but at whether the classroom might be a place this child wanted to be. The team had many reasons she might be pulled away from school, but never considered reasons she might be pushed away from it. Diving into several areas of explanation, based on supporting data, gave the team the sense that they were being thorough and rigorous in meeting student need. The data they used drove them toward fitting interventions. Yet, they left themselves out of the examination, never examining their assumptions about culture, teaching, or power.

In examples from each of the three districts, attendance was one piece of data in a medicalized discourse. Each team described attendance problems the same way a doctor might check for fever. Poor attendance indicated some deficit. Fever does too. However, neither poor attendance nor fever alone are sufficient explanations for the more troubling disorder. Thus, the teams turned their diagnostic gazes toward other associated deficits that might also be attached to disorderly behavior.

Data in Assessments and Intervention Plans

Functional Behavioral Assessments (FBA) and Behavioral Intervention Plans (BIP) were prized by these inclusive leaders as major tools for interrupting the disciplinary process and moving it to therapy. This arose especially in Clearwell, Greendale, and Pleasant Hills after they had been cited by the State Education Department for suspending too many students with disabilities (State Education Department, 2011a, 2011c, 2011e). Thus, a single data point from the state pushed each of the districts to construct or improve processes that were data-driven for working with students who exhibited disorderly behavior.

FBA/BIPs on the pyramid. Clearwell's Director Galliano made it a mission to disrupt the exclusionary practices of her district by insisting on a thorough FBA/BIP process. As a new leader in the district, she found that they had written FBAs and BIPs, but had done so expediently and carelessly. Her critique and recommendations were built on the pyramid model of RTI/PBIS.

> Kids were getting BIPs. Kids had aides for behaviors. A BIP was never tried. No Tier 1 and Tier 2 interventions were tried. Before a request comes for an aide now, I make sure that a BIP has been done or and FBA has been to determine the need for a BIP. The cart comes before the horse. BIPs are thrown out left and right for kids prior to any Tier 1 or Tier 2 interventions.
>
> We just put a process into place… Each school has an SST, which is a student

support team, and they need to document interventions put into place to support behaviors. They need to collect data so by the time it gets to the level of an FBA/BIP, which is a Tier 3 intervention, we should have exhausted many, many possibilities for this student and not just quickly rush to the BIP. Kids were being sent home as part of a BIP.

Much of Galliano's focus here was the systematic application of FBA/BIP in the pyramid of tiered interventions and diagnoses. However, it is key to note that she required data as documentation for the system to run. The data in question was the student's failure to respond to the interventions previously attempted. She made it clear here that those failures constituted important diagnostic data. Without that key component, FBA/BIP could become suspension with another name, as she indicated that "kids were being sent home" as part of their behavioral intervention plan. Thus, the use of data discursively rendered the practices of the pyramid as true and therapeutic. With data, an FBA/BIP fit on Tier III of the pyramid. Without it, a BIP was punitive.

Behavioral data in assessment and planning. Data collection and analysis were significant features of this medicalized discourse. In Pleasant Hills, Director DeMartino wanted her psychologists and teachers to focus on several questions in a Functional Behavioral Analysis:

Where's the time? Where's the place? Where's the problem? What are we really looking at behaviorally, and what are we going to focus on?

She emphasized that these quantifiable data points would reveal the truth of "what we are really looking at behaviorally," and thus what their response should be.

DeMartino reported to the superintendent and administrative team on their efforts to use FBA/BIPs more thoroughly. In that meeting, the team agreed that by virtue of analyzing behavioral data, "you now see patterns," and thereby "take the bias out" of seeing students and their noncompliant behavior. Superintendent Ferrara pointed this out

when she used the example of a teacher who told her that "research indicates that cognition and brain function are impaired" due to poverty. She regarded this as a dubious use of science to buttress deficit thinking about students.

> We have to be very mindful of any biases relevant to children of poverty, children of color, children of other cultures. Children perceived to be different are getting a filter of "oh, there must be something else."

Hence, she endorsed the use of FBA/BIP data analysis of the child's behavior as it was observed to parry preconceived notions of scientific racism and classism.

Nonetheless, the team did not question the FBA's gaze as limited to the child. Looking again at DeMartino's basic questions for the FBA, the role of adults or of the power structure of school itself was left out. Pleasant Hills may have been endeavoring to replace classism and racism with a medicalized discourse that they feel is culturally neutral. However, it remained a deficit model, constructing an identity of a student with an internal disorder.

Behavioral data enhanced by other clinical data. Lakeview leaders were similarly convinced that FBAs and BIPs reveal truths about students because they rely on thorough data analysis. Director Carson worked hard to build that capacity amongst her educators. Indeed, data analysis was the core skill she sought in a new school psychologist, now in his third year with Lakeview. She wanted her team to concentrate on the following areas:

> Well, we collect behavioral… if it's something like this. We're looking at what's going on. What are the antecedents? What are the consequences? What's the child getting out of this? But we're also looking at a number of things. The psychologist just bought a few more assessments, formal assessments, doing child behavioral checklisting; how the child sees himself or the parent; how the teachers see him; taking the information from the IQ testing and the information from the achievement testing; and really looking at what's preventing the child from progressing socially, behaviorally, or academically. Our team is…I'm really feeling like our teachers are pretty sophisticated in that kind of work.

In the first sentence, Carson expanded their approach to the situation of a child with disorderly behavior. This was a formidable medicalized discourse. They began with gleaning as much as they could from the behaviors seen in school. "Antecedents," "consequences," and the student's goals surrounding the behavior could establish a chain of correlation, if not causation. Indeed, there was even a suggestion that the student was acting strategically with the behavior, when considering "what the child is getting out of" disorderly behavior.

Other clinical tools supplemented that data. Behavioral checklists, IQ tests, and achievement testing were part of the battery. Similarly, they wanted to know how all involved saw the student: family, teachers, and the student her/himself. Again, the gaze remained firmly fixed on the child, rather than on the adults or the expectations and power relations of the school. Data collection moved directly to concerted analysis and intervention planning. In this case,

> We took all the data that afternoon, analyzed the data, wrote a functional behavioral assessment plan… Every two weeks we'll come back together and see where we're going on that.

The biweekly updates were performed in the SBIT team meetings. Excerpts from some of those sessions are in Chapter 4. They demonstrate discourses of compliance and pathology. Another excerpt comes later in this chapter, exploring how the positivist discourses of data analysis supported them.

Medicalized Discourse of ODRs, Attendance, and Behavioral Data

The emphasis on data for screening and analysis of student behavior set up a potent medicalized discourse. The screening metaphor that was used with discipline referrals and attendance invoked a public health discourse. An entire population could be surveyed for factors that supposedly correlated to risks for dysfunction. In this case, the

dysfunction was disorderly conduct in school. Once the population could be mapped, as the exemplary data wall at Warren School demonstrated, then school leaders could make decisions about how to deploy their resources. Discursively, two factors—1) student need and 2) therapeutic resource—worked together to create psychopathological identities.

Interestingly, this discourse proceeded despite the misgivings that leaders had about the baseline data. They suspected that teachers blamed students for misbehaving when the teachers themselves were either biased or incompetent. Yet, the diagnostic and prescriptive gaze did not move off the student. The next section of this chapter explores how technological tools enhanced that myopia. Then, several examples of data analysis demonstrate how this medicalized discourse worked in practice.

Computer Technology Enhances Data Analysis

All five districts maintained discipline and attendance data with modules in their computerized student data systems. For example, Fairview used School Wide Information Systems (SWIS, 2012), Greendale used eSchool (eSchooldata, 2012a), while Clearwell and Pleasant Hills used SchoolTool (SchoolTool, 2012). Lakeview had their own in-house software, though they were in the midst of converting to SchoolTool also. They aspired to using that technology as a tool to screen and track the full population of students, as in the first level of an RTI/PBIS pyramid.

Figure 4: Screenshot of sample Office Discipline Referral data entry from School-wide Information Systems (SWIS, 2012).

Digital data technologies. These electronic databases of student information included basic biographical information, academic grades and scores, disability status, and discipline records. The data entry screen for Office Discipline Referrals from SWIS was typical of these software packages:

Each of the fields had a predefined menu of options. "Location" includes "classroom, bathroom, playground, office, bus loading zone," etc. "Problem Behavior" was customized to cover the list of behaviors delineated in the district's Code of Conduct. "Administrative Decision," included the disciplinary options also found in the Code of Conduct. "Staff" contained the full list of teachers and staff, indicating who cited the student for an offense. The optional fields allowed fine-tuning the ODR either to include a particular kind of victimization ("Extra Info: Harassment")[19], a more specific location

---

[19] The sample page displays a list including "Ability, Gender, Racial, Religious, Sexual, or Other" (SWIS, 2012).

("Extra Info: Hallway"), or further disciplinary measures ("Extra Info: Additional Admin

Decision").

Entering discipline data with this amount of detail was not by itself a hallmark of

RTI/PBIS. The diagnostic value came with the ability to generate a report on any of

these fields. Once that information was contained in the database, these software

packages turned students and their behaviors into data points that could be manipulated.

The discipline module of eSchool promised administrative users that they could gain

"Control" via the capability to "discover and analyze behavioral patterns."
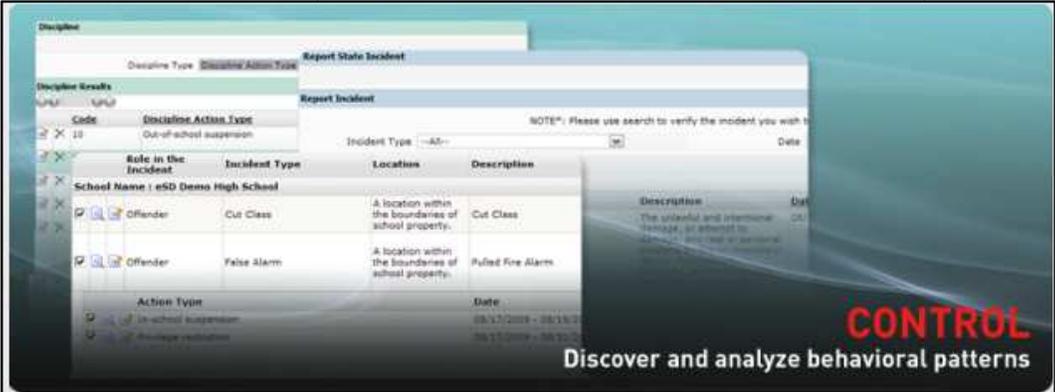
Figure 5: Screenshot of eSchool discipline module summary (eSchooldata, 2012a).

Digital data technology as surveillance. Two notable themes were evident in

eSchool's advertising: 1) surveillance and 2) validating discourses of disorderly behavior.

The surveillance power itself came in two forms. First, when students and their

behaviors were "individually stored while also being globally categorized and reported," they were simultaneously seen as individuals, but also had specific identities created for them that only had meaning in this disciplinary classification system. Thus the technology offered educators a way to know all students, both individually and collectively, but also restricted that knowledge to the data recorded. An end-user of the technology could thereby aspire to being informed about all students or any single student within seconds of clicking on the right buttons. However, that knowledge—regarded as true because it came through an apparently impartial, unprejudiced database—was limited to the biographical and disciplinary data that had been entered.

Second, the package offered surveillance power by making its information available to families, teachers, administrators, and the State. It allowed parents and guardians with online access to view their child's discipline records alongside academic and health records (eSchooldata, 2012b). It would collate discipline data for the school or district as a whole into the reports mandated by state regulations, and even adopted mandated descriptors for behavioral incidents. And along with the ability to compose reports for administrators, it could be an instant alarm that a disciplinary incident was underway.

The panopticon, in Foucault's (1979)formulation, is powerful because it is a technology of surveillance used by authorities to watch and control the population over whom they have authority. It is a unidirectional technology. While in the case of eSchool a parent may have had access to the data, only the school had the option to decide where, when, and how to cast the gaze of the instrument. And never were students, families, nor the broader public given the option to focus the instrument's gaze

on the school itself or the educators within.

Data patterns revealed "truly" disorderly behavior. The diagnostic power to "manage, analyze, and proactively report behavioral patterns" gave epistemic force to this data. In other words, patterns conferred truth. In this case, the behaviors being probed for patterns were all judged to be disorderly. There were no fields on the data entry form for behaviors such as kindness, empathy, or diligence, for example. The technological gaze was squarely on disorderly behavior.

This was the feature that leaders in Fairview and Greendale in particular believed they could exploit. Principal Underwood at Fairview Middle School was already proficient at RTI. Nonetheless, he was eager to grow further by analyzing data with the aid of technology. He aspired to reviewing the data monthly, during which

> I would just look to see if there are any patterns or things happening at certain times during the day or settings in the building; specifics we might be able to look at differently. For instance, we know we have some behavioral issues around bathrooms. Most of that is during the lunch periods. No surprise. Some of the kids who are in there... It's the 4th grade bathrooms... Not necessarily 4th grade. The 4th grade bathrooms are near the cafeteria, so we have the older kids going in and out of there. We have to have much more monitoring, because otherwise they make a mess in the bathroom. Those types of things. I know those... But I know there are not a lot of referrals that would document that, because unless you catch the kid... So we know where there are some areas that we need to be more... I need to be more visible during the day.

The search for "patterns" established a positivist diagnostic discourse. Patterns discursively established truth for Underwood, as it did for the software vendors. Furthermore, patterns might correlate with his preconceptions, and thereby come as "no surprise." Truth claims about seeing students as disorderly had two mutually supporting pillars this way: 1) technologically generated data patterns and 2) prior assumptions about these students and behaviors.

Interestingly, Underwood hypothesized about the possibility that more

surveillance—monitoring the bathrooms at lunchtime—would generate a more complete database. He did not presently have enough "referrals that would document" the cause of the messy bathrooms, because no adult was on duty to "catch the kid." In the final two sentences, he showed that he understood the need to increase surveillance, and took personal responsibility for "being more visible." But this was a curious turn of phrase. Adult presence—and particularly his presence—would not simply "catch" disorderly students and "refer" them to the database. It would also deter students from messing up the bathroom. Adult presence was clearly constructed here as the pervasive presence of disciplinary authority.

This was a crucial connection. Discursively, technology and data analysis were intertwined as strands in a mesh of surveillance and discipline. The software packages offered that kind of control, and an exemplary practitioner of the RTI/PBIS pyramid clearly spelled out how he recognizes that potential for his own school. He thought he could understand in detail what was going on—more specifically what was going wrong—and then design the apt exercises of authority.

Digital data technology for screening. Greendale administrators identified a further diagnostic capability of their technology. They hoped to use it as a screening tool, in which they generated and review data reports, and discerned patterns in the population of students as a whole. Several observations showed evidence of this use of data technology. In two RTI/PBIS planning meetings, Greendale's Special Education Director Quinn supported his team's desire to use eSchool reports of attendance and ODR data for this purpose.   In another meeting convened by the "We Will" Education Foundation (WWEF) partnering with Greendale schools, there was great enthusiasm

about data technologies screening students to receive therapeutic services by external

agencies.

The RTI/PBIS planning meetings included district personnel and representatives

from partner community agencies. One member of the planning team was a

representative from WWEF who drew on her management experience. She insisted that,

"For attendance, we need strategies and data." She pursued that point further, asking,

"What percentage of the district has eleven-plus office referrals?" Quinn acknowledged

that this was important to know in order to determine the appropriate thresholds between

tiers in the PBIS pyramid. When his PBIS Director volunteered, "Hopefully, we are

getting a data management system in place," Quinn nodded vigorously.

Superintendent Silva invited me to observe a similar, but higher level, meeting on

the topic of including students who are regarded as having behavioral or emotional

disorders. WWEF convened this meeting of its "Operating Group." The representative

from the county government was very excited about the use of data technologies for

screening. She reported that external mental health counselors and social workers were

being deployed to the schools, and were identifying their potential clients with data

screens. "The red flag goes up at 80% attendance," reports the representative from one

counseling agency.

In this discourse, the data technologies were considered as a means of knowing

the entire student population accurately. The metrics of attendance and office referrals

could supposedly identify (or "screen" in the parlance of RTI/PBIS) students who were

disorderly or disengaged, who were thus potential clients for intervention. At the

RTI/PBIS planning meetings, this gave the pyramid epistemic validity. Thus, displays

like Warren School's data wall in their "war room" became emblematic of an effective and truthful way to map out how a school is working with children's disorderly behavior. Discursively, the technology gave quantitative heft to the medicalized identities enshrined in the pyramid. Indeed, that truth claim was even more direct at the WWEF Operating Group meeting, in which they celebrated screening out students for mental health counseling by partner healthcare agencies.

Three Scenarios of Data Analysis

Three scenarios presented below demonstrate these discourses around the epistemic value of data and data analysis. The first comes from Lakeview, in which the Superintendent conducted monthly administrative team meetings to screen the student population via attendance and discipline data. The second scenario is from Clearwell. Here, the superintendent believed in the power of data analysis to compel a shift toward inclusion. However, the strategy backfired on her, and turned into an opportunity for educators to blame students they regarded as having emotional or behavioral disorders for the district's troubles. The third scenario is a return to the WWEF Operating Group meeting in Greendale. It demonstrates not only their faith in data technology tools to screen and know students well, but also their aspirations to go considerably beyond attendance and discipline data.

PBIS Screening via Data Analysis

In Lakeview, the leadership team was deeply committed to data-driven work. "We are always looking at data," reported Superintendent Boniwell. Special Education Director Carson and Principal Blanton concurred. For example, they all pointed to the hiring of their school psychologist as evidence of this commitment. Among the

psychologist's chief qualifications were his ability to collect and analyze behavioral and cognitive psychological data, and to teach other teachers how to do so as well. In a small district such as Lakeview, personnel was policy (as the saying goes), and this personnel move was proffered as an indicator of the district's engagement in data-driven decision making.

As another indicator, the superintendent ran monthly data review meetings with his administrators. He invited me to one of those sessions as an opportunity to observe his inclusive leadership in action. Data review was the vehicle through which he got involved in many aspects of the district, especially their state-mandated Comprehensive District Education Plan (CDEP).

> I run CDEP. Most superintendents do not run CDEP. I say, "Run it." I am the facilitator. I do the agendas. I facilitate the process. I do not want to be just the budget guy. I want to be the curriculum guy, too. I want to be part of the total educational plan. I do not like sitting in my office. I like getting out and being involved in stuff and so CDEP is just one of the things that I as a superintendent I like them to know I like to walk the talk. I like them to know that, "Guys this is important. This is really important. This is really what is going to move this district forward." So, I facilitate it. I play a major roll in it so they see that, "yeah, the superintendent is part of this." And I train with them.

At the November data review session, he led the team through a month-over-month comparison of discipline referral (ODR) and attendance statistics. The first agenda item was a chart that broke down ODRs and attendance by category of offense—disrespectful conduct and speech in ODRs, late and tardy in attendance, for example. This chart was focused on students and the behaviors for which they had been cited. The second agenda item was a chart of ODRs broken down by teacher, indicating who wrote how many referrals. Within each item, conversation moved back and forth from broad statistical month-to-month comparisons on the one hand to analyses of individuals on the other.

When the discussion was about overall statistics on student behavior, Boniwell accepted responses that offered analysis, remedy, and results. For example noting that November ODRs were up, he asked simply, "What's that about?" The middle school coordinator[20] responded that the new class of sixth graders arrived in September "extremely rude and chatty," and that the adults decided more recently "to come down on them." The students had "settled down" and now "realize that instruction is important." Her analysis highlighted three factors in an order/disorder discourse: 1) students exhibited widespread mildly disorderly behavior, 2) adults imposed discipline, and 3) compliance was restored. She read student compliance as internalizing a school value that "instruction is important." Boniwell nodded his approval.

A similar dialogue ensued later in the meeting regarding a spike in referrals for tardy students. During September and October, teachers allowed students leeway to acclimate to the schedule. In November, they were "cracking down" on "kids playing games."

Another data analysis of individuals interwove with these group analyses. The early deliberation on ODRs for all sixth graders merged seamlessly into a discussion about the single sixth grade boy who had the most referrals. He had been cursing and defiant in class, then denying he behaved that way. The administrative team believed that he acquired that behavior in "the world he lives in at home," especially because "that man treats him terribly." The superintendent actually met with the boy only hours before the administrative data review session. He informed the student that expulsion was an option he might use, and felt this got "the message across" that the student ought to behave in

---

[20] Lakeview did not have a principal at this level; only for elementary and high school.

school, particularly because home was so awful. Boniwell regarded his conversation with the student as promoting inclusion. He set up school as a better place to be than home, and so the student was welcome here as long as he behaved appropriately. As the administrative team discussed this student, they employed several of the deficit discourses that were evident in the School Based Intervention Team (SBIT) meetings held at Lakeview Elementary School: 1) family-as-deficit, 2) establishing a pattern of disorderly behavior, and 3) justifying possible exclusion.

Similar examples came to light later in the meeting. Although they were not identified by name, a group of students also with many ODRs was a source of worry for the middle school administrator. She worried about "wearing the hat backwards" and "that bad-ass attitude." Boniwell labeled that behavior as "urban." One of his administrators called it "style," but Boniwell replied, "Not in Lakeview." This coded language for racial culture clash went unchallenged by the team. Boniwell was the boss after all, and had been very clear that he set the terms of discussion. Instead, the middle school administrator substantiated the students' ODRs by saying that, "The other issue is attitude. They don't do work or anything." Boniwell asked how the middle school leader was talking with the teachers on this issue. She responded that while the teachers were negative, she tried "to be more proactive."

Boniwell accepted that as data-driven leadership, because he moved on to the next agenda item on the meeting. He further reinforced two legs of the data-driven discourse: establishing a pattern of student disorderly behavior, significant in the "hunt" for disability (Baker, 2002). This discourse also read student identity as deficit—in this case, it is may have been race, as the code "urban" suggests (Morris, 2005). Although he

inquired as to teacher responses, he did not interrogate their negativity, and furthermore squarely centered Lakeview's culture as the acceptable norm.

Disability entered the data review meeting as another deficit identity, though only briefly. Boniwell asked if there were "any special needs kids in this bunch" of discipline referrals. The team told him there were not. Notably, the data as presented were not broken down by any student identity category other than grade level. Nonetheless, the superintendent expected his leaders to be conversant with the disability labels of students, and especially attuned to whether or not they were showing up in discipline statistics. Furthermore, behavior took precedence over disability identity in this exchange.

Boniwell's leadership here was complicated. On one hand, leadership literature on inclusion and social justice suggests that leaders ought to know their students' complex identities—how race, class, gender, ability, sexual orientation—come together (Bogotch, 2002; Frattura & Capper, 2007; Larson & Murtadha, 2002; MacKinnon, 2000; Marshall & Oliva, 2006). On the other hand, the simultaneous evocation here of disability and unruliness was potentially problematic because it may have elided the two as deficits.

As a third possibility, it may also have signaled Boniwell's participation in the audit culture to which he was also subject. When students have been suspended for more than ten days in a school year, a nexus hearing is required in which the school determines whether or not the disability was at the root of the offending behavior. If so, then the school is required to put in place a Functional Behavioral Assessment and Behavioral Intervention Plan.

When the team reviewed the chart of ODRs by teacher, a few individuals were

discussed either because their referral count was significantly up or significantly down. Those who were up were described as "stubborn" or "negative." One who was down was praised for "growing up" and "acquiring a new method of teaching," which included calling a student's parents. However, none of them were scrutinized for their identities, as the students were. Data-driven analysis of adults was silent on this. Furthermore, the meeting never took up questions of overall culture or power relations in the school. The persistent and thorough gaze of a data review meeting in Lakeview was on students and their deficit identities.

Data Analysis and Scapegoating

Superintendent Turnbull in Clearwell also put data front and center in her quest to change deficit thinking about students. In one illustrative meeting, she pursued this strategy, even though her teachers and principals made precisely the opposite interpretation. Turnbull held a meeting with middle school faculty to share statistics from SED demonstrating that two groups of students—those with disabilities and those living in poverty—were performing poorly in English and math (State Education Department, 2012a). Reflecting on this meeting afterward in a follow-up interview, she explained that she expected this data to shift the conversation away from deficit thinking. Paradoxically, she found that teachers use the scores to confirm that thinking.

