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CLASSROOM DISCIPLINE: TOWARD A DIAGNOSTIC MODEL INTEGRATING TEACHERS' THOUGHTS AND ACTIONS

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Abstract

The diagnostic model of discipline presented here interrelates the mental and behavioral processes the teacher undergoes when attempting to deal with a child's disruptive behavior. In conceiving of the teacher as a clinician, the model postulates that diagnostic judgment of the child's problems based upon observable symptoms is prerequisite to appropriately treating the problems. The model provides a conceptual framework which will help teachers develop thoughtful and reasoned solutions to classroom discipline problems.

Classroom Discipline: Toward a Diagnostic Model Integrating Teachers' Thoughts and Actions[1]

Doron Gil and Philip S. Heller[2]

Classroom discipline has long been a major concern among parents, educators, and school administrators. This is evidenced by the yearly Gallup surveys in which discipline is rated by the public as the most important problem facing American schools (Gallup, 1977) and by the large number of books on discipline published each year which offer techniques for dealing with disruptive children. Recently, school discipline has also been identified by the American Federation of Teachers as a research priority to be addressed by the National Institute of Education (American Federation of Teachers Asks Key Role, 1978).

The significance of this issue may be traced to two sources: the importance teachers attach to effective classroom management and the negative impact of behavioral problems on learning and instruction. Discipline is also directly related to the socialization of the child, an important outcome of schooling. Teachers have responsibility for insuring that children relate well to both peers and adults, maintain self discipline, are responsible for their own behavior, and are effective in personal problem solving.

Hence, no matter what teachers view as their primary role in the class-

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[1]This paper has been submitted for publication to Action in Teacher Education.

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room, classroom management is a significant variable to be accounted for when planning instruction. These managerial considerations set the appropriate and necessary conditions under which students may acquire certain knowledge, skills, and attitudes as intended by the teacher (Johnson & Bany, 1970; MacKechnie, 1976). Helping teachers become more competent in handling classroom discipline problems is an important task facing teacher educators.

Approaches to Discipline

There appear to be four basic approaches teachers take in classroom discipline: the permissive, the authoritarian, the behavioristic, and the diagnostic (Palardy & Mudrey, 1973). Permissiveness represents a laissez-faire response in which students are viewed as capable of disciplining themselves, while the authoritarian approach dictates the production of and adherence to many rigid rules. These two approaches are at the ends of continuum and hold little promise of success in promoting student growth and development (Palardy & Mudrey, 1973). With the permissive approach, the student wins and the teacher loses; with the authoritarian approach, the teacher wins and the student loses (Gordon, 1974).

The behavioristic approach is oriented toward modifying specific student behaviors by applying the principles of behavioral learning theory. This approach is widely acclaimed among educators. Despite its popularity, however, it has several major limitations (Kindsvatter, 1978). It is difficult to manage student behavior by mechanically applying behavioral techniques. Behaviors are complex and combine in many intricate ways. Extinguishing behavior without understanding its meaning and purpose does not always

provide permanent solutions to discipline problems; the problems may continue to manifest themselves in other ways because "only the symptoms of behavior problems are dealth with, not their causes" (Palardy & Mudrey, 1973, p. 300). This approach also tends to ignore the question of when to use the techniques advocated.

The diagnostic approach is probably the most comprehensive approach to classroom discipline because it is designed to prevent the recurrence of symptoms by discovering and treating the causes of behavior problems. This approach, however, has not been completely described or developed into a classroom discipline model for teachers.

Specifically lacking is an explanation of the exact nature of the diagnostic process as well as an eclectic model that would effectively integrate the best features of the different approaches to discipline. (A partial eclectic model can be found in Goodman & Pendergrass, 1976.) In addition, the conceptions of the teachers' role in handling discipline are not well developed. What is needed is an integrated conceptual framework to be used as a basis for understanding discipline problems prior to taking specific actions -- a framework which could assist teachers in developing thoughtful and reasoned solutions to discipline problems. The purpose of this paper is to develop and present a cognitive model of discipline which interrelates teachers' thoughts and actions. We propose this model as a frame of reference for understanding behavioral problems and for effectively dealing with them.

A Diagnostic Model

We have developed a model of classroom discipline based on a conception of teacher as clinician. Teachers, as practitioners, are conceived of as clinicians who informally and artistically observe students, collect and

aggregate a diversity of information, combine this information with expectations, attitudes, beliefs, and knowledge of empirical and theoretical research, render diagnostic judgments, reach decisions, provide treatment, and reflect upon consequences (National Institute of Education, 1975). The model is derived from studies of medical inquiry (Elstein, Shulman, & Sprafka, 1978) and teachers' decision making (Shavelson, 1976a; Shulman & Elstein, 1975).

The model builds on the notion that behavior is not an isolated phenomenon, but rather is a function of an individual's intellectual capabilities and personality interacting with and influenced by the environment (be it home, school, or some other social setting). It implies that a distinction must be made between a child's misbehavior and the underlying causes, and that a specific disruption could be caused by several factors. Thus, two behavior problems which are superficially similar may require very different responses from the teacher because the behavioral determinants are different in important ways. For example, teachers quite often encounter inattentiveness and aggressive behavior in students. For one child such behavior may be caused by a reading disability which has the child frustrated or confused. For another child, however, the inattentiveness and/or aggression may result from boredom and lack of the teacher's attention. The teacher's disciplinary actions should be different with each child, based on an understanding of the different causes.

The diagnostic-treatment model presented here interrelates the mental and behavioral processes of the teacher. Basically, it postulates that appropriate treatments for behavioral problems require diagnostic judgment of the child's problems based on observable symptoms.

The model is represented by the figure, which depicts the process of clinical diagnosis and treatment of behavioral problems. This process begins when disruptive behaviors are sensed by the teacher. These student behaviors[3] are conceptualized in the model as symptoms, in that they are accompanied and caused by unique problems; symptoms serve as aids to diagnosing. The underlying problem is here defined as an interaction between internal (cognitive and affective) and external (environmental) factors which lead to the child's disruptive behavior.

The term "sensing" is used in the model to denote the act of obtaining observable verbal and non-verbal behaviors of children. Here "sensing" and "attending" are differentiated, in that the latter is a mental process in which the teacher makes a conscious effort to focus on the sensed symptoms. This distinction is important because one can sense symptoms without attending to them. If a teacher observes that a child is subtly distracting other children but does not concentrate or reflect on the observations, then the teacher has just sensed the symptoms without attending to them.

The next step in the model is the teacher's diagnostic judgment. This operaton is characterized by the process of integrating the attended symptoms with other known information to identify the internal and external factors which contribute to the student's problem. It is an assessment of the individual child's current "state of mind" (Shavelson, 1976b) and it requires the teacher to probe beneath the symptoms, seeking more detailed information to determine the extent to which a specific disruption is a function of the student's personality (and knowledge state) and of the

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[3]The management problems cited most frequently, and the ones focused upon here, concern aggressive and disruptive behavior. The diagnostic model could apply to other behavior problems as well, including underachieving or maladjusted children.