> Statistically, looking at the cohort—and I'm sharing this with them, too. When you look at our students with disabilities in any one of the classes in the middle school; sixth, seventh, or eighth grade; consistently 50% or higher are also classified as living in poverty. So there is some level of correlation there. It's not tight, but it's there. Part of my point of bringing that up, and part of my point of showing them that the gen ed data is also dropping, is that what we need to address is not just our strategies with students with disabilities or our students living in poverty. We need to address our instructional strategies and the rigor of our curriculum, period. That was a message they did not want to hear. They were more comfortable when they could put it in a nice little box, this group of students

or this group of students.

Turnbull believed the data would speak to all her educators, as she introduced this reflection on the meeting. She signaled her orientation to using data with the quantitative terminology she used: "statistics" to be shared with all faculty; the student "cohorts" that could be "classified" via various data labels (grade level, disability status, or economic status); "correlation" between subgroups; and the comparison to the presumed normative group, known here as "gen ed". [21]

Several discursive strategies were at work here. First, the quantitative lexicon communicated that her argument was driven by positivist discourse. As leader, she had the authority to set the terms of discussion. Therefore by using this vocabulary, she signified to me in her post-observation interview that positivism would hold sway. Achievement scores were important for what they said about students, and about teacher responsibilities. This was especially so as the scores were disaggregated by data-derived student identities. She shared these terms with the faculty because she expected them to engage in kind.

Second, she established a discourse of normalcy and otherness by distinguishing "gen ed" versus other "cohorts" of students with disabilities or students living in poverty. To be sure, Turnbull recognized that teachers wanted to blame two subgroups of the student population for the overall decline in poor test scores, and she inveighed against that tendency. She argued that they should concern themselves "not just" with these

---

[21] As discussed in Chapter 4, when a single classroom had no students with disabilities, it was called a "gen ed" or "general education" room. When it had both students with disabilities and without, it was often conventionally referred to as an "inclusion classroom." Furthermore, the students with disabilities were also often referred to as the "inclusion students," thus marking them as the "others" who had been included in the normate group.

cohorts, but with the "gen ed" students as well. Implicitly, she made an argument for inclusion within this discourse of normalcy and otherness. She pointed to the "gen ed" scores to indicate that Clearwell Middle School needed a pervasive change in pedagogy and curriculum. To her this was emphatically clear ("…period"). However, the superintendent was more emphatic when she reflected in her post-observation interview than during the faculty meeting itself.

In fact, she registered hardly any surprise or displeasure during that earlier meeting. In the moment, the faculty wanted to explain the poor test results by scapegoating students regarded as having emotional and behavioral disorders. Within the normalcy/otherness discourse, the teachers identified this group of students as too much of a drain on teaching in the general education classes. They believed that a recent move to eliminate segregated classes for these students had overburdened general education classes, resulting in poor teaching and thus poor test scores. They used the positivist discourse as well. Several faculty members asked Turnbull for achievement data that would bolster their claim that inclusion had hurt overall scores. In response, Turnbull agreed to look for it and present it at a future meeting. She did not make the case for inclusion here. When she agreed to delay, the strong implication was that the discussion must have all data present in order to proceed.

Later in the post-observation interview, Turnbull considered how robustly her educators wished to blame students regarded as having emotional and behavioral disorders for the schools' achievement ills. For example, she noted that the principals supported the teachers' view that closing the segregated spaces for those students was a mistake.

> Yeah, and they're insisting we need an 8:1:1 back here. As a matter of fact, at the leadership table when we were working on budget development, it was said, 'Well, we need 2 more special ed teachers in this building so we can get a middle school behavior class and a high school behavior class like the elementary has.'

The term "8:1:1" was code for a segregated classroom designated for students with disabilities, in which there would be a ratio of eight students to one teacher and one teacher aide. A "behavior class" was not a class in which any student might learn something about behaving—either in ways school deems appropriate or otherwise. The term "behavior class" meant a class set up to hold students who were thought to have behaviors and emotions so pathologically disruptive that they must be segregated away from the other students and teachers of the school. At the Clearwell Middle School faculty meeting reviewing data, the teachers pressed the Superintendent to reinstate the 8:1:1 classroom. At another leadership meeting, the principals pushed to expand the model from the elementary school up to middle and high school.

During our follow-up interview, Turnbull was incredulous. This was exactly the practice for which Clearwell had been sanctioned by SED. Because of their high suspension data the year before, Clearwell earned an Indicator 4 citation for disproportionately suspending students with disabilities. In this case, the citation elicited an investigative site-visit from SED and mandatory reforms.

> So, when they came in, though, and they saw how the 8:1:1 class was functioning in this building, they were absolutely appalled, because it was nothing more than a holding pen. There was no instruction, literally no instruction. A student would go to it for that period, and what we found out... I've got to say, I'm... This is why I'm glad the state comes in sometimes, because this was not at all clear in anything I saw. The student's schedule would say, 'Social studies with this teacher this period.' High school students: 'Social studies with this teacher, this period,' and it was the 8:1:1 teacher.

Turnbull was relating a practice by which her building leaders disguised a holding pen as a social studies classroom. Despite that subterfuge, the district's suspension data raised a

flag with the state.

Turnbull saw that citation as support for her agenda of inclusion, because it "drew them [SED] into some of the behavior issues in the school." To that end, the superintendent continued to regard data-driven agendas as the means by which to bring about reform. For example, she brought in a team of consultants to review the achievement and suspension data with her administrators as a next step. Even so, the administrators clung tenaciously to scapegoating and exclusion.

> We're spending two days working on strategies to keep the kids in the classroom; not keep them in there as prisoners, keep them in there as successful students. During those two days, five kids were suspended. The principal actually had to come out of this meeting about 'How do we not suspend kids' and suspend kids, literally, ISS and OSS; in-school suspensions and out-of-school suspensions.

Turnbull's hindsight displayed outrage about exclusion and deficit thinking. However, her leadership in the moment relied instead on data to be persuasive. She continued to expect that her colleagues would find achievement and suspension data just as unacceptable as she did, and that they would be inspired to change their practices accordingly toward inclusion. She hoped they would see the data the way she saw it. However, the educators preferred more segregation and suspension of students they had labeled as emotionally or behaviorally disordered. In the meeting with her, middle school teachers posited that their achievement scores had gone down precisely when and because those students had been placed back in their classrooms. And high school administrators deliberately camouflaged segregated classes with innocuous labels in the master calendar. This evasion was their response to the SED audit, whereas Turnbull had expected that both the data and the authority of the state would persuade them to make inclusive changes.

Technological Surveillance and Screening via Database Tools

In Greendale, both Superintendent Silva and Special Education Director Quinn invited me to observe their leadership in action at meetings that involved partnerships of district and community leaders. To demonstrate that commitment, Quinn's PBIS planning meetings were in fact facilitated not by the district's PBIS Director, but instead by a counselor from a partnering agency, Neighborhood Assurance. Silva suggested a meeting of the WWEF Operating Group. The Operating Group hoped to replicate the well-known model of the Harlem Children's Zone (Whitehurst & Croft, 2010). It included the leaders of many of the organizations present at the PBIS planning meeting. Participants included the Superintendent's Chief of Staff, the foundation's Chief Operating Officer, teachers' union president and vice president, mental health agency representatives, and liaisons from the mayor's office and county government.

As noted earlier in this chapter, the WWEF Operating Group celebrated their use of data technology to find students eligible for mental health counseling. One of the data points was attendance, where the marker was 80% attendance. Notably, the representative from the mental health agency that provided this counseling via school-based social workers called that marker a "red flag." The warning signal alerted a social worker that "something's going on with this family." At the 80% attendance screening cut off, she reported that they had worked with over 1,000 children already in the first year of their five-year contract with the school district.

Her school-based social workers wanted to get involved earlier. "They recommend 95% should be the new standard." However, she added that this would necessitate providing many more counselors. "We don't want to get the referral in April,"

the agency representative emphasizes. She used "referral" here not to mean an office discipline referral, but a referral for mental health counseling.

Government officials echoed the praise. The county government representative summarized the success as, "If we can get Johnny to stop throwing that chair, then the teachers can do their job more effectively." Beyond the immediate effect on school, she was encouraged by this screening and treatment as "primary prevention," because she believed that it kept these students from "showing up in criminal stats." The mayor's representative proposed getting the local press to pick up this success story.

They dubbed this technology "primary prevention," thus extending the discourse of screening into a predictive epistemology. Students were known not only for their current behaviors, but also were known as being at risk for being potential criminals. The iconic behavior of chair throwing showed up again in this discourse, indicating nascent criminality.

The Operating Group sought to go further with this tool. Beyond eSchool's ability to track attendance and discipline data, they hoped to add more school data. They anticipated adding referrals to School Based Intervention Teams (SBIT) and Student Support Teams as part of the screen. And they had plans for an entirely new data set. At the time, they tracked student behaviors as reported by teachers. Looking forward, they wanted to add emotional survey data. They would combine and compare student self-surveys and teacher surveys about the student.

Quinn was not present at that meeting, but described that data in a separate interview. He was intrigued by a tool that could be "an actual screener for social, emotional, and behavioral at-risk." Students would be scored as "failure to thrive, on

track, and on track to thrive." The data would identify

> which students should be targeted for… that high-level counseling piece, those
> kids that might be that kid who does not act out but is extremely depressed.
> Those kids you might miss. It is easy to find the kids that act out. It is a little
> easier to find them. If you have got a lot of kids that do not act out, very quiet,
> they come to school everyday, but in essence they are actually depressed, and on
> this screener they were actually able to identify kids.

In this discourse, disorderly behavior was actually an "easy" identity marker for

students with emotional disorders. Quinn and the Operating Group were eager to identify

a large group of students as eligible for mental health counseling.   Even students'

compliant behavior might mask the fact that they were "actually depressed." Thus, the

diagnostic discourse got more individually intrusive, while still focused exclusively on

the student. Simultaneously, the medicalized discourse of diagnosis and treatment got

more comprehensive as data technologies combined behavioral reports with emotional

surveys, medicalized terminology such as "failure to thrive," and the ability to screen all

students.

> ***Counter-narrative on invasive early screening.*** Superintendent Silva was not so

sure that this would be a helpful development for Greendale. She indicated in her final

interview that she might slow down the momentum for putting it in place.

> So they're trying to identify, early, whether or not students are at risk for
> academic failure by looking at all of these other pieces, particularly
> social/emotional. They're tying this into eSchool so that we have an electronic
> student monitoring system. I am a bit concerned in that everything places you at
> risk, based on... If you've seen the tool, it seems like everything is 'at-risk'.

Silva has two objections to the 'at-risk' construction of the tool. The first

objection acknowledges the epistemic and thereby systemic power of the tool. Silva

takes up the triage need/resource discourse here, because she doesn't believe "we would

ever have the means to truly support students based on how many students would be

identified. I'm sure it would be about 90%." If the students are "truly" at risk based on the tool's analysis, then the district would need to "truly support" them, and that would overwhelm the school system's resources. In fact, the triage argument introduces her more substantive challenge to this screening tool's discursive strategy of medicalizing students. A tool that could identify the vast majority of her students as emotionally deviant strikes her as itself unreliable.

> I also think that we're putting everything on social/emotional problems, poverty, and not putting any onus on the district for not providing more engaging, enriching classrooms so that you have your classroom disciplinary problems.

Silva worried that this screening tool reinforced a prominent discourse in her district that emphasized twin deficits of psychopathology and social class. Furthermore, constructing students as having those deficits allowed the educators to avoid looking at their pedagogy, which she saw here as a more legitimate root cause for classroom disorder.

Silva was at the top of the organization—indeed, she was the nominally most powerful person in the largest school district in this study. So, her willingness to challenge those deficit discourses of psychopathology and poverty complicate the Foucauldian analysis of power. It would be difficult to consider hers a subjugated knowledge, disqualified by the inability to handle the situation at hand (Harwood, 2003). Her authority as superintendent argues against that. Instead, a more humble assessment of her challenge is that it was evidence that psychopathologizing was at least a contested discourse (Carabine, 2001) at this point in its genealogical development. As Silva indicated, the data technologies and the discourses that they privileged left some important questions out. The concluding section of this chapter turns to these silences and absences.

Reading the Silences

Two omissions came to prominence over the course of this study. The first to be apparent was the data that leaders and their districts neither maintained nor analyzed on identities of race, class, gender, and disability. As the above sections of this chapter show, the data analyses were undertaken in dead earnest, and yet profoundly limited. Because I did include students as subjects of this research, I chose only to identify race, class, or gender as they plainly arose in the interviews or observations. When a leader related the story of a particular student, I consciously avoided probing about identities beyond what my respondents offered unbidden because I wanted to avoid any impression that I was investigating the students themselves. Nonetheless, I did hope to further analyze the trends and discourses I was uncovering by looking into both disciplinary and disability data as disaggregated by race, class, and gender. To my chagrin, none of the districts maintained that data, and if the state had it, then I was not privy to it. In a section below, I explore as far as I could the limited data that existed, with particular emphasis on the questions left unasked.

The second salient omission took a while to show itself in my data collection and concurrent analysis. As has been mentioned often in this and previous chapters, this was the failure of the leaders and their colleagues to ask certain questions. They rarely took the time to analyze student strengths as thoroughly as student deficits. Likewise, they failed to interrogate the adults, classrooms, or power structures of the schools. The remainder of this chapter is dedicated to exploring these two areas of silence: a) data not maintained or analyzed, and b) questions ignored.

Absent or Minimal Data Reports

None of the five districts reviewed data on how discipline and attendance figured in identity categories such as disability, race, class, gender, social class, or sexual orientation. As noted above, much of the data analysis began with office discipline referrals (ODRs) and attendance. However, no district disaggregated either ODRs or attendance statistics by any identity category except the grade level of the student (which was explicitly assigned by the school, of course). One possible exception was evident in the data review meetings held by Superintendent Boniwell of Lakeview, at which he expected his administrators to be familiar with the disability status of the students with high ODRs or poor attendance.

SED did track a narrow version of that data. As Indicator 4B of district annual data profiles (State Education Department, 2011a, 2011b, 2011c, 2011d, 2011e), the state provided a Yes/No answer to the following accountability question:

> Did the school district have significant discrepancy of racial and ethnic groups in the rate of suspensions and expulsion of students with disabilities for greater than 10 days in a school year; and policies, procedures or practices that contribute to the significant discrepancy and that do not comply with requirements relating to the development and implementation of individualized education programs (IEPs), the use of positive behavioral interventions and supports, and procedural safeguards?

It was a complex question. Breaking it down clause by clause (Gee, 2005) indicates how narrow it actually was, and how this accountability measure reinforced the medicalizing discourses of PBIS.

1) The students must have been suspended or expelled for more than ten days in a single school year. Thus, they were first identified by the juridical functions of the school district.

2) Those students must have had a disability. Now, they were also identified by the

medicalized functions of the district; they were *suspended* and *had disabilities*,

both as determined by the school district.

3) The racial and ethnic identities of these *suspended* students *with disabilities* must

have been compared to the racial and ethnic identities of other students *with*

disabilities who had not been suspended for more than ten days.

These first three steps established the identities of the students. If there was a significant

disproportion of these students, then the district's actions came under scrutiny.

The second half of this accountability measure focused on the policies,

procedures, or practices of the district.

4) Policies, practices, or procedures of the district must have contributed to the racial

and ethnic disproportionality. Scrutiny now was on what the district intended for

itself, and how it carried that out.

a) Either "policies, practices, or procedures" could have contributed. The "or" in

this section allowed any or all of those three areas to be the culprit.

5) Even if they did contribute, however, they must have been deemed to be out of

compliance with the reauthorized Individuals with Disabilities in Education

Improvement Act (United States Department of Education, 2004). Again, the

"and" is important in the formulation of this auditable interrogation. "Did the

district have discrepancies…*and* policies, procedures, and practices that

contribute to the significant discrepancy…?" (Emphasis added.) *If* the policies

were in compliance, then conceivably, the district could not be held liable for

acting improperly.

6) Just to be clear about the areas of compliance in IDEA 2004, they were delineated

as:

a) development and implementation of individualized educational plans (IEPs) for students with disabilities,

b) involving PBIS in developing and implementing the IEP, and

c) guaranteeing due process rights to students and families in this development and implementation.

This accountability measure moved distinctly from juridical identities (students suspended or expelled), to medicalized identities (students with disabilities), to racialized identities (racial and ethnic disproportionality), to medicalized policies and practices of the institution (development of IEPs with PBIS). The discursive strategy at work here reinforced medicalization as the most powerful way to know students, and as the fairest way for schools to operate. The accountability measure said that medicalization would annul or at least ameliorate both juridical discourses and racialized ones. By narrowing the accountability that districts had on unjust exclusion, Indicator 4B effectively silenced any questions of institutional racism such as ableism or racism.

Kumashiro (2008) and Youdell (2006) both speak to the ways that policy establishes such discourses in complex matters of equity and justice. Kumashiro explains that, whereas neoliberal education policies including IDEA 2004 can regard neutrality and silence as equivalent,

> This distinction between being silent and being neutral is crucial because schools can never be entirely neutral on "political" issues. Silence is not the same as neutrality. Silence can be biased, as when the failure to act in the face of discrimination serves to sanction such discrimination. (Kumashiro, 2008, p. 63)

If the districts were held to such narrow standards of accountability on institutional racism, then it appeared reasonable that they keep no data on how race and disability

arose in their practices. And the absence of such data greatly inhibited the investigation

of racial injustice, as Omi and Winant (1994) have described in broader political

contexts.

Youdell (2006) goes a step further, describing the discourses that render some

students as justifiably excludable.

> Inclusions and exclusions are inextricably linked to the everyday school practices
> that constitute students good or bad, and learners as acceptable or unacceptable,
> ideal or impossible. While such constitutions are necessarily provisional and can
> have unexpected effects, the endurance of particular official and popular
> discourses within school contexts suggests that being made a subject in particular
> ways has far reaching implications for educational inclusion and exclusion.
> (Youdell, 2006, p. 30)

One can see in the formulation of Indicator 4B that if the district was *in compliance* with

its PBIS and IDEA 2004 practices and procedures, then this would justify regarding the

student as worthy of suspension. Indeed, the accountability review only kicked in if the

student was suspended or expelled for more than ten days. So, these were not minor

exclusions, but significant ones, rendering these students in Youdell's words

"impossible" to include.

This is not to say that the districts studied here took no notice of Indicator 4B. Far

from it. Actually, as noted in earlier chapters, being cited as in violation of this measure

was a prod for them to initiate PBIS procedures more rigorously. As we have seen, it

was the motivation to put in place the medicalized discourses that they hoped would

replace juridical ones. It had not however, impelled them to keep any data on race, class,

gender, or sexual orientation, ability, discipline, or medicalized identification in their

RTI/PBIS process.

Disorder Discourses that Ignore Power

In each closing interview, I asked the leaders if their data review process ever

shifted its gaze to adults. All mentioned the instance in which a teacher who had written excessive discipline referrals might be questioned for her/his judgment, as in the scenario above from Lakeview. However, when asked if the review ever caused them to step back and scrutinize the entire school or district, they were hard-pressed to come up with an example. Specifically, when I asked the participants whether their districts might be setting the stage for excessive discipline referrals, nothing came to their minds, except one curiously similar case: cell phone use in school. Possibly, the question I asked cued this response on student culture. I posed the analogy of boys wearing earrings. A generation ago, this would have been regarded as transgressive and possibly disruptive behavior, whereas now it was entirely acceptable. In the present moment, three superintendents reported—Boniwell in Lakeview, Silva in Central City, and Ferrara in Pleasant Hills—that discipline referrals for cell phones had gone so high that they had taken another look at their district's rules and expectations. Possibly the earring example focused their attention on student culture, though I intended to get at how a disjuncture between official expectations and students lives as lived were interpreted as cause for disciplinary action. Nonetheless, the three responses were notable for their insight into these leaders' thinking through discourses of order.

Boniwell caught the rise in ODRs for cell phones during his regular data review sessions.

> I think probably one of our biggest infractions is cell phones, but kids are using cell phones so much today for just about every aspect of their life, and that we have caught kids using them to cheat on exams, to text questions to other kids that are not taking test for answers. It has become a problem where we have parents calling kids right in the middle of class. "Well, it was an emergency." I get all kinds of issues like that, but that is why we keep the data to see. I would say one instance would be cell phone use has been a … and it is used sometimes for bullying purposes and things like that.

Lakeview already had a strict prohibition on cell phone use. Boniwell's response after discovering this pattern in the data reviews?

> We have beefed that up over the years after looking at the data…. Each year in the springtime, we take our data, and we say, "Okay where are our issues? Where do we have to address some things?" Then we take a look at our code of conduct, and we do make some changes each year to address an increase in incidents of certain things.

This was certainly consonant with Boniwell's earlier insistence on protecting Lakeview's culture as it was. When he was given the opportunity to interpret what it means to wear one's hat backward, he responded, "Not in Lakeview."

Similar data got a different response in Pleasant Hills and Greendale. Superintendent Ferrara had led Pleasant Hills for many years, and witnessed a shift. The district once forbade cell phones and confiscated them if used. In recent years, they moved to "guidelines" including an "appropriate use" standard. The shift showed results.

> The guidelines are that you may use it between classes, and you may use it at lunchtime. Now, it's always going to be under 'appropriate use,' so the notion that you could be doing something illegal with it would be unacceptable in any way shape or form; but the point is that we recognize now that cell phones are a primary means of communication in our world, and that students were born into a world in which that is a primary means of communication, whether it's with their parents or their family members or their friends, and if we teach the appropriate use of it en route to college and career, then we're being more responsible as a learning organization than just saying, "You can't have it." The referrals have dropped right off the chart, precipitously, because... Are there still students who, at times, may inappropriately use their cell phones? I'm sure there are; but it is so far fewer now, because they're not having to try and sneak the use of it under their desks and inside their coats, because they know the allowable times when they can use them.

Ferrara felt that data review and reconsideration had brought the district to a reasonable accommodation with modernity. She maintained that illegality remained a hard line, but that in the main, students could be trusted to abide by the guidelines.

Superintendent Silva was new to Greendale, but recognized a similar need to have

their expectations catch up with technologically savvy students. She intended to go beyond accommodations at the margins of school, however.

> How do we use the technology young people bring into the classrooms to advance what we're doing? Our technology department is really investigating this. How can we use a cell phone to advance calculators? We don't have enough funding for that, so how do we use that? How do we use it as a communication device for responding as teachers, in teaching? So we're going to think really deeply about that, so it's not a battle about whether or not you can have cell phones. They're going to have cell phones forever more, until the next things comes out, so you can spend your time fighting about the cell phone, or you can think of a different way to use it that helps you as a teacher and helps the student.

Rather than seeking a disciplinary dispensation for cell phones in certain circumstances, Silva expected to create an instructional discourse about the technology. To begin, her cash-strapped district could not afford to equip all students with advanced technologies. Students were already carrying technology that could supplant district resources. More importantly, she acknowledged as Ferrara did that cell phones were a fixture of student life for the foreseeable future. Thus, she sought instructional methods that built them in, thereby replacing one power struggle with educational collaboration.

Zeroing in on the devices. There were poignant differences in the superintendent's responses to cell phones. One leader implemented more vigilant discipline. One created reasonable disciplinary accommodation. The third sought to avoid conflict by creating a learning environment that incorporated students' resources. Nonetheless, all three superintendents recognized that the Code of Conduct presently constructed these students as disorderly by the Code of Conduct, and that popular media could become an arena of power struggle between adults and students. Mangram (2006) conducts a discourse analysis of such struggles. What is interesting, and what the evidence above suggests, is that the issue of student deviance did not arise in such discourses. Hence, in this case, when these leaders were being asked the final questions

in a lengthy research project focused on inclusion and emotional and behavioral issues, it is notable that they could not think of any instances in which their schools' rules or practices deserved to be challenged on those grounds. They would concede that popular media is contested terrain, and they had different ways of approaching that contest. But, disorderly behavior as we see it defined in Chapter 4, did not appear to them to have anything to do with the power relations of the school.

Articulation and Silence

With one exception, there was nearly complete silence from the leaders studied about any issues of race, class, gender, sexual orientation, or ability that may affect their schools. Some leaders may have questioned the particular judgment of particular teachers. Silva was the anomaly, noting that the *at-risk* designation could conflate poverty with dysfunction. And though some participants in the meetings that plan PBIS or review data occasionally raised issues of class and race, they were dismissed in favor of the medicalized status quo.

This silence was also dramatically important in the discourse of data and pathology. Data review practices and technological tools encouraged the participants to focus on broken kids, indeed to engage in a hunt for disability (Baker, 2002). The screening practices and tools used documented instances of disorderly behavior as markers for possible psychopathologies within the students. From there, the diagnostic process continued via the medicalized discourse of students' ability or failure to respond to interventions. There was no interrogation of the cultural specificity of school's initial behavioral expectations, nor of the interventions that they attempted. It may not have been a willful ignorance of race and class, but it was at least a notably constricted

discourse.

The silence was also a very prominent feature in validating the power discourses of RTI/PBIS. If data were kept on what is important, and not kept on matters that were seen to be inconsequential, then this spoke to power. An effective analysis must take account that, "Knowledge linked to power not only assumes the authority of 'the truth,' but also has the power to *make itself true"* (Hall, 2001, p. 76, emphasis original).

Discourses of being *data-driven* that developed finer and finer medicalized instruments with more and more invasive technologies would only reinforce those relations of power.

Most importantly, the silence indicated that these inclusive leaders' efforts were working. It meant further that what they considered to be normal was right; that deviance and deficit therefore lay within the student; that returning a student to compliance was the proper goal of inclusion. If compliance could not be guaranteed with all the tools and rigors, then the student was impossible to include, and could justifiably be sent away. Inclusion, therefore, relied on these practices of truth, which constituted educators as thorough and rational caregivers, and some students as irrational and dangerous patients.

Chapter 8: Conclusions

As I write this concluding chapter, the US Senate and numerous cities are holding hearings on efforts to interrupt the "school-to-prison pipeline" (Hardin, 2012; Lester, 2012; St. George, 2012). Excessive and disproportionate use of suspension keeps students of color out of school, stigmatizing them as nascent criminals (Kim, Losen, & Hewitt, 2010), an early step in the mass incarceration discourses that Michelle Alexander (2010) calls "the new Jim Crow."

Two groups of young people enter the pipeline via school in extraordinary numbers: students of color and students with disabilities. As per the most recent data, African-American students are suspended and expelled at 3.5 times the rate of their white counterparts (United States Department of Education Office of Civil Rights, 2006). Students with disabilities—especially in the categories of "emotionally disturbed" and "other health impaired"—are suspended more than their peers without such labels (Krezmien et al., 2006; Losen & Gillespie, 2012). And in the combination of race and disability, students of color are classified as emotionally disturbed at far higher rates than White students (Artiles & Bal, 2008; Harry & Klingner, 2006; Hosp & Reschly, 2004; Nunn-Makepeace, 2011; Osher et al., 2002). Hence, those students at the greatest risk for being suspended are African-American students regarded as having emotional disturbance (Fenning et al., 2012; Krezmien et al., 2006; Skiba et al., 2011). They are suspended and expelled at 13.43 times the rate of the general population of students (Krezmien et al., 2006; United States Department of Education Office of Civil Rights, 2006).

I also write in the immediate aftermath of the killings in Newtown, Connecticut. As with Columbine, Virginia Tech, Tucson, Aurora, and other massacres before them, gun control and mental health become intertwined themes in the public reckoning with tragedy. The main thrust of the mental health thread is about screening, identifying, and then treating potential killers, and often, using schools as the venue to do so (Powers, 2012; Snow, 2012).

These two motifs of incipient danger align with the discourses of disorder, medicalization, and inclusion that emerge in this study of leaders in five school districts in the Northeast. The superintendents, principals, and special education directors from these districts aim to build inclusive schools. In that endeavor, they are in the company of other educational leaders who feel that their greatest challenge to realizing full inclusion is students whose behavior is regarded as disruptive or disorderly, as per studies of educational leadership on inclusion (Avissar, Reiter, & Leyser, 2003; Barnett & Monda-Amaya, 1998; Coleman, Webber, & Algozzine, 1999; Horrocks et al., 2008; Kugelmass & Ainscow, 2004; Praisner 2003; Vazquez, 2010; Wagner, Friend, Bursuck, Kutash, & et al., 2006). In their own words, the leaders in this study describe these students as "a threat to themselves or others," who display "acting out behaviors," who "interfere with the education of others," who display "defiance and noncompliance." These multiple references to disorder discursively highlight the central role of order in defining normalcy. Thus, it becomes evident that this discourse of inclusion is also a discourse of control and compliance, as others have found theoretically (Danforth, 2005, 2007; Foucault, 1975, 1979), and in practice (Harwood, 2006; Orsati & Causton-Theoharis, 2012; Youdell, 2006).

This chapter summarizes my findings, and links them to the present literature. Each of the four discourses that received their own chapter receives a section here: order and medicalization, normalization, pathologizing, and data-driven positivism. Following those summaries, I discuss strengths and limitations of this study, implications for practice, and some closing thoughts.

Order and Medicalization

I have argued in this dissertation that while these leaders defined themselves as inclusive educators, their vision of inclusion was fundamentally centered on compliance when it came to including students whose behavior was defined as disorderly. However, they did not seek to punish students into compliance, nor simply to suspend or remove young people whose behavior was regarded as unruly. In fact, they were trying to move their schools away from using punishment as the predominant response.

Instead, when order was disrupted, these leaders wanted their schools first to seek causes within the student for disorderly behavior. The search for a cause initiated a process of diagnosis, soon to be followed by therapeutic interventions that held the promise of restoring compliant behavior. Thus began a medicalized discourse, in which students were constructed as *in need* and educators were constructed as those who could *meet* those needs. Thomas and Glenny (2000) call this apparently beneficent discourse a "bogus" façade for a discourse that is fundamentally about power. They follow a Foucauldian frame for understanding the genealogical development from punitive power to clinical power (Foucault, 1975). That framework guided the discourse analysis of this study as well.

Although the districts differed on whether or not they formally called their

practice RTI/PBIS, they all engaged in very similar discourses. In the protocols of

Response to Intervention (RTI) and Positive Behavioral Interventions and Supports

(PBIS), diagnosis was a necessary component of selecting which actions the school

would take to intervene (Gresham, 2005; Sugai, 2010). At the direction of these leaders

and the plans they helped bring into being, once a student's behavior was identified as

disorderly, collaborative teams of teachers, administrators, psychologists, social workers,

and nurses analyzed the roots of the behavior. The teams almost universally saw student

deficits as the causes of their disorderly behavior. Transcripts from observations of the

team meetings contained multiple references to presumed deficits and psychopathology.

Consider how Lakeview educators regularly regarded family as the root of misbehavior;

or how Principal Lowthian pathologized a transgendered student; or the fact that my data

set contains fifteen distinct references by thirteen participants to throwing a chair as

indicative of both classroom disruption and possible emotional disorder.

Compliance was the goal of all interventions.   The first level of interventions

may have been such techniques as the use of a token reward system, daily confirmations

with an adult on expectations and performance for compliance, small group instruction

on normative behavior for school. These interventions were drawn from a bank of

techniques that carried the imprimatur of *research-validated* (Horner et al., 2011;

Jimerson et al., 2007; Sailor et al., 2009; Scott et al., 2009).

The teams and plans intended to go beyond a one-time diagnosis and intervention

plan. They continued to assess students' response to those interventions. If the

misbehaviors continued, then the students were constructed as unresponsive, where

unresponsive equaled more *ill* because the intervention ought to have restored

compliance. This dynamic is analogous to physical symptoms that persist after the use of low-level cures, thereby indicating a more serious sickness. The teams may have looked at unresponsiveness by turning their gaze on the teachers and discussing the *fidelity* with which the intervention was applied. However, that detour still presumed that the original plan of diagnose-treat-assess was a sound one.

As long as order was disrupted, the search remained on to find an intervention that matched the presumed deficit. Most importantly, when repeated and varied interventions seemed to fail to bring a student around to acting compliant, this itself was taken as diagnostic information about the student. As interventions became more intensive, descriptions of the student's behavior became more psychopathological. Eventually, the body of diagnostic evidence for a child at the "top" of the RTI/PBIS pyramid could convince the school that they no longer had the therapeutic resources necessary to achieve compliance. At that stage, the child was excluded with an implied diagnosis of mental illness. This was the discourse that Youdell (2006) calls the construction of an "impossible" identity, the student whom the school could not possibly accommodate, or more charitably, the student whom the school could rationalize excluding. As examples, a fourth grader in Lakeview, a sixth grader from Warren School in Greendale, and a high school student in Pleasant Hills were all assigned to other facilities because their home schools felt they could no longer provide the mental health services they required.

Sending these students confirmed the discourse of inclusion that could work for some but not all that governed the leadership of all participants in this study. The justifications for exclusion relied on presumably scientific discourses of medicalized

diagnosis and treatment, joined with the accountability discourses of audit culture. Those

twin neoliberal discourses convinced leaders were not only justifiable, but perhaps even

inescapable. The medicalization discourse rationalized that an ineluctable mental illness

had been uncovered. The audit discourse rationalized that their school systems had done

due diligence to guarantee they had done all they could. Nonetheless, they never asked

what role the adults, behavioral expectations, or other evocations of power may have had

in constructing the students as "impossible" (Youdell, 2006) or other ableist assumptions

in the process created a "hunt for disability" (Baker, 2002). These entwined discourses

of control, medicalization, and audit powerfully militated against the leaders' dedication

to inclusion. Indeed, they provided compelling rationales for exclusion.

Normalization—From Disciplinary to Medicalized

Unwanted behavior that the leaders identified as their greatest challenge was not

simply seen as acting naughty, but as symptomatic of possible pathological deviance and

disorder. As the leaders affected a shift in their methods from discipline to therapy, the

basis of normalizing orderly behavior underwent a similar change. The genealogical

development from a system of punishment toward a system of treatment maintained a

consistent definition of normalcy, which Foucauldian education scholars have also

described (Danforth, 2007; D. M. Jones & Ball, 1995; Simons & Maaschlein, 2005;

Thomas & Glenny, 2000). Step by step, this section recaps the discourses of

normalization via Codes of Conduct, and structures found in Tier I RTI/PBIS practices.

Disciplinary Normalization

Codes of Conduct in each district are mandated by state law (State Education

Department, 2000), and have been used to date as the primary system to both define and

enforce normal orderly behavior. Across the districts, the Codes' definitions of orderly behavior were remarkably consistent in calling for "safe and orderly environments" that were "conducive to learning." Students were directed to exhibit respect for rules, adults, peers, and property. See Appendix C for excerpts from each district.

Students were expected not only to exhibit these behaviors, but also to internalize them. Codes of Conduct required students to *self*-regulate their behaviors and emotions. Three of the districts called on their students to "develop mechanisms" or "skills" for "anger management." This behaviorist discourse decontextualized anger. It afforded no opportunity to consider cultural interpretations of expressions read by adults as "anger." Cultural negation of this sort in discipline codes has been critiqued in the literature on multicultural education (Gregory & Weinstein, 2008; Skiba et al., 2011; Tobin & Vincent, 2011), particularly in the way that it consolidates White middle-class precepts as normative.

This study provides more evidence of that cultural positioning. Clothing, behavior, and anger management were elided in Lakeview, when an administrator worried about students who were disrupting school by wearing hats backward and showing a "bad-ass attitude." The superintendent made it clear that such an "urban" style was not the Lakeview way. Reflecting on this discourse from the vantage point of the literature on cultural competence cited above, one wonders who really has the problem in that scenario. There are at least more questions to ask about what is meant by "bad-ass attitude," how a discussion of hats turned confrontational enough for that attitude even to be expressed, and of course, the culturally-positioned judgment of adults who have the institutional power to decide what constitutes proper dress and proper attitude.

Another striking example of this centering of normative behavior came from Greendale. Whiteness was also reified as psychologically normal in a district planning meeting on PBIS. Both a parent advocate and administrator present—two of a small handful of people of color—challenged the prerogative of whiteness. One challenge was to white teachers who routinely kicked African American students out of class for not bringing a pencil. The other challenge was to institutional practices that over-identified children of color as having disabilities, and characterized them as "buck wild." Even in the face of those challenges, the planning group, led by the Director of Special Education, paid lip service to cultural competence of teachers and reaffirmed the power of school psychologists to distinguish between institutional racism and individual students' pathological illness.

To that end, I argue that a medicalized discourse has further enshrined the primacy of culture by investing it with the authority of "science," again as described in Foucauldian genealogies (Carabine, 2001; Harwood, 2011; D. M. Jones & Ball, 1995). As per this study it is therefore especially important that these expectations within Codes of Conduct laid the groundwork for a medicalized discourse of normalcy. When the codes included the language that students were to "develop" the ability to self-regulate, they signaled that the students would no longer be viewed simply as compliant or noncompliant. Rather, the expectation to develop also implied a continuum of behavior along which a student might move—a continuum that ran from normal to deviant behavior.

Tier I Normalization in RTI/PBIS

RTI/PBIS picks up this normalization discourse handily. The base of the

symbolic RTI/PBIS pyramid is called the *universal* first tier at which the normalization

discourses are most evident. At the simplest level, RTI/PBIS for behavior means posting

rules and expectations ubiquitously in the schools. In each of these districts, leaders and

their colleagues discussed how best to have all adults—teachers, support staff, and

parents—evidence the same clear expectations for behavior. They constructed reward

and recognition systems that incentivized all students to aspire to the behavioral norms.

Further evidence of a normalization discourse was found in expectations for

teachers and curricula. Leaders considered the pedagogy of consistent and clear

behavioral expectations to be rudimentary competent teaching— "Teaching 101" as one

participant called it. Through that teaching expectation, the leaders further believed that

behavioral normalization would pervade the schools.

The Codes of Conduct appeared at first blush to be consistent in expecting respect

from both adults and students. But the actual roles in which students and adults were cast

varied considerably, pointing again to a medicalized discourse. Whereas students were

expected to internalize control and to manage their disorderly emotions, adults got a

different role in the Codes of Conduct. The Codes required them to "maintain" safe and

orderly environments, to "help children" understand their own role in maintaining order,

or to know how to cope with peer pressure and other social and emotional conflicts.

These contrasting positions discursively constructed students as potential patients

and adults as their educator/caregivers. The therapeutic gaze was not applied to the

adults. They were never asked to manage their feelings, angry or otherwise. Hence, the

discourse never assumed that the adults needed to be fixed.

Just as tellingly, the Codes left out all kinds of other behaviors that adults might

be expected to show. They did not require the adults to show qualities such as acceptance, appreciation and enhancement of diversity, or empathy. Instead, adults were to establish the orderly environment, and essentially guide and counsel students to compliance. This was clear evidence that order was expected, normal, and supreme over other possible organizing principles for a school community.

Universal Screening. Normalcy is more than an expectation or an aspiration, but also a frame of reference against which to discursively construct disorderly behavior as deviant or sick (Carabine, 2001; Conrad & Schneider, 1992; Danforth, 2007; Hall, 2001; Harwood, 2006; Youdell, 2006). Tier I of RTI/PBIS is also the basis of the universal screening mechanisms that begin the diagnostic process, and described openly so in the prescriptive literature (Burke et al., 2010; Walker et al., 2005). The most prevalent indicator of disorder that schools recognized was an excess of office discipline referrals (ODRs) for a given student. When a student had been sent away from the classroom too many times for disciplinary reasons, this normalization discourse then indicated that something was wrong with the student. From there, the diagnostic and therapeutic discourses of RTI/PBIS pick up steam. Student Staff Support Team (SSST) meetings at Jones School in Greendale and were a salient example of this discourse. In one meeting, the agenda included eighteen different students whose misbehavior at school prompted discussions about what was wrong with them, what had school tried to deal with it, and what more did that say about what was wrong with the student.

Triage Initiated by Normalization. Universal screening was tied to a triage discourse evident in the shift from disciplinary to medicalized discourses. Triage tied together medicalization and organizational resources because diagnosis of supposed

patients got weighed against the capacity of the organization to provide treatment and still maintain its overall integrity. This could develop into an exclusionary rationale, in which some students are discursively created as *impossible* to include, as Youdell (2006) describes it. Every participant in this study had a story of a student whom their district had once had to exclude, despite having worked their hardest to keep that child in school.

All of the districts studied were accountable to the State Education Department (SED) for addressing the disproportionate suspension of students of color who had been identified as having disabilities. Clearwell, Greendale, and Pleasant Hills had been cited for violating that standard or coming perilously close to it. That kind of pressure became a threat to the districts because the state could sanction them for their failure to change. This created a policy imperative for the leaders to move from discipline to therapy as an inclusive practice. That policy imperative, indeed, was an important moment in which the study participants became objects of disciplinary power via an audit culture. The participants were thus cast as keepers of order, and compelled to move beyond juridical discipline to more therapeutic methods intended to maintain the students in school.

Their response was to institute RTI/PBIS in spirit, if not necessarily in name. Here, the RTI/PBIS pyramid functioned as a system for allocating resources—universally at Tier I, in a targeted fashion at Tier II, and intensively at Tier III (or Tier IV in the case of Greendale). The universal screening of Tier I discursively therefore created two large groups of students: 1) a broad base of students whose orderly behavior indicated that needed no services, beyond what was *normally* provided by *basically competent* teachers, and 2) the group of students whose disorderly behavior could be diagnosed and presumably cured. See Appendix D for graphic representations that show the target

percentages of students for each tier, and the resources that should follow them.

Furthermore, this normalization strategy was an early and crucial step in the triage

rationale that rendered some students justifiably excludable if the school believed it had

exhausted its resources. The next steps in that discourse came in the pathologizing

strategies of the upper tiers of RTI/PBIS.

Pathologizing Discourses

When the participants in this study thought of opportunities to observe their

inclusive leadership in action, they often came up with the planning and implementation

meetings at which they constructed the systems they believed would move them from

disciplinary exclusion to therapeutic inclusion. In each of the five districts, the

RTI/PBIS pyramid or its equivalent emerged as a framework both for identifying

disorderly students and allocating the resources to return them to compliance. The

leaders and their colleagues aimed to create consistent protocols and structures for all

adults to follow, and to apply to all students who need them.

Observations, interviews, and documents revealed that the leaders' striving to be

"systematic" via RTI/PBIS actually enrolled all educators in medicalized discourses

about students. It made quasi-psychologists of all adults in school by promoting clinical

ways of talking about student behavior, as others have documented in the Disability

Studies literature (Biklen, 1988; Danforth, 2007; Harwood, 2006; Thomas & Glenny,

2000). For example, Principal Ingraham specifically trained her staff in this kind of

thinking via a professional development course she ran after school. Furthermore, the

medicalized discourse not only spread throughout the institution via RTI/PBIS, but it also

squeezed out other competing discourses such as structural racism, classism, or

homophobia—indeed subjugating those knowledges and rendering them less legitimate in the work of the school (Harwood, 2003).

Progress Monitoring and Fidelity

Within RTI/PBIS, two practices contribute significantly to medicalized discourses. Progress monitoring and the fidelity of implementing interventions are bedrock operations in RTI/PBIS (Jimerson et al., 2007; Turnbull et al., 2002; Walker et al., 2005). During the course of researching this study, they emerged repeatedly in the data from interviews, from observations of planning and implementation meetings, and from strategic planning documents. The leaders wanted progress monitoring in order to document the effectiveness of interventions in returning students to compliant behavior. *Progress* was implicitly toward a restoration of order. In Lakeview's SBIT team meetings, for example, the goal of every intervention was to have student increase such behaviors as their ability to sit longer or get a teacher's attention appropriately. Progress was not toward empathy, creativity, persistence, courage, or even joy.

By the same token, *monitoring* was implicitly about gazing at students, diagnosing their recovery, or lack thereof. Again, it was not about other possible objects of the gaze, such as a teacher, faculty, or district. Neither was it about the adults' skill at maintaining a compassionate or accepting environment. Thus the ubiquitous new compound verb *progress monitoring* established a diagnostic and therapeutic discourse, evaluating how healthy or ill a student may be as a result of the interventions school is trying out. Director Quinn summarized Greendale's process for RTI with academics, which he was mirroring in the implementation of PBIS for behavior:

> So, the approach we are taking is really an all inclusive approach of looking at all the kids' needs and then start to put them on a framework, an RTI framework, and

that allows us to identify where their needs are and what targeted interventions they may need. It also allows us to progress monitor those kids. Every three weeks or so, the teams come together and they re-plot the kids to see, 'Alright, where are you with progress monitoring?' You know, the Tier I's, Tier II's, III's, all of those.

Leaders also wanted *progress monitoring* as part of their discourse of resource allocation, but this tied right back to the diagnostic and therapeutic discourse of the RTI/PBIS pyramid. Interventions were to be attempted for approximately six weeks, after which their effectiveness was to be judged (Jimerson et al., 2007; Sugai, 2010; Sugai et al., 2000). At this point, leaders expected to see the student either respond and become more compliant, or fail to respond, which invited the use of a different intervention. In the hierarchical scheme of the RTI/PBIS pyramid this means simultaneously that the student was either healthier or sicker, and therefore in need of less or more intense service.

Fidelity had two intertwined meanings as it emerges in this study. The first meaning was *organizational consistency*, with which leaders evaluated their schools as a whole. They wanted to know that all educators were following the same protocols, posting the same rules, holding students to the same expectations for behavior.

The second meaning however, was more directly a medicalized discourse, as Ferri (2011) points out with the academic uses of RTI for reading and math instruction. The leaders wanted to know that their educators were implementing research-based interventions as intended by the research. The truth claims embedded in this discourse reinforced a clinical diagnosis of students. When research had *validated* the interventions as effective ways to treat disorderly behavior, then a student's failure to become more orderly after treatment was read as evidence of a deficit within the student.

As Danforth (2007) points out, two metaphors dominate the ways of describing

unwanted behaviors. Psychodynamic language includes descriptions such as "he was… driven by fear … crazy with jealousy … acting out," assuming that unwanted behavior could be the manifestation of uncontrollable emotions deep within the person. The data throughout these chapters manifests adults talking about children's unwanted behavior as some version of "acting out" other deep-seated issues.

The other metaphor is behaviorist, in which unwanted conduct had some antecedent stimulus that could be manipulated by someone in authority, as long as the analysis was correct about which stimulus produced the behavior (Danforth, 2007). And this is the essential metaphor for intervention, progress monitoring, and fidelity in RTI/PBIS. Thus, the leaders in this study used *fidelity* of implementation to mean that their colleagues practiced the same way that clinical experts do. As they did this, and as they used this analytic language of intervention and response, local educators adopted the erudite knowledge of psychology (Harwood, 2003). *Fidelity* within RTI/PBIS was one more discursive strategy constructing medicalized identities of adults-cum-clinicians and students-cum-patients (Foucault, 1975; Rafalovich, 2005) as the most valid way to understand the dynamics of inclusion.

The leaders here promoted those adult identities in a variety of ways. Most often, they wanted their school personnel to search for the causes of student misbehavior. Team meetings that analyzed individual students highlighted that search. Professional development courses trained faculty to search for root causes as well. Across the board, the causes they identified were cast as forms of student deficit: poverty, dysfunction at home, LGBTQ sexual orientation, race, or psychiatric pathology.

Moving Up the Pyramid—Increased Pathology

Some of the most telling discourses of pathology showed up in the grappling over how to align school services with students' perceived needs. In the RTI/PBIS context, this was a discussion about when a student ought to move from a lower tier to a higher one in the pyramid. The leaders recognized that their colleagues sought bright lines to help them know when students could be distinguished from the bulk of their peers and become eligible for the *targeted interventions* of Tier II. How would they know when the incentives and instruction provided for all students at Tier I were insufficient to insure a particular student's orderly behavior? Moving up from there, when and how would students be considered eligible for the *intensive interventions* of Tier III (or IV in Greendale)? This intersection of intervention and need was at the heart of RTI/PBIS, and further cemented discourses of medicalization by aligning screening and diagnostic judgments about students with a hierarchical allocation of institutional resources (Brantlinger, 2006; Byrom, 2004; Danforth, 2007; Thomas & Glenny, 2000). Thus, as a student climbed the pyramid, s/he was regarded as sicker, and therefore requiring more intensive services. A number of studies on RTI policy describe this discourse with respect to academics and high incidence learning disabilities (Alfredo J. Artiles, 2007; Ferri, 2011; Hosp, 2011; Klingner & Edwards, 2006). None have as yet directly documented this discourse for emotional and behavioral matters.

Screening in the Upper Tiers. Throughout the planning meetings, data reviews, team analyses, and protocol documents, the leaders and their colleagues relied on Office Discipline Referrals (ODRs) as the most reliable flag alerting them to a child who might require more intervention. In the four districts using the RTI/PBIS pyramid more

explicitly, they framed this as moving from one tier to the next. In the other—

Lakeview—they use ODRs at the Superintendent's monthly data reviews to initiate

further inquiry and remediation, although they only use the nomenclature "RTI" for

reading instruction.

Insofar as this study documents the genealogical development from disciplinary

control to medicalized control in schools (Foucault, 1975; Hall, 2001; Harwood &

Rasmussen, 2004), the use of ODRs as a starting point for RTI/PBIS makes sense in two

ways. First, as the leaders sought inclusion, it was reasonable to begin inquiries with

exclusions. When a student had been sent away from the classroom, the cafeteria, or the

playground repeatedly, teachers had judged that student's behavior was disorderly

enough that they must leave. The leaders in this study wanted their colleagues to begin

asking if something else could be done to keep the student there instead. However, the

more significant genealogical evidence here is that the ODR was a *discipline* referral, and

was accepted as a valid assessment of student behavior. RTI/PBIS strategies therefore

accepted the teachers' assessment of disorder, and then sought to shift the schools'

response from punishment to treatment.

While the leaders largely accepted teachers' judgments in writing office referrals,

there were some exceptions. One superintendent, for example, doubted the competence

of a teacher who had planned poorly, who therefore had an unruly classroom, and then

bounced students out to the office. And all the leaders hypothesized that they would be

skeptical of a teacher who wrote an excess of ODRs compared to colleagues. However,

those challenges were exceptions that proved the rule—ODRs were fundamentally

accepted as true indicators of disorderly student behavior. Even in the case that some

leaders questioned widespread issues of teacher judgment, they did not reject ODRs as a suspect element of the RTI/PBIS system that they believe could address student deficits and restore order.

Research on ODRs (Bezdek, 2011; Hawken et al., 2008; Pearce, 2009) find them far less reliable than these leaders did in practice. The *validity* debate in the research on ODRs is about whether or not they will accurately identify students who can be enrolled in treatment interventions. Researchers all tacitly accept the medicalized practice of RTI/PBIS. Within the present study, I find qualitative evidence that inclusive leaders also accepted it. They may have questioned the judgment of individual teachers, but the challenge stopped there. On a few occasions, the leaders presided over debates in which other discourses of power were put forward to explain why students were being sent to the office. Most prominently, when challenges such as institutional racism emerged, they were dismissed in favor of analyzing the psychology of students. A call for courageous conversations about race—referencing Singleton and Linton (2006)—was quashed by a school psychologist who insisted that she was the best arbiter of whether the dynamics between student and teacher were evidence of oppressive power relations or the student's pathology. The leader presiding over the meeting let that be the last word on the subject, and made it tacitly clear that the PBIS framework for inclusion would be implemented in Greendale without taking on racial disproportionality in discipline or disability diagnosis.

Rationalized Exclusion

As much as the leaders wanted this process to promote inclusion, it in fact created logic for exclusion as well. In the pyramidal framework of RTI/PBIS, the top tier represented the most *intense* behaviors, and the most *intensive* attempts by school to

intervene and encourage compliant behavior. When intensive interventions were seemed

not to promote compliance, then the school leaders were willing to compromise their

commitment to inclusion by acquiescing to exclusion that seemed rational because school

had apparently done everything it could, used all resources at its disposal.

Rationality here was a product of the prolonged medicalized discourse built up by

what they believed was a *systematic* practice of identifying student needs and attempting

to meet them. The RTI/PBIS structure developed a diagnostic and treatment regimen in

which the diagnostic assessments of the educators and the validity of the treatment

interventions were not questioned. Rather, both were augmented. Eventually, they

could develop a record of medicalized perception (Foucault, 1975) that constructed a

student with mental illness beyond the capacity of school to treat. At this point, the

leaders could rationalize sending the student to a school that was more therapeutic in their

view, and simultaneously considered more restrictive by the law (United States

Department of Education, 2004) because it was further from the student's home school

and home classroom.

Data Regimes Reified Medicalization Over Other Discourses

Much of the apparent rationality of the medicalized discourse came from the

leaders participation in *data-driven* methodologies. They pressed their organizations to

interrogate data in the belief that such analysis would break prior patterns of prejudice

within their schools. They believed that data analysis would reveal *true* patterns of

behavior, to which interventions could be mapped, as in the RTI/PBIS schemes. This

discourse of data gave great institutional power to the things they chose to measure,

aggregate, and then analyze, a salient example of the discourse of knowledge and power

(Hall, 2001). It defined what could be known, and inferred therefore what responses the school could deploy. Conversely, by ignoring other actors or dimensions of power at work in the school, it accepted them as reasonable, rational, normal, justified. In the Foucauldian panopticon analogy (Foucault, 1979), prison authorities observed and analyzed the inmates. The direction of the *data-driven* analytical gaze of the schools was similarly one-directional, from authorities to students, revealing the discursive power relations in school.

Data on Student Behavior

As noted above, the office discipline referral (ODR) was the cornerstone data point that leaders and their teams analyzed. Some leaders had institutionalized monthly reviews of ODR statistics, while others aspired to that kind of regular practice. These were practices that proponents of RTI/PBIS promote as characterizing effective leadership (Lohrmann, Forman, Martin, & Palmieri, 2008; Netzel & Eber, 2003; Richter, 2006; Sugai, 2012; Turnbull et al., 2002). In this study, the leaders used the data reviews to identify individual students as eligible for interventions. Once students were thus identified, the data review sessions turned to cursory discussions of the causes for the presumed misbehavior, following the deficit discourses discussed above. Occasionally, the data review would focus on individual teachers who had unusually high rates of referring students to the office. The explanation for this phenomenon was often about the teacher's overall competence as a classroom manager. If such a teacher had shown a drop in referrals, this too was noted as progress against their previous presumed lack of management skill.

During the team meetings—SBIT, SST, SSST, RTI , and Tier III meetings—that

analyzed individual students, the agendas were again focused on data. How often had a student shown a particular disruptive behavior? At what time of day? In what context—i.e., on the playground, at lunch, during reading instruction, while unsupervised in the hallways. etc.? These inquiries became significantly more formalized in the Functional Behavioral Analyses (FBAs) that the schools engaged when the earlier interventions had repeatedly failed to work. As per the suggestions in the literature, FBAs were a highly diagnostic processes, leading to equally prescriptive Behavioral Intervention Plans (BIPs) (Gresham et al., 2004; Horner & Carr, 2004; Sugai et al., 2000).

In several instances in this study, the leaders were pressed to follow the FBA/BIP process because they had been cited by SED for suspending too many students with disabilities, and at times, too many students of color with disabilities. Thus, the FBA/BIP gained stature in the inclusive discourse of finding a therapeutic alternative to discipline. The leaders intended for their schools to learn to adapt teaching and classroom management techniques based on FBA/BIPs that they believed contain scientific data of the truth of a student's disorderly behavior.

In data review sessions, the leaders valued a data-driven RTI/PBIS process because it facilitated the access that mental health clinicians had to students. Getting students into counseling was lauded as a very important benefit of RTI/PBIS. At individual student meetings such as Lakeview's SBIT, the team referred to behavioral data as justification for seeking mental health counseling for a student. At planning meetings at Warren School, they looked forward to expanding their staff to include mental health professionals on site, to whom they expected to refer students whose ODRs and FBAs had been previously reviewed. And at district level meetings in Greendale,

district leaders and their community partners from mental health agencies were heartened by the increased enrollment of students in counseling, as a result of screening ODR and school attendance data.

At all these levels, analysis of data on students was cast as a key method to ground the validity of diagnosing disorderly behavior and selecting therapeutic interventions. Indeed, Pleasant Hills had been cited by the state because they ignored the information in functional behavioral assessments (FBAs) when disciplining students, and this citation spurred the district to be follow a more rigorous RTI/PBIS protocol. The leaders promoted this discourse as a significant growth from disciplinary responses to disorder which first judged whether a rule was broken and then punished students, usually by excluding them. They believed that diagnosis and prescription based in data of student behavior was a fundamental inclusive practice. As Superintendent Ferrara put it, "What do we need to do for this student, and what resources currently exist that can used as a response to those learners' needs?"

Data Analysis Shaped by Technology

Online student data systems shaped this discourse in important ways. First, they categorized student behavior as per the Codes of Conduct. This made discipline codes the starting point for analysis. Second, they maintained data on time and place as the two primary dimensions of context for the behavior. These data points on the behavior could be connected to biographical identity data on students. The online databases could therefore generate reports on insubordination broken down by gender, race, age, and disability status of the students. Very quickly, these reports could become complex matrices of behavior, context, and identity, giving data analysis teams much to consider.

The participants were eager to use the power of this technology. Principal Underwood avidly used RTI in his leadership, and wanted to improve by taking better advantage of his student data system. In Greendale, the planning meetings all brought up the possibility of using online databases to better monitor student behavior and schools' responses to them. But meeting participants were even more intrigued by the possibility of adding a set of data that could only be managed by digital technology. They were considering giving students and teachers surveys about their feelings and behavior. The results would go into the student data system. This data was not necessarily tied to discipline referrals. Instead, it could allow the schools to look deeper into the psyches of students. That information could then be fed into the same matrices of identity and behavior that currently existed. Although the Director of Special Education and community partner mental health agencies were eager to expand this application of data analysis to identify and treat more students, the Superintendent was more cautious. Nationally, it is likewise a contentious process, with supporters citing the possibilities of early intervention (Cook, Volpe, & Livanis, 2010) and detractors including conservative politicians concerned about the invasion of student privacy (Bernhard, 2012; Paul, 2011). The debate points out the seductive power of a panoptical technology (Foucault, 1979, 1980b; Hall, 2001; Simons & Maaschlein, 2005; Tremain, 2005).

The Power to Ignore

As leaders developed their schools' sophistication in data analysis and decision-making during the course of this study, they may have been getting stronger at one thing, while letting their organizations atrophy in other important ways—like the bodybuilder who has chosen to train exclusively with weights, ignoring aerobic workouts.

Eventually, her muscle definition gets impressive, but she gets out of breath walking up a flight of stairs. With all the effort it takes to develop that one dimension, she does not recognize a problem in the other.

Likewise, even these inclusive leaders were promoting discourses that were predominantly about medicalizing student deviance. In particular, they were about medicalizing the discourse of disorderly behavior in school. Whereas the leaders may have gotten occasional inklings that this method was insufficient—like the winded weightlifter standing at the top of the stairs—they remained committed to the present course because they believed in its power to tell the truth about students.

Their commitment owed to their position within an audit discourse as well. Insofar as state audits of disciplinary data held school districts and individual schools accountable for their practices, these leaders sought RTI/PBIS as the inclusive remedy for excessive and disproportionate suspensions. Again, this application of RTI/PBIS had a juridical basis in federal law (United States Department of Education, 2004).

The study's participants were encouraged because they saw this discourse as progress from the disciplinary practices their schools used before. Numerous times, they referred to the early literature on RTI/PBIS that touts the pyramid as a blueprint for aligning student need with school resources (Batsche et al., 2005; Carr et al., 2002; Fuchs et al., 2003; Sugai et al., 2000), and which further promises the power of the pyramid to identify previously undiagnosed mental illness in school age children (Gresham, 2005). They showed the pyramid at meetings, modeled their practices on it, and promoted local versions throughout the district.

Not only were they encouraged by these developments, they were also compelled

to implement pyramid systems that apportioned students into different segments of normalcy and deviance, as well as data-driven processes that used audits to control the conduct of teachers and students. Laws, policies, and accountability reports from state and federal authorities compelled them to do so. Hence, the inclusive beliefs of these leaders became enacted through technologies of control, as per an audit culture in which the leaders were themselves subject to the similar Foucauldian power discourses. To appropriate Marshall McLuhan, the medium of control was the message, in this case, a medicalization of deviance, in which students were constructed as patients and educators as their diagnosticians and therapists.

Regarding inclusion as a fundamentally medical undertaking ignored a multitude of other discourses. As individualizing and pathologizing as it was, it rarely turned its gaze away from students and their deficits. In this study, there were occasional attempts to shift the gaze toward adults—perhaps to an individually incompetent teacher. But there were practically no attempts to consider how the system as a whole might have been too restrictive, too unforgiving, too rejecting of a range of emotions or behaviors. When prompted to consider that possibility, a few leaders imagined that their policies on cell phones might be out of date. However, they were not yet able to lead their districts to be self-reflective or self-critical with analyses of how they make order a pre-eminent value and the costs that this has for students.

As the literature on RTI/PBIS develops, there is a growing acknowledgement that definitions of acceptable performance and behavior may contain cultural biases (Alfredo J. Artiles et al., 2010; Fallon et al., 2012; Hershfeldt et al., 2009; C. Jones et al., 2006; Klingner & Edwards, 2006; Sugai et al., 2011; Vincent et al., 2011).   It is particularly

focused on reducing disproportionality in discipline practices. Inclusive leadership continues to develop its skills, and this body of literature is welcome.

In this study, it is clear that practitioners in school districts had not caught up with the call for culturally competent RTI/PBIS. However, I would argue that evidence in this study also suggests why it may have been and continues to be particularly difficult for that discourse to take hold. The medicalized discourses of RTI/PBIS ran so pervasively through calls for being systematic, through epistemological claims of data-driven analysis and decision-making, and most fundamentally through the constructed patient/caregiver identities of students in need and schools that could help them, that other contending discourses may likely be marginalized. Medicalization seemed to trump culture because it appeared to be more scientific, robust, and true.

Furthermore, as alluded to in the beginning of this chapter, there was great pressure from policy initiatives and in the broader public discourse to apply psychology as a remedy to excessive discipline (Gregory et al., 2010; Gregory & Weinstein, 2008; Lester, 2012; Osher et al., 2002; St. George, 2012) and to criminal violence (Generalli, 2012; Powers, 2012; Snow, 2012). As students whose behavior was deemed disorderly are constructed as having emotional disabilities however, they could be just as easy to exclude (Reid & Knight, 2006; Youdell, 2006). Pleasant Hills, Clearwell, and Greendale faced exactly this pressure when they were accountable to SED for how many students they suspended.

In *The New Jim Crow*, Alexander (2010) argues that the war on drugs initiated a discourse of law and order in which the judgments, practices, and policies of power can appear to be ideologically neutral, even while their impacts are demonstrably

overwhelmingly racist. The disproportionality research in education is equally

overwhelming, especially with racist impact of special education policies and practices

(A. J. Artiles & Trent, 1994; Ferri & Connor, 2006; Gregory et al., 2010; Harry &

Klingner, 2006; Harry, Klingner, Cramer, & Sturges, 2007; Lipsky & Gartner, 1996;

Reid & Knight, 2006; Theoharis & Cosier, 2012) as well as discipline policy and practice

(Gregory & Weinstein, 2008; Morris, 2005; Skiba et al., 2011; Skiba, Michael, Nardo, &

Peterson, 2002; Townsend, 2000).

Disability Studies in Education (DSE) literature speaks to similar dynamics of an

apparent scientific, medicalized discourse of neutrality and normalcy (Biklen, 1988; R.

Bogdan & Biklen, 1977; Brantlinger, 2004b; Danforth, 2007; Danforth & Gabel, 2006;

Harwood, 2006; Taylor, 2001, 2002). DSE critiques continue their work with an "ethic

of discomfort" that seeks to trouble these hegemonic discourses (Baker & Heyning, 2004;

Harwood & Rasmussen, 2004). I believe this study makes the case that RTI/PBIS are

creating the imprimatur of medical, scientific neutrality to a discourse that can be

profoundly oppressive in its own right.

Indeed, critiques of neoliberal education policy (Apple, 2005a; Kumashiro, 2008;

Shor & Wright, 2000; Taubman, 2009) set the broader context of an audit culture in

which the progressive intentions of individual leaders matter less than the effects of

technologies of control that they are wielding via data audits. Such is the dilemma that

this study reveals with leaders who intend to build schools that work for everyone, and

believe that data-driven analysis and decision making will be important tools for doing

so. Indeed, the audit culture reinforces for them that they this is true. Invariably, they

found themselves implementing systems that highlighted student deficit and ignored

structural oppression. As these leaders monitored the "conduct of conduct" in their

schools via meetings on discipline referrals and attendance statistics, they developed the

appearance of scrutiny and control that likely missed at least half of what was going on.

This is not to call into question the motivations of the participants. It is, rather, to

take the position of discomfiting the assumptions at play in current practices of inclusion.

Discourses of normal school behavior derive from discipline policies. No room is made

for difference, and therefore school's responses are either to exclude students or get them

to conform. Furthermore, audit cultures of control convinced school leaders that they

were affecting genuine change while effectively taking no notice of power discourses

that continue from past technologies of control and exclusion into present ones. I believe

that this study demonstrates how RTI/PBIS currently creates a medicalized route to

conformity that operates with immense power to highlight student deficit and obscure

discourses of institutional oppression.

Limitations and Strengths of this Study

I would very much liked to have examined each district's data on discipline and

on identification of students in each disability category as broken down by race, gender,

and class of the students. Furthermore, I would like to have looked at the same data

broken down by the race, gender, and class status of the adults responsible for making the

judgments on discipline and disability as well.   Indeed, I anticipated getting the former

when I began this study, but found it to be unavailable. I would like to have used that

information to compare the discourses I observed with the pattern of decisions actually

being made within the districts. I believe that the comparison would have provided

evidence that allows this study to link up even more powerfully with meta-studies on

disproportionality, as cited above.

My subjectivities have been at times limiting, and perhaps at other times helpful. I have felt a considerable empathetic pull toward the participants in this study. My career as an inclusive leader myself has been one of those subjectivities. When leaders have said, "you know…" as a way to assume that I indeed understood a point they were trying to make, I had repeatedly to remind myself that I ought not to fall into a false assumption that I did in fact know what they meant. I became more adept at probing for clarity by consciously not posing as a peer to the participants. However, if there are moments when I assumed too much because I felt that I was indeed a member of this class of inclusive leaders, or if I failed to follow up on an opportunity to gain deeper understanding, I apologize to the reader and to the participants for my mistakes.

Furthermore, my own social location of privilege as a White, able-bodied, upper-middle-class, male impacted this study. Most obviously, my economic stability and academic distance have afforded me the privilege to contemplate and dissect over time and in depth the utterances of people who are often caught up in meetings and decisions that are at least constrained by the demands of insufficient time and excessive audit discourses. To that end, I have tried to muster sufficient evidence so as not to rely too heavily on any one instance to make my case. Nonetheless, I do recognize an overall abundance of opportunity for deep reflection on my part, in sharp contrast with my participants' needs to work in a high-pressure environment. My only pressure has been to make sense and meet the generous deadlines of my dissertation process. Nothing that I have written or said actually impacts how a child's education or an educator's career will proceed.

On several occasions in this work, I have found that I have a heightened interest in exploring discourses of race, class, gender, and ability. For example, when a participant described herself as having risen from working class to middle class status via education, and thus regarded herself as an ally in the code switching necessary for working class students, my radar honed in. She on the one hand identified a kind of class-traitor discourse as an educator with which I felt familiar, since I have often regarded myself as a privileged ally of oppressed and marginalized people. To that end, I understand that I too could be subject to my Foucauldian analysis of the kind of noblesse oblige I find in the educator-as-therapist discourse.

I have found support in the work of Harwood and Rasmussen (2004) on researching with an "ethic of discomfort" has been both helpful and challenging. When I have felt critical of participants because I regard their discourses as damaging to students, I have wrestled with putting that critique alongside the observation that these leaders are absolutely committed to doing the best that they can for children every day. The emotion with which they have recounted their successes and failures have made that clear. Not only that, but I must observe that my own practice as a principal might not have withstood the scrutiny with which I have examined my participants' work. Still, the ethic of discomfort calls on researchers to be willing to challenge what we take for granted, to be willing to seek understanding beyond comfort or even safety. In my personal life, and I hope in my professional life, I have tried to adopt the compassionate perspective that everyone is doing the best they can at every moment, even if that may not be good enough for someone else, and even if one person's best causes another person pain. The reader can judge whether I have used this ethic as a fig leaf for harsh judgment or

whether I have indeed been fair to my participants.

As RTI/PBIS is passed its introduction and becoming more institutionalized, I believe that this study is well-timed. It is the only qualitative discourse study of its kind to date on this particular development. It documents how medicalization dominates RTI/PBIS regarding behavior and emotion, as had been predicted for learning disabilities (Ferri, 2011). Furthermore, it details not only how pervasive medicalization can be—making all educators in the school into quasi-psychologists—but also how it can subjugate other competing discourses such as institutional racism. I believe this is a potentially significant finding for the proponents of culturally responsive RTI/PBIS (Artiles & Bal, 2008; Bal et al., 2012; Vincent et al., 2011) to address. Social justice leadership sees the need for cultural competence (Cambron-McCabe & McCarthy, 2005; Capper, Frattura, & Keyes, 2008; Capper, Theoharis, & Sebastian, 2006; Larson & Murtadha, 2002; MacKinnon, 2000; Scheurich & Skrla, 2003; Theoharis, 2009). It is also strategically important to recognize the ideologies that compete with it effectively. Brantlinger (Brantlinger, 2004a, 2004b) provides a powerful analysis of the broader such debate in special education. I hope this study can in a small way further that discussion.

Further Study

I hope that this study can lead to other discourse studies on Response to Intervention and Positive Behavioral Interventions and Supports as they are being practiced. Several studies of the policies indicate that RTI may be essentially the old wine of special education in new skins (Alfredo J. Artiles, 2007; Alfredo J. Artiles et al., 2010; Ferri, 2011). Likewise, there is some new prescriptive literature on the need for RTI to exhibit cultural competence (Artiles & Bal, 2008; Sugai, 2012; Vincent et al.,

2011). One qualitative study describes an attempt in one school to engage culturally competent PBIS (C. Jones et al., 2006). One study also dissects leadership on PBIS, comparing efforts led by principals to those led by coaches without evaluative authority (McWilliams, 2010). Building on these works and on the present study, one follow-up study to this would be to see how inclusive educators at all levels, beyond nominal leaders, are engaging the discourses of RTI and PBIS.

It would also be useful to see quantitative dimensions to this research. As Theoharis and Cosier (2012) have examined broad impacts of policy and practice on disproportionality, I would see a second research follow up that finds out what is happening especially in districts that are attempting RTI/PBIS as a new way of doing business.

Going in a somewhat different direction, more into genealogical discourse analysis, I note that the fifth edition of the Diagnostic and Statistical Manual (American Psychiatric Association. & American Psychiatric Association. Task Force on DSM-IV., 2000) is due to be published in May 2013 (American Psychiatric Association, 2013). Preliminary indications are that the pediatric section is significantly changed, and perhaps greatly expanded (Snow, 2012). Similar to Conrad's (1988, 2006) study that looked at the intersection of school, the health care industry, and families for the emergence of the attention deficit hyperactivity diagnosis (ADHD), I envision a study that examines how the production of the DSM-5 has engaged the increasingly psychopathological concerns of schools.

Implications for Practice

I undertook this study because I regarded this as a wedge issue. The way that

leaders thought about inclusion was evident especially when they considered the sharp points of how to include students whom they saw as posing the greatest challenge to a well-functioning system.   The rationales for including and excluding students based on their behavior wound up emphasizing the central role of maintaining order, and thereby illustrated discourses that governed all students. In this iteration of the biopolitics of public education, RTI/PBIS represented the genealogical development of the "clinic" at school, growing from the juridical system of disciplinary suspension.

I have found Foucauldian analysis immensely helpful for unpacking these power relations. However as a matter of practice, I do not find that I can wholly reject the basic biopolitical imperative of public school—that it will have a broad and self-legitimating interest in the conditions of students' lives. I can *imagine* that rejection, and likewise understand how one might embrace an anarchic version of education such as Illich's deschooling (Illich, 1971). That path strikes me as utopian in an unhelpful way, because the state will continue to enact its interest in children's lives. Activists who want to make a meaningful difference in education have to operate in that arena because, to paraphrase Willie Sutton, that's where the kids are.

I analyze with Foucault, and pivot to Martin Luther King, Jr. for strategy. I draw on my own leadership training in the Kingian tradition of nonviolent civil disobedience (Alinsky, 1989; Cotton, 2012). I strategize the array of forces, discourses, and actors that are presently in place and attempt to devise strategy that can disrupt power discourses with the best likelihood for creating space for even further liberatory practice. In that vein, I do not yet advocate scrapping RTI/PBIS entirely, but rather continuing to work within the structure, but with significant changes. Each of these changes could expose

important injustices and power relations, thus making further changes possible. First, it is necessary to shift the pyramid's focus from compliance to other values. Other education systems—such as that employed in the civil rights movement itself (Cotton, 2012; Longo, 2007)—intentionally promoted values such as empathy, collaboration, and self-determination. I propose putting those values and similar ones at the core of a system that supports and intervenes to encourage positive behaviors. Second, if RTI/PBIS balanced its analyses in two ways—recognizing strengths as fully as it analyzes challenges, and focusing on the adults and the institution of power as much as it focuses on students—this could increase awareness and acceptance of power relations that could disrupt present power relations and lead to liberating and inclusive action.

Whereas this study's early stages found discourses that rationalized exclusion, it found more powerfully that discourses of control came to dominate discourses of inclusion. With that in mind, I expect that undermining control as the central tenet of inclusion can make a substantial difference in inclusive discourses. The move from control toward acceptance can be significant—and the RTI/PBIS tools do seem to have room within them to make that move. Control need not be the driving force. Deficit need not be the only area for focused analysis by educators on a regular basis. Dominant culture need not be the presumed norm to which all other behaviors are compared. Thus, where the leaders in this study have genuinely desired to be inclusive, I believe that a distinct set of shifts in practice and discourse can help them develop that into a practice that is more genuinely accepting and supportive, rather than making the distinctly limited and oppressive move from regarding students as naughty to regarding them as sick.

Pyramid Based on an Expansive Set of Values

Moving beyond control and compliance, one can imagine systematic ways of promoting inclusion by advocating a broader set of values and practices. One such program, the Circle of Courage (Brendtro, Brokenleg, & Van Bockern, 2002), promotes four core values: mastery, independence, belonging, and generosity. These four character traits and attendant behaviors are regarded in Circle of Courage as powerful in "reclaiming" students who have been identified by their educational and judicial systems as "at-risk youth" (Brendtro et al., 2002).

In that vein, a significant potential advantage for merging Circle of Courage with RTI/PBIS is the possibility of pulling away from pathologizing all behavior. Insofar as the Lakota base of Circle of Courage accepts all states of human emotion and behavior as normal, it disrupts the pyramidal drive toward medical diagnosis of disruptive or noncompliant behavior. For example, with each of the four domains of mastery, independence, belonging, and generosity, the program lays out three possible states for expressing them as a fulfilled, distorted, or unmet need.

Table 6.

Circle of Courage Core Values. (Brendtro et al., 2002)

Mastery		
Normal	**Distorted**	**Absent**
Achiever	Overachiever	Nonachiever
Successful	Arrogant	Failure Oriented
Creative	Risk-Seeker	Avoids Risks
Problem-Solver	Cheater	Fears Challenge
Motivated	Workaholic	Unmotivated
Persistent	Compulsive	Gives Up Easily
Competent	Delinquent Skill	Inadequate
Independence		
Normal	**Distorted**	**Absent**
Autonomous	Dictatorial	Submissive

Confident	Reckless/Macho	Lacks Confidence
Assertive	Bullies Others	Inferiority
Responsible	Power Struggles	Irresponsible
Inner Control	Manipulative	Helplessness
Self-Discipline	Rebellious	Undisciplined
Leadership	Defies Authority	Easily Led
Generosity		
Normal	**Distorted**	**Absent**
Altruistic	Noblesse Oblige	Selfishness
Caring	Indulgent	Affectionless
Sharing	Plays Martyr	Narcissistic
Loyal	Co-Dependent	Disloyal
Empathic	Overinvolved	Hardened
Prosocial	Servitude	Antisocial
Supportive	Bondage	Exploitative
Belonging		
Normal	**Distorted**	**Absent**
Attached	Gang Loyalty	Unattached
Loving	Craves Affection	Guarded
Friendly	Craves Acceptance	Rejected
Intimate	Promiscuous	Lonely
Gregarious	Clinging	Aloof
Cooperative	Easily Misled	Isolated
Trusting	Overly Dependent	Distrustful

The emotions and behaviors laid out in a fairly systematic manner are consistent with the

prevailing discourse of RTI/PBIS, yet avoid the pull toward pathology. Perhaps even

more valuable, the Circle of Courage discourse analyzes behaviors as serving a purpose

for the student, thus also breaking the binary paradigm of compliance noncompliance

found in the present shift from juridical to therapeutic discourses in RTI/PBIS. This

analytic shift is of a piece with practices that move beyond control as the key factor for

inclusion (Danforth & Smith, 2005; Kohn, 1998; Orsati & Causton-Theoharis, 2012).

Furthermore, Circle of Courage is consistent with culturally relevant PBIS insofar

as it attempts to merge present psychological theory with the values and practices of an

inclusive culture, the Lakota.[22] As above, the importance of this shift is not in the particular culture of the Lakota, in which the school holds a romanticized notion of Native American culture as somehow more peaceful, profound, or spiritual than the dominant culture—a perspective common to so many White "wannabes" who adopt a pseudo-Native American stance as their own. Rather, the valuable shift here is toward a cultural stance that accepts myriad emotions and behaviors as equally valid and present in any group, or in this case, within a school or classroom. Literature on successful CRPBIS interestingly draws upon examples from native cultures similarly embedded in dominant culture (C. Jones et al., 2006)

Balance Strengths and Challenges

It seems to me that a few simple forms of balance in this work could also make a considerable difference. First, suppose that student strengths were analyzed as carefully as their troubles. The descriptive review process of the Prospect Foundation (Himley & Carini, 2000) is based on that kind of balanced, open, and compassionate inquiry. Carini observes that descriptive review employs a different kind of rigor:

What I want to say . . . is that it takes vigilance –- hard, recursive work – and it

---

[22] Assuming a social model of disability, in which the social context defines whether a particular behavior or attribute is enabling, disabling, or neutral, many questions are raised by borrowing explicitly from one culture to "heal" disabilities as they are experienced in another. At one level of inquiry, one asks how disability is experienced in Lakota culture in as "pure" a cultural state as possible; i.e., how do the Lakota themselves, with little reference to other cultures, experience disability, and vice versa for the borrowing cultures?

At another, it is important to acknowledge that all Native American cultures-- diverse as they are amongst themselves--are also nations located within a dominant Eurocentric culture of the United States. Their sovereignty and autonomy are mediated to a great degree. Hence, it is important to acknowledge a bicultural nature of disability (Joe, 1997; Napholz, 2000; Simmons, Novins, & Allen, 2004) and a program such as Circle of Courage (Brendtro et al., 2002; Coughlan & Welsh-Breetzke, 2002; Pike, Millspaugh, & DeSalvatore, 2005).

takes educating ourselves in the largest sense of the word to keep alive this awareness of human complexity. It takes an active attunement to the fullness of passion in each person, to the driving desires of each person to make and to do, and to the strong, basic need of each of us – and all – to be valued and valuable. (Himley & Carini, 2000, p. 113)

Descriptive review. The descriptive review of the child does not presume deficit, though it does presume that the teacher is puzzled about a student and is seeking help from colleagues to understand. Similar to the SBIT and related teams, a descriptive review team is a collection of colleagues offering insights and suggestions. In this case, the facilitator begins by identifying a central concept, and asking members to brainstorm based on that idea. For example, a teacher brings a student whom she feels "slips by" her in class, disconnected from instruction. "Setting aside *visible/invisible* and *presence*, the presenting teacher has settled on *slip/slips* because it seems closer to how she experiences the child she is going to describe" (Himley & Carini, 2000, p. 12, emphases original). Notably, this process begins with the teacher's experience of the child. The teacher acknowledges openly her relationship to the student, rather than assuming the authoritatively objective stance of the clinician observer.

From here, the process is not entirely dissimilar to other analytic discussions, except that it assumes neither strength nor deficit, and returns often to context and all the actors involved. Following the reflection on a keyword, the protocol for a descriptive review is as follows, following the reflection on a keyword:

- The chair's framing remarks and the focus for the review.
- The presenting teacher's map of the classroom and description of the schedule.
- The presenting teacher's portrayal of the child, according to:
  - physical presence and gesture,
  - disposition and temperament,
  - connections with others (both children and adults),
  - strong interests and preferences,
  - modes of thinking and learning.

- The chair gathers main threads from the portrayal (also called "integrative restatement").
- Additions to the presenting teacher's portrayal:
    - observations by other staff,
    - history of any significant illness,
    - unusual absences, and so forth (very brief).
- Chair restates the focus question(s) and invites questions and comments from the participants in the review.
- Questions, comments, dialogue.
- Chair gathers main themes from the discussion and restates the focus question.
- Responses and recommendations form the review group.
- Evaluation of process, with particular attention to respect for the child, the family, and the teacher.
- Plans and calendar for any upcoming descriptive reviews.

(Himley & Carini, 2000, p. 42)

Expanded gaze beyond one student. Whether a team follows the descriptive review protocol or not, I would argue that the second form of balance that could change current practice is to expand the diagnostic gaze to other students. When educators are worried about one student, they could expand their gaze to include others at the same time. When they study one student's behavior in depth, they could just as thoughtfully analyze the behavior of two others who they consider just fine. For another example of this expanding the diagnostic gaze, college undergraduate and graduate students who are preparing to become teachers are encouraged to plan inclusively by considering any three students in their elementary or secondary classroom who the breadth of that class (Causton-Theoharis, Theoharis, & Trezek, 2008). The pre-service teachers quickly learn that planning for these three target students leads them toward universal designs that are applicable for all their students. Furthermore, I propose the descriptive review version (Himley & Carini, 2000) of understanding all three students, thereby creating a tableau of different behaviors to address.

Expanding the gaze accomplishes two goals. First, it may disrupt the disciplinary

and diagnostic gaze that is crucial to constructing the identity of disordered/disorderly student. Whereas now the discourses that regulate the authoritative gaze scrutinize students for their perceived deficits, expanding the gaze to others could shifts those discourses to accepting the diversity of all. Second, by explicitly focusing on at least three students who presumably represent the diversity of the class, expanding the gaze begins to disrupt the presumption of normalcy—that the class contains mostly purportedly normal students and a few deviant ones. An expanded analytic gaze may yet recognize patterns that run across several or even many students in a class. Even when it does that, however, it potentially disrupts to normal/abnormal duality that governs so many of the discourses of inclusion. And as we this study demonstrates, the discourses of inclusion presume a point of exclusion at the extreme distances away from normalcy. In this regard, the pyramid has become the new continuum, both schemes with normal inclusive parameters and abnormal exclusive ones. I suggest that expanding the gaze could intentionally disrupt that fundamental duality.

Analyze Power and Adults as Thoroughly as Students

The third suggestion builds from the second. Whereas the second expands from one student to three (or more), I would urge educators to shift their gaze again to the adults and the power structures of the school. Much of the power of the panopticon (Foucault, 1979) could be interrupted if its direction is also interrupted. Reimagine any of the scenes of analysis in this study if the participants had questioned what they or their structures might be contributing to a student's need to resist. This is beyond the cultural sensitivity that might recognize that one culture's emblems of disruption or disorder have entirely different meanings in another culture—though that kind of cultural competence

is also necessary. It is a level of self-critique at an organizational level that thus far is not part of RTI/PBIS, even though its school wide and system-wide aspirations might suggest that it is.

For example, consider a high school that analyzes its attendance data in a PBIS regime, and prioritizes the high rate of students cutting class. Focusing on the students as truant can yield solutions such as placing more monitors in the halls checking for passes, shepherding students to class. This is not unlike the Fairview's Principal Underwood who projects that he might increase adult supervision of bathrooms and cafeteria in response to office referrals from lunchtime.

However, balancing strength analysis with deficit analysis, and balancing analysis of adults with analysis of students might yield entirely different questions. What classes were students never missing in that high school? Assume that students are voting with their feet when they cut class, in effect expressing what is worth their time and attention. They might be attending some classes rather than others for a host of reasons: they love the teacher, they are scared to death of the teacher, or the class is close to the cafeteria. Without analysis, the reasons are unclear. However, until those questions are asked, at least half of what is going on in that high school goes unexamined.

This flip presumes the competence of students (Biklen & Burke, 2006; Blatt, 1999; Danforth & Smith, 2005; Kliewer, 2008). It takes at face value the fact that their behavior disturbed or disrupted the classroom order as it had been proceeding. However, it supposes that their disruptive behaviors could be regarded as competent responses to their classrooms. Indeed, when teachers and administrators in this study argued that disruptive behavior was a manifestation of a mismatch between the child's academic

ability and the current lesson, they acknowledged motives of self-preservation. Since the educators were the ones making the diagnosis, however, they saw themselves as benevolent, and therefore the student's reaction was perceived as irrationally responding to a nonexistent threat. Educators thought that children had nothing to fear from them, and therefore were acting irrationally.

However, how would the dynamic shift if we saw students as reading that scene competently? If the threat was legitimate, then we could then raise the question of why it would be sensible, self-protective, or even altruistic for a student to be disruptive (Danforth, 2005). As a means of psychic self-preservation, Kohl (1994) called this stance "creative maladjustment." Numerous others have documented the rebellious stance of students whose cultures were marginalized in school (Alonso, 2009; Noguera, 2008; Willis, 1977). Taken to an extreme, this shift to regarding disorder as competent could lead to the logic of *civil* disobedience, disrupting the civil discipline in order to expose systemic injustice. I am not implying that all instances of student disruption are perforce heroic. Rather, I do suggest that analyzing the roots of disruptive behavior ought to engage a comprehensive examination of power.

Caveat About the Master's Tools

Even as I make these recommendations, I am mindful of Audré Lorde's (2003) warning that "the master's tools will never dismantle the master's house." The balances that I suggest essentially reapply some of the existing technologies of control. In that regard, I do have some company from those who advocate equity audits (Frattura & Capper, 2007; Skrla et al., 2004) and culturally responsive RTI/PBIS (Bal et al., 2012). I would not say that my implications for practice are revolutionary. I do believe that they

can expose how power acts in schools, and put some of the tools in the hands of marginalized people to whom they have been denied.   Further, I recognize the possibilities for cooptation and further marginalization. Nonetheless, I would argue that developing the alliances necessary for culturally responsive RTI/PBIS draws in marginalized actors, giving them access to institutionally significant discourses. Furthermore, determinedly moving away from deficit thinking about students is at the heart of every progressive critique and plan of action for building liberatory schools.

Final Thoughts

At so many different moments in my career, I have taken inspiration from Gramsci's (1992) exhortation to exhibit "pessimism of the intellect and optimism of the will." As he analyzed capitalist hegemony from a prison cell, he nonetheless understood that analysis alone would not suffice. Analysis of the current power structure can bring justice when joined to concerted and knowledgeable action justice. Deconstructing the discourses of power and psychopathologizing that are evident in RTI/PBIS and similar practices has at times been personally and professionally disillusioning. Gramsci has picked me back up though.

Likewise, as I have read King's (1968, 2010) final book, *Where Do We Go From Here: Chaos or Community?*, I have found trenchant critique tied to a call to act. As he discussed where the civil rights movement can move from its current place, he acknowledged that the movement may "need programs" from the government to make progress, "but not for use as supplicants. We require programs to hold up to our followers which mirror their aspirations" (King, 1968, 2010, p. 145). Acknowledging that RTI/PBIS may move us past suspending students to keeping them in school does not

mean that we must necessarily accept it as it stands. It would be hard to imagine that students would prefer being regarded as sick to being regarded as bad. RTI/PBIS in its present form therefore fails King's test to "mirror the aspirations" of students. Students aspire to belong in a community that embraces them, rather than holding them at arm's length. More germane to this study, inclusive leaders aspire to develop such schools. My intention is that this research will help apply "pessimism of the intellect and optimism of the will" to examine present practice and plans, and continue to strive for more loving and just communities.

Appendix A

Demographics, Classification Rates, and Suspension Rates

Table 7:

District Demographics

Category	Greendale	Clearwell	Fairview	Lakeview	Pleasant Hills
Total enrollment	> 20,000	1,000-3,000	1,000-3,000	< 1,000	3,000-5,000
Number of Schools	> 30	< 10	< 5	< 5	< 10
American Indian or Alaska Native	2%	1%	1%	1%	2%
Black or African American	53%	3%	3%	1%	4%
Hispanic or Latino	12%	0%	5%	1%	1%
Asian or Native Hawaiian/ Other Pacific Islander	6%	1%	1%	1%	2%
Multiracial	0%	0%	4%	0%	1%
White	28%	96%	86%	97%	90%

Category	Greendale	Clearwell	Fairview	Lakeview	Pleasant Hills
Limited English Proficiency	10%	1%	4%	0%	1%
Eligible for Free Lunch	72%	30%	36%	34%	21%
Eligible for Reduced-Price Lunch	7%	7%	10%	17%	8%
Students with Disabilities	19%	17%	13%	14%	14%

Note: Categories as per State Department of Education. If there is only one student in a given category, then the report is officially 0%, in order to avoid identifying that individual inadvertently (State Education Department, 2011f, 2011g, 2011h, 2011i, 2011j, 2012a, 2012b, 2012c, 2012d, 2012e).

Table 8:

School Demographics

Category	Greendale		Clearwell	Fairview	Lakeview	Pleasant Hills
	Jones	Warren	Clearwell Elem.	Fairview Middle	Lakeview Elem.	Heights Elem.
Total enrollment	> 500	> 500	> 500	≈ 500	< 500	< 500
Grade Range	K-8	K-8	K-5	4-8	Pre K-5	K-5
American Indian or Alaska Native	0%	1%	0%	1%	0%	0%
Black or African American	49%	49%	3%	3%	0%	3%
Hispanic or Latino	4%	9%	0%	5%	1%	1%
Asian or Native Hawaiian/ Other Pacific Islander	3%	1%	1%	1%	1%	1%
Multiracial	0%	0%	0%	3%	0%	0%
White	43%	39%	96%	87%	98%	95%
Limited English Proficient	0%	2%	3%	4%	0%	0%
Eligible for Free Lunch	45%	49%	31%	42%	36%	6%

Category	Greendale		Clearwell	Fairview	Lakeview	Pleasant Hills
	Jones	Warren	Clearwell Elem.	Fairview Middle	Lakeview Elem.	Heights Elem.
Eligible for Reduced-Price Lunch	7%	9%	5%	11%	14%	3%

Notes: 1) Unlike the demographic data for districts as a whole, the State Department of Education does not report an individual

school's number or percentage of students with disabilities. Neither did the districts themselves maintain this information per school.

2) Categories as per State Department of Education. If there is only one student in a given category, then the report is officially 0%, in

order to avoid identifying that individual inadvertently (State Education Department, 2012f, 2012g, 2012h, 2012i, 2012j, 2012k).

Table 9:

Classification Rates

District	2007	2008	2009	2010[a]	Average
Emotional or Behavioral Disturbance (E/BD)					
Greendale	3.2%	3.2%	3.4%	3.2%	3.3%
Clearwell	4.8%	4.4%	3.2%	3.5%	4.0%
Fairview	2.5%	2.6%	1.7%	1.5%	2.1%
Lakeview	0.0%	0.0%	0.0%	0.0%	0.0%
Pleasant Hills	1.3%	1.2%	1.3%	1.3%	1.3%
Learning Disability (LD)					
Greendale	11.0%	10.7%	10.5%	9.9%	10.6%
Clearwell	6.5%	6.5%	6.9%	7.3%	6.8%
Fairview	7.1%	6.4%	6.3%	5.9%	6.4%
Lakeview	8.3%	6.8%	7.7%	8.2%	7.8%
Pleasant Hills	7.6%	7.6%	7.1%	7.9%	7.6%
Other Health Impairment					
Greendale	1.4%	1.6%	1.8%	1.8%	1.6%
Clearwell	1.6%	1.5%	1.6%	2.2%	1.7%
Fairview	2.1%	1.8%	2.2%	2.4%	2.1%
Lakeview	1.5%	1.2%	1.3%	1.6%	1.4%
Pleasant Hills	1.8%	2.2%	2.1%	2.5%	2.1%

[a] Most recent available data.

(State Education Department, 2007, 2008, 2009, 2010)

Table 10:

Suspension Rates.

District	School	2006-07	2007-08	2008-09	2009-10	Avg.
Greendale School District		19%	21%	21%	21%	21%
	Jones	5%	9%	12%	15%	10%
	Warren	11%	12%	11%	10%	11%
Clearwell School District		6%	4%	4%	4%	5%
	Clearwell Elem.	3%	1%	4%	4%	3%
Fairview School District		8%	11%	8%	6%	8%
	Fairview Middle	9%	11%	8%	8%	9%
Lakeview School District		6%	5%	6%	6%	6%
	Lakeview Elem.	1%	1%	1%	3%	2%
Pleasant Hills School Dist.		5%	6%	6%	6%	6%
	Heights Elem.	0%	0%	0%	0%	0%

(State Education Department, 2012a, 2012b, 2012c, 2012d, 2012e, 2012f, 2012g, 2012h, 2012i, 2012j, 2012k)

Appendix B: Interview Protocols

Initial interview protocol:

1. What is inclusion to you?

2. Can you describe how inclusion has developed here? Examples?

3. Where would you like to see it in five years?

   a. How do you see your role in that process?

4. What kinds of behaviors and emotions shown by students do you find the most challenging to deal with?

5. How is the school/district dealing with them? Example?

6. How do you want to see emotional and behavioral concerns being addressed here? How is that going to date? Is there an emblematic story you could share?

   a. What does success look like? Example?

7. What kind of information on students do you and the school/district look at when it comes to behavioral and emotional issues?

   a. How do you want your school/district to use that information?

   b. How do your vision and current practice compare?

8. What does PBIS look like here? What are the components, practices, of it here?

   a. How are you finding PBIS going here, if you are engaged with it?

9. [If PBIS is paralleling RTI:] How do you want your school/district to approach the tiers in PBIS? Looking again at the example you gave me earlier, help me understand where that would fit on the pyramid.

10. How do you see your role as leader in this work—inclusion, PBIS/RTI, and emotional/behavioral challenges?

    a. Where might I find evidence of that?

Final Interview Protocol

At the outset, thank you very much for the access and collegiality you've provided me as I complete this project. Talking with you, observing the meetings of _____, and reviewing the district documents you have shared with me have given me a great deal of important data. It is very clear to me how hard you and the folks here are working to make a change, and how committed you are to doing the right thing by kids. It is important to me to represent that in the findings.

So, I want to ask you two kinds of questions today. First, I will ask whether my findings are accurate from your point of view. Second, I will ask what you think the story is that I should tell about them.

Here are the findings I need your perspective on:

[Take one set of findings at a time, and go through following questions for each.]

1. Review data from observations and documents.

2. Provide tentative theory on meaning of the data.

3. Am I reading that correctly?

4. What is the story to tell about that?

Appendix C: Student Responsibilities as per Codes of Conduct

Greendale

All district students have the responsibility to:

1. Contribute to maintaining a safe and orderly school environment that is conducive to learning and to show respect to other persons and to property.
2. Be familiar with and abide by all district policies, rules and regulations dealing with student conduct.
3. Attend school every day unless they are legally excused and be in class, on time, and prepared to learn.
4. Work to the best of their ability in all academic and extracurricular pursuits and strive toward their highest level of achievement possible.
5. React to direction given by teachers, administrators and other school personnel in a respectful, positive manner.
6. Work to develop mechanisms to control their anger.
7. Ask questions when they do not understand.
8. Seek help in solving problems that might lead to discipline.
9. Dress appropriately for school and school functions.
10. Accept responsibility for their actions.
11. Conduct themselves as representatives of the district when participating in or attending school-sponsored extracurricular events and to hold themselves to the highest standards of conduct, demeanor, and sportsmanship.
12. Manage and take care of their personal belongings.

Clearwater

All students have the responsibility to:

1. Contribute to maintaining a safe and orderly school environment that is conducive to learning and show respect to other persons and to property.
2. Be familiar with and abide by all District policies, rules and regulations dealing with student conduct.
3. Attend school every day unless they are legally excused and be in class, on time, and prepared to learn.
4. Work to the best of their ability in all academic and extracurricular pursuits and strive toward their highest level of achievement possible.
5. React to direction given by teachers, administrators, and other school personnel in a respectful, positive manner.
6. Work to develop mechanisms to control their anger.
7. Ask questions when they do not understand.
8. Seek help in solving problems to avoid the need for discipline.
9. Dress appropriately for school and school functions.
10. Accept responsibility for their actions.

11. Conduct themselves as representatives of the District when participating in or attending school-sponsored extracurricular events and hold themselves to the highest standards of conduct, demeanor, and sportsmanship.

Fairview

It shall be the responsibility of each district student to:

1. be familiar with and abide by all district and building rules and regulations pertaining to student conduct;
2. work to the best of his/her ability in all academic and extracurricular pursuits and strive toward the highest level of achievement possible, asking questions when he/she does not understand and completing assigned tasks both in class and out of class;
3. conduct himself/herself, when participating in or attending school-sponsored extracurricular events, as a representative of the district and as such hold himself/herself to the highest standards of conduct, demeanor, and sportsmanship, and accept responsibility for his/her actions;
4. develop anger management skills;
5. show respect for the faculty and other members of the school community;
6. seek help in solving problems that might lead to discipline procedures;
7. attend school every day and be in class, on time, and prepared to learn unless he/she is legally excused;
8. contribute to the maintenance of an environment that is conducive to learning and to show due respect for other persons' property;
9. dress in accordance with standards set by the Board and the Superintendent;
10. make constructive contributions to the school, and to report fairly the circumstances of school related issues; and
11. inform an adult in the school setting of any threat to safety of people or property within the school environment.

Lakeview

It shall be the responsibility of each student:

1. To be familiar with and abide by all district policies, rules, and regulations pertaining to student conduct (found in the Student Handbook);
2. To work to the best of his/her ability in all academic and extracurricular pursuits and strive toward the highest level of achievement possible;
3. When participating in our attending school-sponsored events, to behave as a representative of the district and hold himself/herself to the highest standards of conduct. demeanor, and sportsmanship, and accept responsibility for his/her actions.

Pleasant Hills

All students have the responsibility to:

1. Obey all school rules and regulations.
2. Attend school regularly and punctually.
3. Show respect for fellow students, teachers, and all school district staff.
4. Accept responsibility for their actions.
5. Work to the best of their ability in all academic and extracurricular pursuits and strive toward their highest level of achievement possible.
6. Conduct themselves as representatives of Pleasant Hills when participating in or attending Pleasant Hills sponsored extracurricular events and hold themselves to the highest standards of conduct.
7. Respect all property.
8. Be safe, and not interfere with the educational process.

Appendix D: Representations of Response to Intervention (RTI) and

Positive Behavioral Interventions and Supports (PBIS)
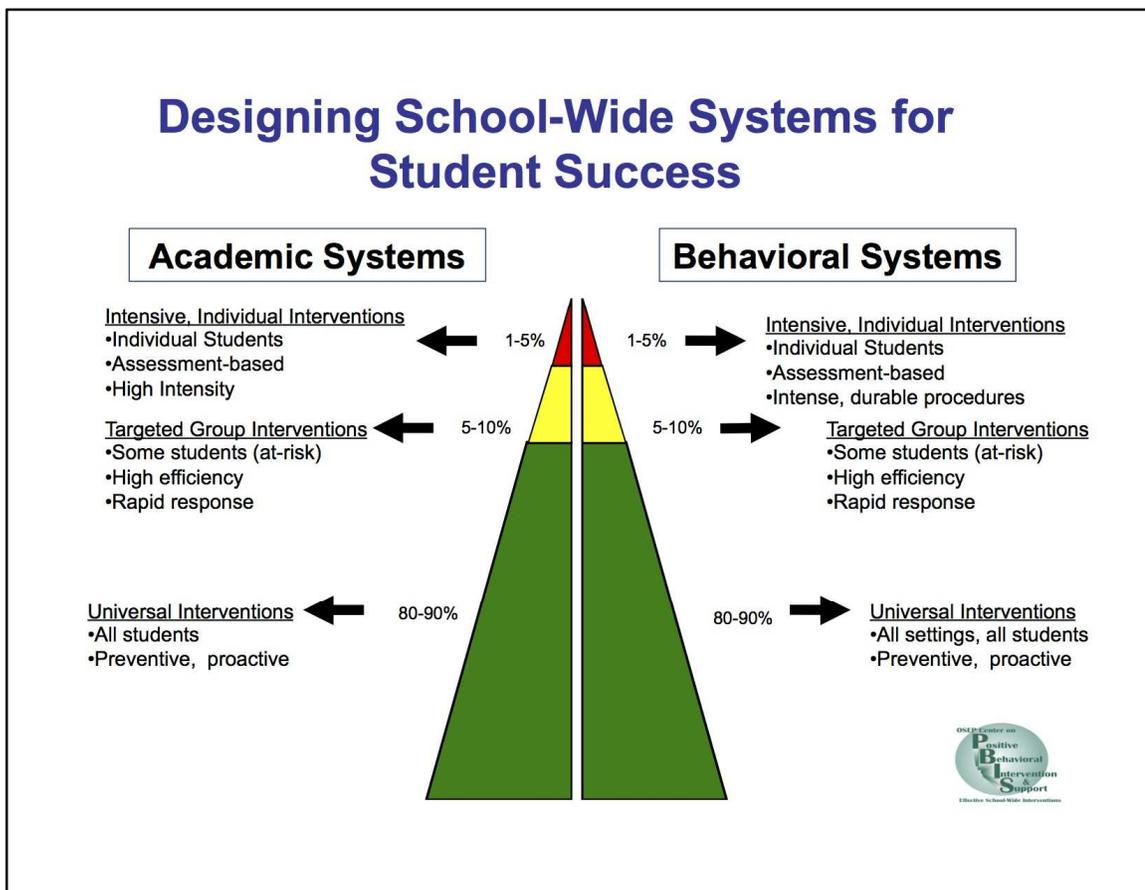
Figure 6. Fairview RTI/PBIS Pyramid. This representation is from a presentation made to the Fairview Board of Education by Principal Underwood. The logo at bottom right indicates that this figure is from the Office of Special Education Programs at the U.S. Department of Education. It is a three-tiered pyramid, green at base, yellow in the middle, and red at the top. Colors, area, percentages, and labels indicate increasing severity and decreasing numbers of students as the tiers rise.

4–Tiered Problem Solving Framework: Behavioral
██████ **School (grades 6-8) 240 Students**

5.8%
(14 students)
Support Staff Team closely monitoring behavior plans and FBA's to assure continuity through Summer Camp and next school year.

TIER 4
INTENSIVE SUPPORT SERVICES
Data-driven decision making
6-10% of population
D

Intensive, Individual Interventions
Individually designed behavior plan based on FBA
* Intensive pro-social and sustainable strategies taught
* Parent training and collaboration
* Multi-agency collaboration; wrap-around services
* Alternative programs to suspension & expulsion
* 8+ discipline referrals
* CPS referrals/ ed neglect referrals
* Counseling support
G

16.25%
(39 students)
H

TIER 3
INDIVIDUALIZED TARGETED INTERVENTION
13-18% of population
Student progress & interventions closely monitored
High efficiency, rapid response, group or individual delivery
C

Strategic, Targeted Group Interventions
* Some Students (at-risk)
* Group or Individualized Delivery
* High efficiency/Rapid Response
* Increased social skill teaching
* Self-management training & support
* Parent training & collaboration
* Functional Behavioral Assessment (FBA)
* Alternative to out of school suspension
* 4-7 discipline referrals/time outs
* Attendance letters
* Referrals to outside agencies
* SBIT
* STEP
F

TIER 2
SMALL GROUP TARGETED INSTRUCTION
83-86% of the population

Documentation of interventions & student progress are required.
Data utilized to identify students & measure intervention effectiveness
B

Core Instructional Interventions
* All settings, all students
* Preventive, proactive
* School-wide social skills teaching
* Teaching school behavior expectations (PBIS)
* Effective classroom management
* Positive reinforced systems
* Firm, fast & corrective response to problem behavior
* Community & service learning
* 1-3 referrals- Tier 2
* Time outs- not office level
* SBIT (Tier 2)
* School-wide incentive system
* School-wide acknowledgements of students' success
* Good Behavior Game
E

TIER 1
UNIVERSAL BEHAVIORAL EXPECTATIONS
All Students-100% Receive
A

Figure 7. Behavioral Pyramid from Warren School in Greendale. This pyramid is a district framework applied to the middle school grades of a K-8 school. Greendale had designed a four-tier pyramid, with a two green tiers at base, then yellow, then red. Percentages and labels within the pyramid represent the overall plan for the district. Percentages and labels outside the pyramid are precise, as per this school. Warren's Principal Lowthian indicated that Special Education Director Quinn regarded this school's pyramid as an exemplar for the district.

Key:
A = TIER 1. UNIVERSAL BEHAVIORAL EXPECTATIONS. All Students-100% Receive.

B = TIER 2. SMALL GROUP TARGETED INSTRUCTION. 83-86%of the population. Documentation of interventions & student progress are required. Data utilized to identify students & measure intervention effectiveness.

C = TIER 3. INDIVIDUALIZED TARGETED INTERVENTION. 13-18% of the population. Student progress & interventions closely monitored. High efficiency, rapid response, group or individual delivery.

D = TIER 4. INTENSIVE SUPPORT SERVICES. Data-driven decision making. 6-10% of population.

E = Core Instructional Interventions.
   * All settings all students.

- Preventive, proactive.
- School-wide social skills teaching
- Teaching school behavior expectations (PBIS)
- Effective classroom management
- Positive reinforced systems
- Firm, fast & corrective response to problem behavior
- Community & service learning
- 1-3 referrals – Tier 2
- Time outs – not office level
- SBIT (Tier 2)
- School-wide incentive system
- School0wide acknowledgements of students' success
- Good Behavior Game

F = Strategic Targeted Group Interventions
- Some students (at-risk)
- Group or Individualized Delivery
- High efficiency/Rapid Response
- Increased social skill teaching
- Self-management training & support
- Parent training & collaboration
- Functional Behavioral Assessment (FBA)
- Alternative to out of school suspension
- 4-7 discipline referrals/time outs
- Attendance letters
- Referrals to outside agencies
- SBIT
- STEP

G = Intensive Individual Interventions. Individually designed behavior plan based on FBA.
- Intensive pro-social and sustainable strategies taught
- Parent training and collaboration
- Multi-agency collaboration; wrap-around services
- Alternative programs to suspension & expulsion
- 8+ discipline referrals
- CPS referrals / ed neglect referrals
- Counseling support

H = 16.25% (39 students)

J = 5.8% (14 students) Support Staff Team closely monitoring behavior plans and FBA's to assure continuity through Summer Camp and next school year.
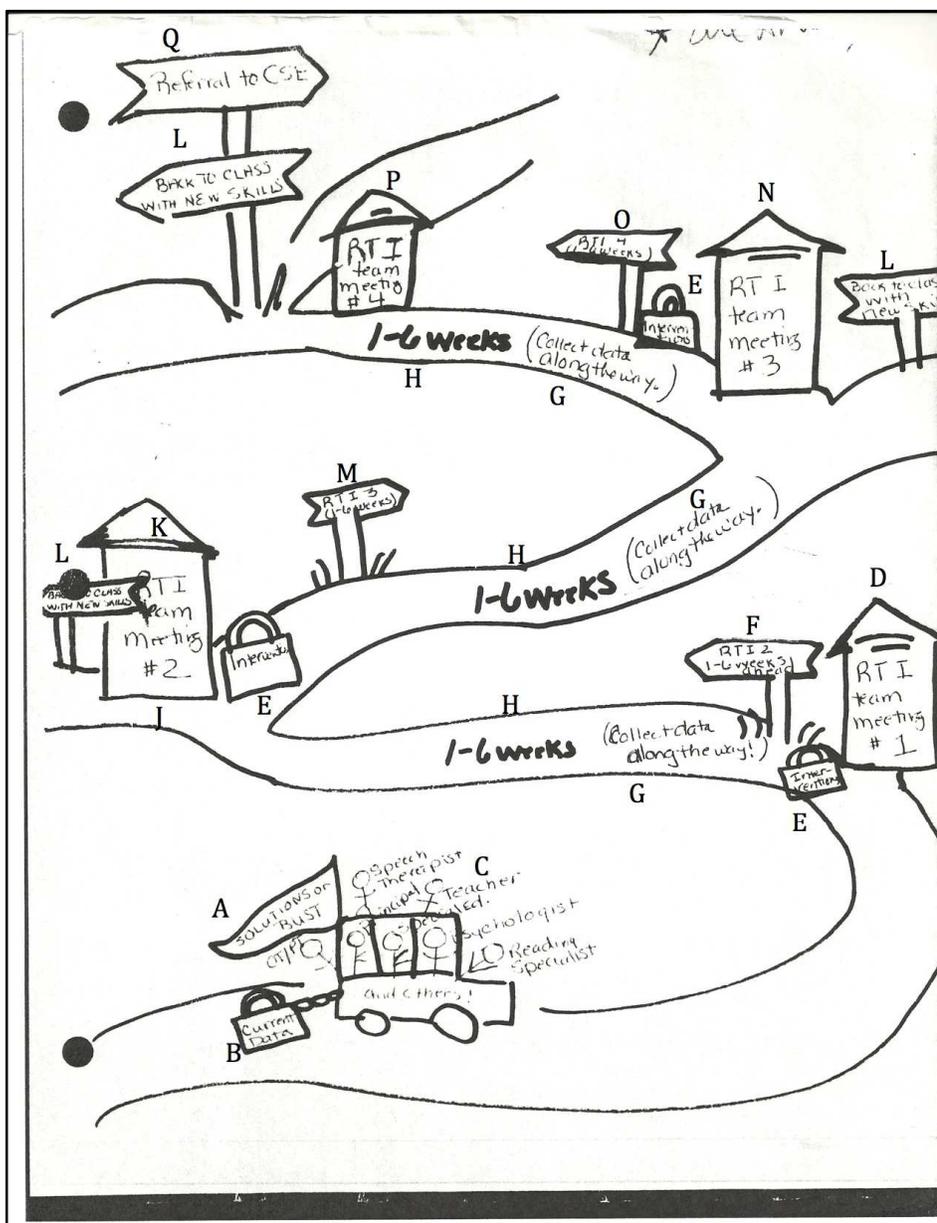
Figure 8. RTI Map from Lakeview. This graphic represents the RTI process as a journey. The bus contains the School Based Intervention Team (SBIT). Various stops, signposts, luggage, and off-ramps are depicted en route.

Key:
A = "Solutions or Bust" banner.
B = Current Data.
C = Bus riders: OT/PT, Speech Therapist, Principal, Teacher, Special Ed, Psychologist, Reading Specialist, And Others!
D = RTI Team Meeting #1.
E = Interventions.
F = RTI 2, 1-6 Weeks Ahead.

G = (Collect Data Along the Way!)
H = 1-6 Weeks.
J = RTI Team Meeting #2.
L = Back to Class with New Skills.
M =   RTI 3 (1-6 Weeks).
N = RTI Team Meeting #3.
O = RTI 4 (1-6 Weeks).
P = RTI Team Meeting #4.
Q = Referral to CSE.

References

Adelman, H., & Taylor, L. (2011). Moving beyond the three tier intervention pyramid toward a comprehensive framework for sudent and learning supports. Los Angeles: Center for Mental Health in Schools at UCLA.

Adler, P. A., & Adler, P. (1994). Observational techniques. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 377-392). Thousand Oaks, CA: Sage.

Alexander, M. (2010). *The new jim crow: Mass incarceration in the age of colorblindness*. New York: New Press.

Alinsky, S. D. (1989). *Rules for radicals : A practical primer for realistic radicals* (Vintage Books ed.). New York: Vintage Books.

Alonso, G. (2009). *Our schools suck : Students talk back to a segregated nation on the failures of urban education*. New York: New York University Press.

American Psychiatric Association. (2013). Dsm-5 development. Retrieved 04/22/2013, from http://www.dsm5.org/Pages/Default.aspx

American Psychiatric Association., & American Psychiatric Association. Task Force on DSM-IV. (2000). *Diagnostic and statistical manual of mental disorders : Dsm-iv-tr* (4th ed.). Washington, DC: American Psychiatric Association.

Andersen, M. L. (2003). Whitewashing race: A critical perspective on whiteness. In A. W. Doane & E. Bonilla-Silva (Eds.), *White out: The continuing significance of racism* (pp. 21-34). New York: Routledge.

Anderson, G. L. (1990). Toward a critical constructivist approach to school administration: Invisibility, legitimation, and the study of non-events. *Educational Administration Quarterly, 26*(1), 38-59.

Annamma, S. A., Connor, D., & Ferri, B. (2013). Dis/ability critical race studies (discrit): Theorizing at the intersections of race and dis/ability. *Race Ethnicity and Education, 16*(1), 1-31. doi: 10.1080/13613324.2012.730511

Apple, M. W. (1993). Constructing the "other": Rightist reconstructions of common sense. In C. McCarthy & W. Crichlow (Eds.), *Race, identity, and representation in education* (pp. 24-39). New York: Routledge.

---. (2005a). Audit cultures, commodification, and class and race strategies in education. *Policy Futures in Education, 3*(4), 379-399. doi: 10.2304/pfie.2005.3.4.379

---. (2005b). Education, markets, and an audit culture. *Critical Quarterly, 47*(1-2), 11-29.

Artiles, & Bal, A. (2008). The next generation of disproportionality research: Toward a comparative model in the study of equity in ability differences. *The Journal of Special Education, 42*(1), 4-14. doi: 10.1177/0022466907313603

Artiles, A. J. (2007). *Challenges to response to intervention (rti) models: Equity and cultural considerations*. Paper presented at the NCCREST. http://www.nccrest.org/publications/RTI-CoP_9- 17RTI 24

Artiles, A. J., Bal, A., & Thorius, K. K. (2010). Back to the future: A critique of response to intervention's social justice views. *Theory Into Practice, 49*, 250-257.

Artiles, A. J., & Trent, S. C. (1994). Overrepresentation of minority students in special education: A continuing debate. *The Journal of Special Education, 27*(4), 410-437. doi: 10.1177/002246699402700404

Avissar, G., Reiter, S., & Leyser, Y. (2003). Principals' views and practices regarding inclusion: The case of israeli elementary school principals. *European Journal of Special Needs Education, 18*(3), 355 - 369.

Baglieri, S., Valle, J. W., Connor, D. J., & Gallagher, D. J. (2010). Disability studies in education: The need for a plurality of perspectives on disability. *Remedial and Special Education, 32*(4), 267-278. doi: 10.1177/0741932510362200

Baker, B. M. (2002). The hunt for disability: The new eugenics and the normalization of school children. *Teachers College Record, 104*(4), 663-703.

Baker, B. M., & Heyning, K. E. (2004). *Dangerous coagulations? The uses of foucault in the study of education*. New York: Peter Lang.

Bal, A., Thorius, K. K., & Kozleski, E. (2012). *Culturally responsive positive behavioral support matters*. Paper presented at the American Educational Research Association, Vancouver, BC.

Barnett, C., & Monda-Amaya, L. E. (1998). Principals' knowledge of and attitudes toward inclusion. *Remedial and Special Education, 19*(3), 181-192. doi: 10.1177/074193259801900306

Batsche, G., Elliott, J., Graden, J., Grimes, J., Kovaleski, J., Prasse, D., . . . Tilly III, W. (2005). Response to intervention. *Alexandria, VA: National Association of State Directors of Special Education, Inc.*

Baynton, D. C. (2006). "A silent exile on this earth": The metaphorical construction of deafness. In L. J. Davis (Ed.), *The disability studies reader* (pp. 33-48). New York: Routledge.

Bazelon Center for Mental Health Law. (2003). Suspending disbelief: Moving beyond punishment to promote effective interventions for children with mental or emotional disorders. Washington, DC: Bazelon Center for Mental Health Law.

Bernhard, B. (2012, 12/27/2012). Teenscreen mental health program for high schools closes down, *St. Louis Post-Dispatch*. Retrieved from http://www.stltoday.com/search/?l=25&skin=/branding/stltoday&sd=desc&s=start_time&f=html&q=teenscreen

Bezdek, J. M. (2011). *An examination of the validity of office disciplinary referrals (odr) as a behavioral screener: A descriptive study*. PhD Dissertation, University of Kansas, Lawrence, KS.

Biklen, D. (1988). The myth of clinical judgement. *Journal of Social Issues, 44*(1), 127-140.

Biklen, D., & Burke, J. (2006). Presuming competence. *Equity & Excellence in Education, 39*(2), 166-175. doi: 10.1080/10665680500540376

Blanchett, W. J. (2010). Telling it like it is: The role of race, class, and culture, in the perpetuation of learning disability as a privileged category for the white middle class. *Disability Studies Quarterly, 30*(2).

Blatt, B. (1999). Man through a turned lens. In B. Blatt, S. J. Taylor & S. D. Blatt (Eds.), *In search of the promised land : The collected papers of burton blatt* (pp. 71-82). Washington, DC: American Association on Mental Retardation.

Bogdan, & Biklen, S. K. (2007). *Qualitative research for education : An introduction to theories and methods*. Boston, Mass.: Pearson A & B.

Bogdan, R., & Biklen, D. (1977). Handicapism. *Social Policy, 7*(5), 14-19.

Bogotch, I. E. (2002). Educational leadership and social justice: Practice into theory. *Journal of School Leadership, 12*(March), 138-156.

Brantlinger, E. A. (2004a). Ideologies discerned, values determined: Getting past the hierarchies of special education. In L. Ware (Ed.), *Ideology and the politics of (in)exclusion* (pp. 11-31). New York: Peter Lang Publishing.

---. (2004b). Using ideology: Cases of nonrecognition of the politics of research and practice in special education. In S. Danforth & S. D. Taff (Eds.), *Crucial readings in special education* (pp. 56-79). Upper Saddle River, NJ: Pearson.

---. (2006). *Who benefits from special education?: Remediating (fixing) other people's children*: Lawrence Erlbaum Assoc Inc.

Brantlinger, E. A., Jimenez, R., Klingner, J., Pugach, M., & Richardson, V. (2005). Qualitative studies in special education. *Exceptional children, 71*(2), 195-208.

Brendtro, L. K., Brokenleg, M., & Van Bockern, S. (2002). *Reclaiming youth at risk : Our hope for the future* (Rev. ed.). Bloomington, Ind.: National Educational Service.

Burke, M. D., Davis, J. L., Lee, Y. H., Hagan-Burke, S., Kwok, O. M., & Sugai, G. (2010). Universal screening for behavioral risk in elementary schools using swpbs expectations. *Journal of Emotional and Behavioral Disorders*. doi: 10.1177/1063426610377328

Byrom, B. (2004). A pupil and a patient. In S. Danforth & S. D. Taff (Eds.), *Crucial readings in special education* (pp. 37-54). Upper Saddle River, NJ: Pearson.

Cambron-McCabe, N., & McCarthy, M. M. (2005). Educating school leaders for social justice. *Educational Policy, 19*(1), 201.

Capper, C. A., Frattura, E. M., & Keyes, M. W. (2000). *Meeting the needs of students of all abilities : How leaders go beyond inclusion*. Thousand Oaks, Calif.: Corwin Press.

---. (2008). *Meeting the needs of students of all abilities : How leaders go beyond inclusion* (2nd ed.). Thousand Oaks, Calif.: Corwin Press.

Capper, C. A., Theoharis, G., & Sebastian, J. (2006). Toward a framework for preparing leaders for social justice. *Journal of Educational Administration, 44*(3), 209.

Carabine, J. (2001). Unmarried motherhood 1830-1990: A genealogical analysis. In M. Wetherell, S. Taylor & S. J. Yates (Eds.), *Discourse as data: A guide to analysis* (pp. 267-310). London: Sage Publications Ltd.

Carr, E. G., Dunlap, G., Horner, R. H., & Koegel, R. L. (2002). Positive behavior support: Evolution of an applied science. *Journal of Positive Behavior Interventions, 4*(1), 4.

Cartledge, G., & Kourea, L. (2008). Culturally responsive classrooms for culturally diverse students with and at risk for disabilities. *Journal of Exceptional Children, 74*(3), 351-371.

Casella, R., & Page, M. (2004). The institutional context of being a behavioral problem. *Disability Studies Quarterly, 24*(2).

Causton-Theoharis, J. N., Theoharis, G. T., & Trezek, B. J. (2008). Teaching pre-service teachers to design inclusive instruction: A lesson planning template. *International Journal of Inclusive Education, 12*(4), 381-399. doi: 10.1080/13603110601156509

Chin, J. K., Dowdy, E., Jimerson, S. R., & Rime, W. J. (2012). Alternatives to suspensions: Rationale and recommendations. *Journal of School Violence, 11*(2), 156-173. doi: 10.1080/15388220.2012.652912

Coleman, M., Webber, J., & Algozzine, B. (1999). Inclusion and students with emotional/behavioral disorders. In S. I. Pfeiffer & L. A. Reddy (Eds.), *Inclusion*

practices with special needs students (pp. 25-48). Binghamton, NY: Haworth Press.

Collins, K. M. (2003). *Ability profiling and school failure : One child's struggle to be seen as competent*. Mahwah, N.J.: L. Erlbaum Associates.

Conners, C. K. (1997). Rating scales in attention-deficit/hyperactivity disorder: Use in assessment and treatment monitoring. *The Journal of clinical psychiatry, 59*, 24-30.

Conners, C. K., Sitarenios, G., Parker, J. D. A., & Epstein, J. N. (1998). The revised conners' parent rating scale (cprs-r): Factor structure, reliability, and criterion validity. *Journal of Abnormal Child Psychology, 26*(4), 257-268.

Conrad, P. (1988, 2006). *Identifying hyperactive children : The medicalization of deviant behavior* (2nd ed.). Burlington, VT: Ashgate.

Conrad, P., & Schneider, J. W. (1992). *Deviance and medicalization: From badness to sickness* (2nd ed.). Philadelphia: Temple Univ Press.

Cook, C. R., Volpe, R. J., & Livanis, A. (2010). Constructing a roadmap for future universal screening research beyond academics. *Assessment for Effective Intervention, 35*(4), 197-205. doi: 10.1177/1534508410379842

Cotton, D. F. (2012). *If your back's not bent : The role of the citizenship education program in the civil rights movement*. New York: Atria Books.

Coughlan, F., & Welsh-Breetzke, A. (2002). The circle of courage and erikson's psychosocial stages. *Reclaiming Children and Youth, 10*(4), 222-226.

Covey, S. (1998). *Seven habits of highly effective teens*. New York: Fireside.

Danforth, S. (2005). Compliance as alienated labor: A critical analysis of public school programs for students considered to have emotional/behavioral disorders. In S. L. Gabel (Ed.), *Disability studies in education* (Vol. 3, pp. 85-102). New York: P. Lang.

---. (2007). Disability as metaphor: Examining the conceptual framing of emotional behavioral disorder in american public education. [Article]. *Educational Studies (American Educational Studies Association), 42*(1), 8-27.

---. (2009). *The incomplete child : An intellectual history of learning disabilities*. New York: Peter Lang.

Danforth, S., & Gabel, S. L. (Eds.). (2006). *Vital questions facing disability studies in education*: Peter Lang.

Danforth, S., & Smith, T. J. (2005). *Engaging troubling students : A constructivist approach*. Thousand Oaks, CA: Corwin Press.

Davis, L. J. (2006). Constructing normalcy: The bell curve, the novel, and the invention of the disabled body in the nineteenth century. In L. J. Davis (Ed.), *The disability studies reader* (2nd ed., pp. 3-16). New York: Routledge.

Denzin, N. K. (1994). The art and politics of interpretation. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 500-515). Thousand Oaks, CA: Sage.

Duchnowski, A. J., & Kutash, K. (2009). Integrating pbs, mental health services, and family-driven care. In W. Sailor, G. Dunlap, G. Sugai & R. H. Horner (Eds.), *Handbook of positive behavioral support* (pp. 203-230). New York: Springer.

Dudley-Marling, C. (2004). The social construction of learning disabilities. *Journal of learning disabilities, 37*(6), 482.

Dunlap, G., Sailor, W., Horner, R. H., & Sugai, G. (2009). Overview and history of positive behavior support. In W. Sailor, G. Dunlap, G. Sugai & R. H. Horner (Eds.), *Handbook of positive behavioral support* (pp. 3-16). New York: Springer.

Eber, L., Hyde, K., Rose, J., Breen, K., McDonald, D., & Lewandowski, H. (2009). Completing the continuum of schoolwide positive behavior support: Wraparound as a tertiary-level intervention. In W. Sailor, G. Dunlap, G. Sugai & R. H. Horner (Eds.), *Handbook of positive behavioral support* (pp. 671-704). New York: Springer.

Embry, D. D. (2002). The good behavior game: A best practice candidate as a universal behavioral vaccine. *Clinical Child & Family Psychology Review, 5*(4), 273-297.

eSchooldata. (2012a). Discipline. Retrieved 2/29/12, from http://web.eschooldata.com/eSchoolData/Administration/Discipline.aspx

---. (2012b). Eschoolportal. Retrieved 2/29/12, from http://web.eschooldata.com/eSchoolData/eSchoolPortal.aspx

Fabelo, T., Thompson, M. D., Plotkin, M., Carmichael, D., Marchbanks III, M. P., & Booth, E. A. (2011). Breaking schools' rules: A statewide study of how school discipline relates to students' success and juvenile justice involvement. New York, NY: Council of State Governments Justice Center Public Policy Research Institute.

Fallon, L. M., O'Keeffe, B. V., & Sugai, G. (2012). Consideration of culture and context in school-wide positive behavior support: A review of current literature. *Journal of Positive Behavior Interventions, 14*(4), 209-219. doi: 10.1177/1098300712442242

Fenning, P. A., Pulaski, S., Gomez, M., Morello, M., Maciel, L., Maroney, E., . . . Maltese, R. (2012). Call to action: A critical need for designing alternatives to suspension and expulsion. *Journal of School Violence, 11*(2), 105-117. doi: 10.1080/15388220.2011.646643

Ferri, B. A. (2011). Undermining inclusion? A critical reading of response to intervention (rti). *International Journal of Inclusive Education*. doi: 10.1080/13603116.2010.538862

Ferri, B. A., & Connor, D. J. (2006). *Reading resistance : Discourses of exclusion in desegregation & inclusion debates*. New York: Peter Lang.

Fierros, E. G., & Conroy, J. W. (2002). Double jeopardy: An exploration of restrictiveness and race in special education. In D. J. Losen & G. Orfield (Eds.), *Racial inequity in special education*. Cambridge, MA: Harvard Education Press.

Fordham, S. (1993). "Those loud black girls": (black) women, silence, and gender "passing" in the academy *Anthropology and Education Quarterly, 24*(1), 3-32.

Foucault, M. (1973). *Madness and civilization; a history of insanity in the age of reason*. New York: Vintage Books.

---. (1975). *The birth of the clinic: An archaeology of medical perception*: Vintage Books USA.

---. (1979). *Discipline and punish* (A. Sheridan, Trans.). Vintage: Pantheon.

---. (1980a). The eye of power. In C. Gordon (Ed.), *Power/knowledge: Selected interviews and other writings 1972-1977* (pp. 146-165). New York: Pantheon Books.

---. (1980b). *Power/knowledge: Selected interviews and other writings, 1972-1977* (C. Gordon, Trans.): Vintage.

---. (1991). Governmentality. In G. Burchell, C. Gordon & P. Miller (Eds.), *The foucault effect: Studies in governmentality* (pp. 87-104). Chicago: University of Chicago Press.

---. (2003a). The means of correct training. In P. Rabinow (Ed.), *The foucault reader* (pp. 188-205). New York: Pantheon.

---. (2003b). Right of death and power over life. In P. Rabinow (Ed.), *The foucault reader* (pp. 258-272). New York: Pantheon.

Foucault, M., Bertani, M., Fontana, A., Ewald, F., & Macey, D. (2003). *Society must be defended : Lectures at the collège de france, 1975-76* (1st ed.). New York: Picador.

Frattura, E. M., & Capper, C. A. (2007). *Leading for social justice : Transforming schools for all learners*. Thousand Oaks, CA: Corwin Press.

Freeman, R., Eber, L., Anderson, C., Irvin, L., Horner, R. H., Bounds, M., & Dunlap, G. (2006). Building inclusive school cultures using school-wide positive behavior support: Designing effective individual support systems for students with significant disabilities. *TASH, 31*(1), 4-17.

Frick, W. C., Faircloth, S. C., & Little, K. S. (2012). Responding to the collective and individual "best interests of students": Revisiting the tension between administrative practice and ethical imperatives in special education leadership. *Educational Administration Quarterly, 49*(2), 207-242. doi: 10.1177/0013161x12463230

Fuchs, D., & Fuchs, L., S. . (2006). Introduction to response to intervention: What, why, and how valid is it? *Reading Research Quarterly, 41*(1), 93-99.

Fuchs, D., Mock, D., Morgan, P. L., & Young, C. L. (2003). Responsiveness-to-intervention: Definitions, evidence, and implications for the learning disabilities construct. *Learning Disabilities Research and Practice, 18*(3), 157-171.

Gallagher, D. (2010). Hiding in plain sight: The nature and role of theory in learning disability labeling. *Disability Studies Quarterly, 30*(2).

Gee, J. P. (2005). *An introduction to discourse analysis : Theory and method* (2nd ed.). New York: Routledge.

--- (Producer). (2012, 12/10/2012). Discourse analysis: What makes it critical? [Essay] Retrieved from http://www.jamespaulgee.com/sites/default/files/pub/CriticalDiscourse.pdf

Generalli, L. (2012, 12/21/2012). Schools across region hold moments of silence, ceremonies to remember those killed in newtown, *Greendale Gazette*.

George, H. P., & Kincaid, D. K. (2008). Building district-level capacity for positive behavior support. *Journal of Positive Behavior Interventions, pp. 20-32 vol. 10:*.

Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*: Aldine.

Goffman, E. (1961). *Asylums; essays on the social situation of mental patients and other inmates*. Garden City, N.Y.: Anchor Books.

---. (1963). *Stigma; notes on the management of spoiled identity*. Englewood Cliffs, N.J.: Prentice-Hall.

Golder, B. (2007). Foucault and the genealogy of pastoral power. *Radical Philosophy, 10*(2), 157-176.

Graham, L. J. (2005, 2005). *Discourse analysis and the critical use of foucault*. Paper presented at the Australian Association for Research in Education Annual Conference.

---. (2006). *From ABCs to ADHD: The role of schooling in the construction of 'behaviour disorder' and production of 'disorderly objects'*. Paper presented at the Australian Association for Research in Education, Adelaide. http://eprints.qut.edu.au

Gramsci, A. (1992). *Prison notebooks* (J. A. Buttigieg, Trans.). New York: Columbia University Press.

Greene, J. C. (1994). Qualitative program evaluation: Practice and promise. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 530-544). Thousand Oaks, CA: Sage.

Gregory, A., Skiba, R. J., & Noguera, P. A. (2010). The achievement gap and the discipline gap: Two sides of the same coin? *Educational Researcher, 39*, 59-68.

Gregory, A., & Weinstein, R. S. (2008). The discipline gap and african americans: Defiance or cooperation in the high school classroom. [Research Support, Non-U.S. Gov't]. *Journal of school psychology, 46*(4), 455-475. doi: 10.1016/j.jsp.2007.09.001

Gresham, F. M. (2005). Response to intervention: An alternative means of identifying students as emotionally disturbed. *Education and treatment of children, 28*(4), 328-344.

Gresham, F. M., Cook, C. R., Collins, T., Dart, E., Rasetshwane, K., Truelson, E., & Grant, S. (2010). Developing a change-sensitive brief behavior rating scale as a progress monitoring tool for social behavior: An example using the social skills rating system teacher form. *School Psychology Review, 39*(3), 364-379.

Gresham, F. M., McIntyre, L. L., Olson-Tinker, H., Dolstra, L., McLaughlin, V., & Van, M. (2004). Relevance of functional behavioral assessment research for school-based interventions and positive behavioral support. *Research in developmental disabilities, 2004*(25), 19-37.

Griffiths, M. (2012). *Effectiveness of positive behavioral interventions and supports: A report to the texas legislature*. Austin, TX: Texas Juvenile Justice Department Retrieved from http://www.tjjd.texas.gov.

Hall, S. (2001). Foucault: Power, knowledge, and discourse. In M. Wetherell, S. J. Yates & S. Taylor (Eds.), *Discourse theory and practice: A reader* (pp. 72-81). London: Sage Publications Ltd.

Hardin, K. D. (2012, 12/27/2012). Rise in suspensions eyed, *The Advocate*.

Harry, B., & Klingner, J. K. (2006). *Why are so many minority students in special education? : Understanding race & disability in schools*. New York ; London: Teachers College Press.

Harry, B., Klingner, J. K., Cramer, E. P., & Sturges, K. M. (2007). *Case studies of minority student placement in special education*. New York, N.Y.: Teachers College Press.

Harwood, V. (2003). Subjugation and disqualification: Critiquing the discourses of psychopathological behaviour used in education. *Melbourne studies in education, 44*(1), 45-62.

---. (2006). *Diagnosing 'disorderly' children : A critique of behaviour disorder discourses*. London ; New York: Routledge.

---. (2011). Disorderly. In N. Lesko & S. Talbert (Eds.), *Youth studies: Keywords, connections, movements*. New York: Routledge.

Harwood, V., & Rasmussen, M. L. (2004). Studying schools with an ethic of discomfort. In B. M. Baker & K. E. Heyning (Eds.), *Dangerous coagulations? The uses of foucault in the study of education* (pp. 305-321). New York: Peter Lang.

---. (2007). Scrutinizing sexuality and psychopathology: A foucauldian inspired strategy for qualitative data analysis. *International Journal of Qualitative Studies in Education, 20*(1), 31-50.

Hawken, L. S., Adolphson, S. L., MacLeod, K. S., & Schumann, J. (2009). Secondary-tier interventions and supports. In W. Sailor, G. Dunlap, G. Sugai & R. H. Horner (Eds.), *Handbook of positive behavioral support* (pp. 395-420). New York: Springer.

Hawken, L. S., Vincent, C. G., & Schumann, J. (2008). Response to intervention for social behavior: Challenges and opportunities. *Journal of Emotional and Behavioral Disorders, 16*(4), 213-225. doi: 10.1177/1063426608316018

Hershfeldt, P. A., Sechrest, R., Pell, K. L., Rosenberg, M. S., Bradshaw, C. P., & Leaf, P. J. (2009). Double-check: A framework of cultural responsiveness applied to classroom behavior. *Teaching Exceptional Children Plus, 6*(22), 2-18.

Himley, M., & Carini, P. F. (2000). *From another angle: Children's strengths and school standards: The prospect center's descriptive review of the child*: Teachers College Press.

Hodder, I. (1994). The interpretation of documents and material culture. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 393-402). Thousand Oaks, CA: Sage.

Horner, R. H., & Carr, E. G. (2004). Behavioral supports for students with severe disabilities: Functional assessment and comprehensive intervention. In S. Danforth & S. D. Taff (Eds.), *Crucial readings in special education* (pp. 336-349). Upper Saddle River, NJ: Pearson.

Horner, R. H., Sugai, G., Todd, A., Dickey, R., Anderson, C., & Scott, T. (Producer). (2011, October 28). Check in check out: A targeted intervention. Retrieved from http://www.pbis.org.

Horrocks, J. L., White, G., & Roberts, L. (2008). Principals' attitudes regarding inclusion of children with autism in pennsylvania public schools. *Journal of autism and developmental disorders, 38*(8), 1462-1473. doi: 10.1007/s10803-007-0522-x

Hosp, J. L. (2011). Response to intervention and the disproportionate representation of culturally and linguistically diverse students in special education. *RTI Network*. Retrieved from http://www.rtinetwork.org/learn/diversity/disproportionaterepresentation.

Hosp, J. L., & Reschly, D. J. (2004). Disproportionate representation of minority students in special education: Academic, demographic, and economic predictors. *Exceptional children, 70*(2), 185.

Houser, M. A., Bell, G. C., Dickens, V., & Hicks, T. (2010). *The relationship between selected leadership behaviors and attitudes toward behavioral and social inclusive practices among middle school principals in north carolina*. Faculty Working Papers from the School of Education. Fayetteville State University. Fayetteville, NC. Retrieved from http://digitalcommons.uncfsu.edu/soe_faculty_wp/17.

Illich, I. (1971). *Deschooling society* (1st ed.). New York,: Harper & Row.

Intervention Central. (2011). The good behavior game. Retrieved October 28, 2011, from http://www.interventioncentral.org/behavioral-interventions/schoolwide-classroommgmt/good-behavior-game.

Jimerson, S. R., Burns, M. K., & VanDerHeyden, A. M. (2007). *Handbook of response to intervention: The science and practice of assessment and intervention*: Springer US.

Joe, J. (1997). American indian children with disabilities: The impact of culture on health and education services *Family Systems and Health, 15*(3), 251-261.

Jones, C., Caravaca, L., Cizek, S., Horner, R. H., & Vincent, C. G. (2006). Culturally responsive schoolwide positive behavior support: A case study in one school with a high proportion of native american students. *Multiple Voices for Ethnically Diverse Exceptional Learners, 9*(1), 108-119.

Jones, D. M., & Ball, S. J. (1995). Michel foucault and the discourse of education. In P. L. McLaren & J. M. Giarelli (Eds.), *Critical theory and educational research* (pp. 39-51). Albany: State University of New York Press.

Journal of Positive Behavior Interventions. (2013). Retrieved 04/08/2013, 2013, from http://pbi.sagepub.com

Kavale, K. A., & Flanagan, D. P. (2007). Ability-achievement discrepancy, respone to intervention, and assessment of cognitive abilities/processes in specific learning disability identification: Toward a contemporary operational definition. In S. R. Jimerson, M. K. Burns & A. M. VanDerHeyden (Eds.), *Handbook of response to intervention* (pp. 130-147). New York: Springer.

Kim, C., Losen, D. J., & Hewitt, D. (2010). *The school to prison pipeline : Structuring legal reform*. New York: New York University.

Kincheloe, J. L., & McLaren, P. L. (1994). Rethinking critical theory and qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 138-157). Thousand Oaks, CA: Sage.

King, M. L., Jr. (1968, 2010). Where we are gong *Where do we go from here: Chaos or community?* (pp. 177-202). Boston, MA: Beacon.

Kliewer, C. (2008). *Seeing all kids as readers : A new vision for literacy in the inclusive early childhood classroom*. Baltimore, MD: Paul H. Brookes Pub.

Klingner, J. K., & Edwards, P. A. (2006). Cultural considerations with response to intervention models. *Reading Research Quarterly, 41*(1), 108-117.

Kohl, H. R. (1994). *I won't learn from you : And other thoughts on creative maladjustment*. New York, NY: New Press : Distributed by W.W. Norton.

Kohn, A. (1998). *Beyond discipline: From compliance to community*. Alexandria, VA: Association for Supervision and Curriculum Development.

Krezmien, M. P., Leone, P. E., & Achilles, G. M. (2006). Suspension, race, and disability: Analysis of statewide practices and reporting. *Journal of Emotional and Behavioral Disorders, 14*(4), 217-226. doi: 10.1177/10634266060140040501

Kugelmass, J., & Ainscow, M. (2004). Leadership for inclusion: A comparison of international practices. *Journal of Research in Special Educational Needs, 4*(3), 133-141. doi: 10.1111/j.1471-3802.2004.00028.x

Kumashiro, K. K. (2008). *The seduction of common sense: How the right has framed debate on america's schools*. New York: Teachers College Press.

Ladson-Billings, G. (2006). From the achievement gap to the education debt: Understanding achievement in u.S. Schools. *Educational Researcher, 35*(7), 3-12. doi: 10.3102/0013189x035007003

Larson, C. L., & Murtadha, K. (2002). Leadership for social justice. In J. Murphy (Ed.), *The educational leadership challenge: Redefining leadership for the 21st century* (pp. 134-161). Chicago: University of Chicago.

Lembke, E. S., & Stichter, J. P. (2006). Utilizing a system of screening and progress monitoring within a three-tiered model of instruction: Implications for students with emotional and behavioral disorders. *Beyond Behavior, 15*(3), 3-9.

Lester, K. (2012, 12/12/2012). Durbin chairs first hearing on school to prison pipeline, *Daily Herald*.

Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.

Linneman, R. D. (2001). *Idiots : Stories about mindedness and mental retardation*. New York: Peter Lang.

Lipsky, D. K., & Gartner, A. (1996). Equity requires inclusion: The future of all students with disabilities. In C. A. Christensen & F. Rizvi (Eds.), *Disability and the dilemmas of education and justice* (pp. 145-155). Philadelphia: Open University Press.

Lohrmann, S., Forman, S., Martin, S., & Palmieri, M. (2008). Understanding school personnel's resistance to adopting schoolwide positive behavior support at a universal level of intervention. *Journal of Positive Behavior Interventions, pp. 256-269 vol. 10:*.

Longo, N. V. (2007). *Why community matters: Connecting education with civic life*. Albany, NY: SUNY Press.

Lorde, A. (2003). The master's tools will never dismantle the master's house. *Feminist postcolonial theory: A reader*, 23-28.

Losen, D. J., & Gillespie, J. (2012). Opportunities suspended: The disparate impact of disciplinary exclusion from school. In The Civil Rights Project (Ed.), (p. 48). Los Angeles, CA: University of California.

Losen, D. J., & Orfield, G. (2002). *Racial inequity in special education*. Cambridge, MA: Civil Rights Project at Harvard University, Harvard Education Press.

MacKinnon, D. (2000). Equity, leadership, and schooling. *Exceptionality education Canada, 10*(1-2), 5-21.

Mangram, J. A. (2006). *Struggles over meaning: Social studies teachers' perspectives of media and popular culture*. Ph.D. 3241859, Syracuse University, United States --

New York. Dissertations & Theses @ Syracuse University; ProQuest Dissertations & Theses (PQDT) database.

Marshall, C., & Oliva, M. (2006). *Leadership for social justice : Making revolutions in education*. Boston, MA: Pearson/Allyn and Bacon.

Mart, A. K., Greenberg, M. T., Kriete, R., Schaps, E., Duffell, J. C., & Weissberg, R. P. (2011). *Going to scale with social and emotional learning*. Paper presented at the Inciting the social imagination: Education research for the public good, New Orleans, LA.

Maslow, A. H. (1966). *The psychology of science: A reconnaissance*. New York: Harper and Row.

McIntosh, K., Campbell, A. L., Carter, D. R., & Zumbo, B. D. (2009). Concurrent validity of office discipline referrals and cut points used in schoolwide positive behavior support. *Behavioral Disorders, 34*(2), 100-113.

McIntosh, K., Frank, J. L., & Spaulding, S. A. (2010). Establishing research-based trajectories of office discipline referrals for individual students. *School Psychology Review, 39*(3), 380-394.

McKenzie, K. B., Christman, D. E., Hernandez, F., Fierro, E., Capper, C. A., Dantley, M., . . . Scheurich, J. J. (2008). From the field: A proposal for educating leaders for social justice. *Educational Administration Quarterly, 44*(1), 111-138.

McWilliams, E. K. (2010). *A descriptive case study of a school-wide positive behavior support (pbs) system in schools with principal-led planning teams and coach-led planning teams*. PhD Dissertation, Kent State University, Kent, OH.

Mellard, D. F., & Johnson, E. (2007). *Rti: A practitioner's guide to implementing response to intervention*. Thousand Oaks, CA: Corwin Press.

Merrell, K. W., & Buchanan, R. (2006). Intervention selection in school-based practice: Using public health models to enhance systems capacity of schools. *School Psychology Review, 35*(2), 167-180.

Metze, P. S. (2012). Plugging the school to prison pipeline by addressing cultural racism in public education discipline. *UC Davis Journal of Juvenile Law and Policy, 16*, 203.

Meyer, J. W. (1984). Organizations as ideological systems. In T. J. Sergiovanni & J. E. Corbally (Eds.), *Leadership and organiational culture: New perspectives on administrative theory and practice* (pp. 186-205). Urbana: University of Illinois Press.

Mickelson, J. R. (1995). *Our sons are labeled behaviour disordered: Here are the stories of our lives*. NN01730 Ph.D., University of Alberta (Canada), Canada. ProQuest Dissertations & Theses Full Text database.

Morris, E. W. (2005). "Tuck in that shirt!" Race, class, gender, and discipline in an urban school. *Sociological Perspectives, 48*(1), 25-48.

Napholz, L. (2000). Bicultural resynthesis: Tailoring an effectivess trial for a group of urban american indian women *American Indian and Alaska Native Mental Health Research, 9*(3), 36-53.

Nese, R. N. T., Doerner, E., Romer, N., Kaye, N. C., Merrell, K. W., & Tom, K. M. (2012). Social emotional assets and resilience scales: Development of a strength-based short-form behavior rating scale system. *Journal of Educational Research Online, 4*(1), 124-139.

Netzel, D. M., & Eber, L. (2003). Shifting from reactive to proactive discipline in an urban school district: A change of focus through pbis implementation. *Journal of Positive Behavior Interventions, pp. 71-79 vol. 5:*.

Newell, M., & Kratichwill, T. R. (2007). The integration of response to intervention and critical race theory--disability studies: A robust approach to reducing racial discrimination in evaluation decisions. In S. R. Jimerson, M. K. Burns & A. M. VanDerHeyden (Eds.), *Handbook of response to intervention* (pp. 65-79). New York: Springer.

Noguera, P. (2008). *The trouble with black boys : Essays on race, equity, and the future of public education* (1st ed.). San Francisco: Jossey-Bass.

Nunn-Makepeace, N. (2011). *The special education of black boys: An ecological examination*. PhD Dissertation, Michigan State University, Lansing.

Omi, M., & Winant, H. (1994). *Racial formation in the united states : From the 1960s to the 1990s* (2nd ed.). New York: Routledge.

Orosco, M. J., & Klingner, J. (2010). One school's implementation of rti with english language learners: "Referring into rti". *Journal of learning disabilities, 43*(3), 269-288. doi: 10.1177/0022219409355474

Orsati, F. T., & Causton-Theoharis, J. (2012). Challenging control: Inclusive teachers' and teaching assistants' discourse on students with challenging behaviour. *International Journal of Inclusive Education*, 1-19. doi: 10.1080/13603116.2012.689016

Osher, D., Woodruff, D., & Sims, A. E. (2002). Schools make a difference: The overrepresentation of african american youth in special education and in the juvenile justice system. In G. Orfield & D. J. Losen (Eds.), *Racial inequality in special education* (pp. 93-116). Cambridge, MA: Harvard Education Press.

Ozkan, B. C. (2004). Using nvivo to analyze qualitative classroom data on constructivist learning environments. *The qualitative report, 9*(4), 589-603.

Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3 ed.). Thousand Oaks, Calif.: Sage Publications.

Parental consent act of 2011 (2011).

Pazey, B. L., & Cole, H. A. (2012). The role of special education training in the development of socially just leaders: Building an equity consciousness in educational leadership programs. *Educational Administration Quarterly, 49*(2), 243-271. doi: 10.1177/0013161x12463934

Pearce, L. R. (2009). Helping children with emotional difficulties: A response to intervention investigation. *The Rural Educator, 30*(2), 34-46.

Pike, D., Millspaugh, C., & DeSalvatore, G. (2005). Controlling behavior or reclaiming youth? Creating a behavior management system. *Reclaiming Children and Youth, 13*(4), 213-217.

Powers, M. (2012, 12/17/2012). Churches mourn sandy hook shooting victims, *Boston Globe*.

Praisner , C. L. (2003). Attitudes of elementary principals toward the inclusion of students with disabilities. *Exceptional children, 69*(2), 135-145.

Rafalovich, A. (2005). Relational troubles and semiofficial suspicion: Educators and the medicalization of "unruly" children. *Symbolic interaction, 28*(1), 25-46.

Reid, D. K., & Knight, M. G. (2006). Disability justifies exclusion of minority students: A critical history grounded in disability studies. *Educational Researcher, 35*(6), 18-23.

Reynolds, C. R., & Kamphaus, R. W. (2004). *Behavior assessment scale for children* (2nd ed.). Circle Pines, MN: AGS Publishing.

Richards, T. J., & Richards, L. (1994). Using computers in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 445-462). Thousand Oaks, CA: Sage.

Richter, M. M. (2006). *The relationship between principal leadership skills and school-wide positive behavior support: An exploratory study*. PhD Dissertation, University of Missouri, Columbia, MO.

Riehl, C. J. (2000). The principal's role in creating inclusive schools for diverse students: A review of normative, empirical, and critical literature on the practice of educational administration. *Review of Educational Research, 70*(1), 55-81. doi: 10.3102/00346543070001055

Rolfe, G. (2006). Validity, trustworthiness and rigour: Quality and the idea of qualitative research. *Journal of advanced nursing, 53*(3), 304-310.

Ross, J. A., & Berger, M.-J. (2009). Equity and leadership: Research-based strategies for school leaders. *School leadership and management, 29*(5), 463-476.

Rubin, H. J., & Rubin, I. S. (2005). *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA: Sage Publications.

Sadler, C., & Sugai, G. (2009). Effective behavior and instructional support: A district model for early identification and prevention of reading and behavior problems. *Journal of Positive Behavior Interventions*, 35-46. doi: 10.1177/1098300708322444 11:

Sailor, W., Dunlap, G., Sugai, G., & Horner, R. H. (2009). *Handbook of positive behavioral support*. New York: Springer.

Salisbury, C. L. (2006). Principals' perspectives on inclusive elementary schools. *Research and practice for persons with severe disabilities, 31*(1), 70-82.

Salisbury, C. L., & McGregor, G. (2002). The administrative climate and context of inclusive elementary schools. *Exceptional children, 68*(2), 259-281.

Samuels, C. A. (2011, 03/02/2011). Monitoring progress: Response to intervention's promise and pitfalls, *Education Week*, pp. 1-20. Retrieved from http://www.edweek.org/ew/collections/rtireport-2011/digitaledition-rtireport2011.html?Intc=RTI11TOC.

Scheurich, J. J., & Skrla, L. (2003). *Leadership for equity and excellence : Creating high-achievement classrooms, schools, and districts*. Thousand Oaks, Calif.: Corwin Press.

SchoolTool. (2012). Schooltool the global student information system. Retrieved October 17, 2012, from http://schooltool.org.

Scott, T. M., Anderson, C., Mancil, R., & Alter, P. (2009). Function-based supports for individual students in school settings. In W. Sailor, G. Dunlap, G. Sugai & R. H. Horner (Eds.), *Handbook of positive behavioral support* (pp. 421-442). New York: Springer.

Sedgwick, P. (1982). *Psycho politics : Laing, foucault, goffman, szasz, and the future of mass psychiatry* (1st Harper & Row ed.). New York: Harper & Row.

Shields, C. M. (2004). Dialogic leadership for social justice: Overcoming pathologies of silence. *Educational Administration Quarterly, 40*(1), 109-132.

---. (2010). Leadership: Transformative. In P. Peterson, E. Baker & B. McGraw (Eds.), *International encyclopedia of education*.

Shor, C., & Wright, S. (2000). Coercive accountability: The rise of audit culture in higher education. In M. Strathern (Ed.), *Audit cultures: Anthropological studies in accountability, ethics, and the academy* (pp. 57-89). New York: Routledge.

Simmons, T., Novins, D., & Allen, J. (2004). Words have power: (re)-defnining serious emotional disturbance for american indian and alaska native children and their families. *American Indian and Alaska Native Mental Health Research, 11*(2), 59-64.

Simons, M., & Maaschlein, J. (2005). Inclusive education for exclusive pupils: A critical analysis of the government of the exceptional. In S. Tremain (Ed.), *Foucault and the government of disability* (pp. 208-228). Ann Arbor: University of Michigan.

Singleton, G. E., & Linton, C. (2006). *Courageous conversations about race : A field guide for achieving equity in schools*. Thousand Oaks, Calif.: Corwin Press.

Skiba, R. J., Horner, R. H., Chung, C.-G., Rausch, M. K., May, S. L., & Tobin, T. J. (2011). Race is not neutral: A national investigation of african american and latino disproportionality in school discipline. *School Psychology Review, 40*(1), 85-107.

Skiba, R. J., Michael, R. S., Nardo, A. C., & Peterson, R. L. (2002). The color of discipline: Sources of racial and gender disproportionality in school punishment. *The Urban Review, 34*(4), 317-342.

Skrla, L., Scheurich, J. J., Garcia, J., & Nolly, G. (2004). Equity audits: A practical leadership tool for developing equitable and excellent schools. *Educational Administration Quarterly, 40*(1), 133-161.

Skrtic, T. M., & McCall, Z. (2010). Ideology, institutions, and equity: Comments on christine sleeter's why is there learning disabilities? *Disability Studies Quarterly, 30*(2).

Sleeter, C. (1987). Why is there learning disabilities? A critical analysis of the birth of the field with its social context. In T. S. Popkewitz (Ed.), *The formation of school subjects: The struggle for creating an american institution* (pp. 210-237). London: Palmer Press.

Smith, D. E. (1990). "K" is mentally ill: The anatomy of a factual account. *Texts, facts, and femininity : Exploring the relations of ruling* (pp. 12-52). London ; New York: Routledge.

Snow, K. (2012, 12/22/2012). Is your child ok? Learn the signs of mental health issues, *Collegeville*.

Sontag, S. (1990). *Illness as metaphor ; and, aids and its metaphors*. New York: Doubleday.

St. George, D. (2012, 12/13/2012). 'School-to-prison pipeline' hearing puts spotlight on student discipline, *Washington Post*.

Project safe schools act § 2801 (2000).

State Education Department. (2007). *Number of children and youth with disabilities receiving special education programs and services: By disability, county, and school district*. Capital City.

---. (2008). *Number of children and youth with disabilities receiving special education programs and services: By disability, county, and school district*. Capital City.

---. (2009). *Number of children and youth with disabilities receiving special education programs and services: By disability, county, and school district*. Capital City.

---. (2010). *Number of children and youth with disabilities receiving special education programs and services: By education setting (least restrictive environment)*. Capital City.

---. (2011a). *Special education school district data profile for Clearwell school district for 2010-11*. Capital City.

---. (2011b). *Special education school district data profile for Fairview school district for 2010-11*. Capital City.

---. (2011c). *Special education school district data profile for Greendale city school district for 2010-11*. Capital City.

---. (2011d). *Special education school district data profile for Lakeview school district for 2010-11*. Capital City.

---. (2011e). *Special education school district data profile for Pleasant Hills school district for 2010-11*. Capital City.

---. (2011f). *State school report card fiscal accountability supplement: Clearwell central school district*. Capital City.

---. (2011g). *State school report card fiscal accountability supplement: Fairview central school district*. Capital City.

---. (2011h). *State school report card fiscal accountability supplement: Greendale city school district*. Capital City.

---. (2011i). *State school report card fiscal accountability supplement: Lakeview central school district*. Capital City.

---. (2011j). *State school report card fiscal accountability supplement: Pleasant hills central school district*. Capital City.

---. (2012a). *State district report card 2010-11: Clearwell central school district.* Capital City.

---. (2012b). *State district report card 2010-11: Fairview central school district.* Capital City.

---. (2012c). *State district report card 2010-11: Greendale city school district.* Capital City.

---. (2012d). *State district report card 2010-11: Lakeview central school district.* Capital City.

---. (2012e). *State district report card 2010-11: Pleasant hills central school district.* Capital City.

---. (2012f). *State school report card 2010-11: Clearwell elementary school in Clearwell central school district.* Capital City.

---. (2012g). *State school report card 2010-11: Fairview middle school in Fairview central school district.* Capital City.

---. (2012h). *State school report card 2010-11: Heights elementary school in Pleasant Hills central school district.* Capital City.

---. (2012i). *State school report card 2010-11: Jones school in Greendale city school district.* Capital City.

---. (2012j). *State school report card 2010-11: Lakeview elementary school in Lakeview central school district.* Capital City.

---. (2012k). *State school report card 2010-11: Warren school in Greendale city school district.* Capital City.

---. (2013). State education department. from http://www.SED.gov.

Strathern, M. (2000a). *Audit cultures: Anthropological studies in accountability, ethics, and the academy.* New York: Routledge.

---. (2000b). Introduction: New accountabilities. In M. Strathern (Ed.), *Audit cultures: Anthropological studies in accountability, ethics, and the academy* (pp. 1-18). New York: Routledge.

Strauss, A. L., & Corbin, J. M. (1998). *Basics of qualitative research : Techniques and procedures for developing grounded theory* (2nd ed.). Thousand Oaks: Sage Publications.

Sugai, G. (2010). School-wide positive behavior support and response to intervention. *RTI Network*. Retrieved from http://www.rtinetwork.org/learn/behavior/schoolwidebehavior.

--- (Producer). (2012, December 26, 2012). Role of leadership & culture in pbis implementation. Retrieved from http://www.pbis.org/common/pbisresources/presentations/PBIS_ImplementationLeadership_oct29_2012.pdf.

Sugai, G., Horner, R. H., Dunlap, G., Hieneman, M., Lewis, T. J., Nelson, C. M., . . . Ruef, M. (2000). Applying positive behavior support and functional behavioral assessment in schools. *Journal of Positive Behavior Interventions, 2*, 131-143.

Sugai, G., O'Keeffe, B. V., & Fallon, L. M. (2011). A contextual consideration of culture and school-wide positive behavior support. *Journal of Positive Behavior Interventions, 14*(4), 197-208. doi: 10.1177/1098300711426334

SWIS. (2012). Swis school-wide information systems. Retrieved October 12, 2012, from http://www.swis.org.

Szasz, T. S. (1970). *The manufacture of madness*. New York: Dell.

---. (1974). *The myth of mental illness: Foundations of a theory of personal conduct*. New York: Harper & Row.

Taubman, P. M. (2009). *Teaching by numbers : Deconstructing the discourse of standards and accountability in education*. New York: Routledge.

Taylor, S. J. (2001). The continuum and current controversies in the USA. *Journal of intellectual and developmental disability, 26*(1), 15-33.

---. (2002). Federal laws and disability rights. In C. f. H. Policy (Ed.), *Disability Studies for Teachers*. Syracuse: Syracuse University.

Theoharis, G. (2009). *The school leaders our children deserve : Seven keys to equity, social justice, and school reform*. New York: Teachers College Press.

Theoharis, G., & Cosier, M. (2012). *The back of a short bus is still the back: Intersection and impact of policy, context, race, and disability*. Paper presented at the Annual meeting of the American Educational Research Association, Vancouver, BC.

Thomas, G., & Glenny, G. (2000). Emotional and behavioural difficulties: Bogus needs in a false category. [Article]. *Discourse: Studies in the Cultural Politics of Education, 21*(3), 283-298. doi: 10.1080/01596300020012344

Tingstrom, D. H., Sterling-Turner, H. E., & Wilczynski, S. M. (2006). The good behavior game: 1969-2002. *Behavior Modification, 30*(2), 225-253. doi: 10.1177/0145445503261165

Tobin, T. J., & Vincent, C. G. (2011). Strategies for preventing disproportionate exclusions of african american students. *Preventing School Failure: Alternative Education for Children and Youth, 55*(4), 192-201. doi: 10.1080/1045988x.2010.532520

Tomlinson, T. M. (1987). A nation at risk. *Annals of the New York Academy of Sciences, 517*, 7-27.

Townsend, B. L. (2000). The disproportionate discipline of african american learners: Reducing school suspensions and expulsions. *Exceptional children, 66*(3), 381-391.

Tremain, S. (Ed.). (2005). *Foucault and the government of disability*. Ann Arbor: University of Michigan Press.

Turnbull, A. P., Edmonson, H., Griggs, P., Wickham, D., Sailor, W., Freeman, R., . . . Warren, J. (2002). A blueprint for schoolwide positive behavior support: Implementation of three components. *Exceptional children, 68*(3), 377-403.

Education of all handicapped children act (1975).

No child left behind, Pub. L. No. 107-110 (2001).

Individuals with disabilities in education improvement act, Pub. L. No. 42 U.S.C. §1400 (2004).

American recovery and reinvestment act, Pub. L. No. 111-5 (2009).

United States Department of Education Office of Civil Rights. (2006). *Civil rights data collection*. Washington: Retrieved from http://ocrdata.ed.gov/StateNationalEstimations/projections_2006.

Vazquez, M. F. (2010). *Inclusionary practices: Impact of administrators' beliefs on placement decisions*. EdD Dissertation, University of Central Florida, Orlando, FL.

Vilbert, A., & Portelli, J. (2000). School leadership and critical practice in an elementary school. *Exceptionality education Canada, 10*(1-2), 23-36.

Vincent, C. G., Randall, C., Cartledge, G., Tobin, T. J., & Swain-Bradway, J. (2011). Toward a conceptual integration of cultural responsiveness and schoolwide positive behavior support. *Journal of Positive Behavior Interventions, 13*(4), 219-229. doi: 10.1177/1098300711399765

Volpe, R. J., & Briesch, A. M. (2012). Generalizability and dependability of single-item and multiple-item direct behavior rating scales for engagement and disruptive behavior. *School Psychology Review, 41*(3), 246-261.

Wagner, M., Friend, M., Bursuck, W. D., Kutash, K., & et al. (2006). Educating students with emotional disturbances: A national perspective on school programs and services. *Journal of Emotional and Behavioral Disorders, 14*(1), 12-30.

Walker, B., Cheney, D., Stage, S., & Blum, C. (2005). Schoolwide screening and positive behavior supports: Identifying and supporting students at risk for school failure. *Journal of Positive Behavior Interventions, 7*(4), 194-204.

We Will Education Foundation. (2012). We will education foundation. Retrieved 07/26/12

Weller, L. G. (2012). *Principals' attitudes toward inclusion: Including students with autism in elementary classrooms*. Doctor of Education Dissertation, Indiana University of Pennsylvania, Indiana, PA.

Welsh, E. (2002). Dealing with data: Using nvivo in the qualitative data analysis process. [reliability; validity; NVivo; qualitative data analysis; women local councillors]. *Forum: Qualitative social research, 3*(2).

Whitehurst, G. J., & Croft, M. (2010). *The harlem children's zone, promise neighborhoods, and the broader, bolder approach to education*: Brown Center on Education Policy at Brookings.

Willis, P. E. (1977). *Learning to labour : How working class kids get working class jobs*. Farnborough, Eng.: Saxon House.

Wolfensberger, W. (1975). *The origin and nature of our institutional models*. Syracuse, N.Y.: Human Policy Press.

---. (1990). Human service policies: The rhetoric versus the reality. In L. Barton (Ed.), *Disability and dependence* (pp. 23-40). London: Falmer.

---. (2000). A brief overview of social role valorization. *Mental Retardation, 38*(2), 105-123.

Youdell, D. (2006). *Impossible bodies, impossible selves; exclusion and student subjecivities*. London: Springer.

Zeeman, L., Poggenpoel, M., Myburgh, C. P. H., & Van, D. L. (2002). An introduction to a postmodern approach to educational research: Discourse analysis. *Education, 123*(1; 1), 96.

Zhang, D., Katsizannis, A., & Herbst, M. (2004). Disciplinary exclusions in special educaiton: A 4-year analysis. *Behavioral Disorders, 29*, 337-347.

3 Sunny Slope Road   607-216-7387
Ithaca, NY 14850   jbornstein@scsd.us
bornstein.josh@gmail.com

Joshua Bornstein

EDUCATION		
DOCTOR OF PHILOSOPHY		2014
Syracuse University		Syracuse, NY
Cultural Foundations of Education		
CERTIFICATE OF ADVANCED STUDY		2009
Syracuse University		Syracuse, NY
Disability Studies		
CERTIFICATE OF ADVANCED STUDY		2001
State University of New York		Cortland, NY
School District Administration		
MASTER OF ARTS IN CURRICULUM AND INSTRUCTION		1988
University of Maryland		College Park, MD
BACHELOR OF ARTS WITH HONORS		1984
Dartmouth College		Hanover, NH

CERTIFICATIONS		
SCHOOL DISTRICT ADMINISTRATOR, PERMANENT		2001
New York State		
N-6 TEACHER, PERMANENT		1991
New York State		
K-8 TEACHER, PERMANENT		1988
Maryland		

PROFESSIONAL EXPERIENCE		
PRINCIPAL		2013-present
Syracuse City School District		Syracuse, NY
INSTRUCTOR AND FIELD SUPERVISOR		2006-2009, 2011
Syracuse University School of Education		Syracuse, NY
Department of Teaching and Leadership		
STAFF DEVELOPER		2008-2010
Schools of Promise		
Syracuse University and Syracuse City School District		
LECTURER		2007-2009
Ithaca College Department of Education		Ithaca, NY
STAFF DEVELOPER — WALLACE FELLOW		2005-2006
Syracuse City School District and		Syracuse, NY
Syracuse University		

	PRINCIPAL Lansing Central School District	2002-2004 Lansing, NY
	PRINCIPAL Candor Central School District	1999-2002 Candor, NY
	CLASSROOM TEACHER IN 2ND, 3RD, AND 5TH GRADES Ithaca City School District	1991-1999 Ithaca, NY
	CLASSROOM TEACHER IN 5TH AND 6TH GRADES Prince George's County Public Schools	1988-1991 Bladensburg, MD

SERVICE
EXPERIENCE

BOARD OF EDUCATION MEMBER
Ithaca City School District
2008-2011
Ithaca, NY

FAMILY ADVOCATE
Village at Ithaca
2013-Present
Ithaca, NY

CABINET MEMBER AND NEGOTIATIONS CHAIR
Ithaca Teachers Association
1997-2000
Ithaca, NY

PAPERS
PRESENTED

Bornstein, J. (2012) "Medicalized Exclusion Replaces Disciplinary Exclusion via PBIS/RTI." American Educational Research Association, Vancouver, BC.

Bornstein, J. (2011) "PBIS/RTI Paradoxically Supports Deficit Discourses by Inclusive School Leaders." University Council for Educational Administration, Pittsburgh, PA.

Bornstein, J. (2007) "Making Sound Confidentiality Decisions Regarding Students Identified with Mental Health Disabilities." Disability Studies in Education, Chicago, IL.

PROFESSIONAL
AFFILIATIONS

American Association of School Administrators

American Educational Research Association

Association for Supervision and Curriculum Development

Council for Exceptional Children

National Association of Elementary School Principals

Society for Disability Studies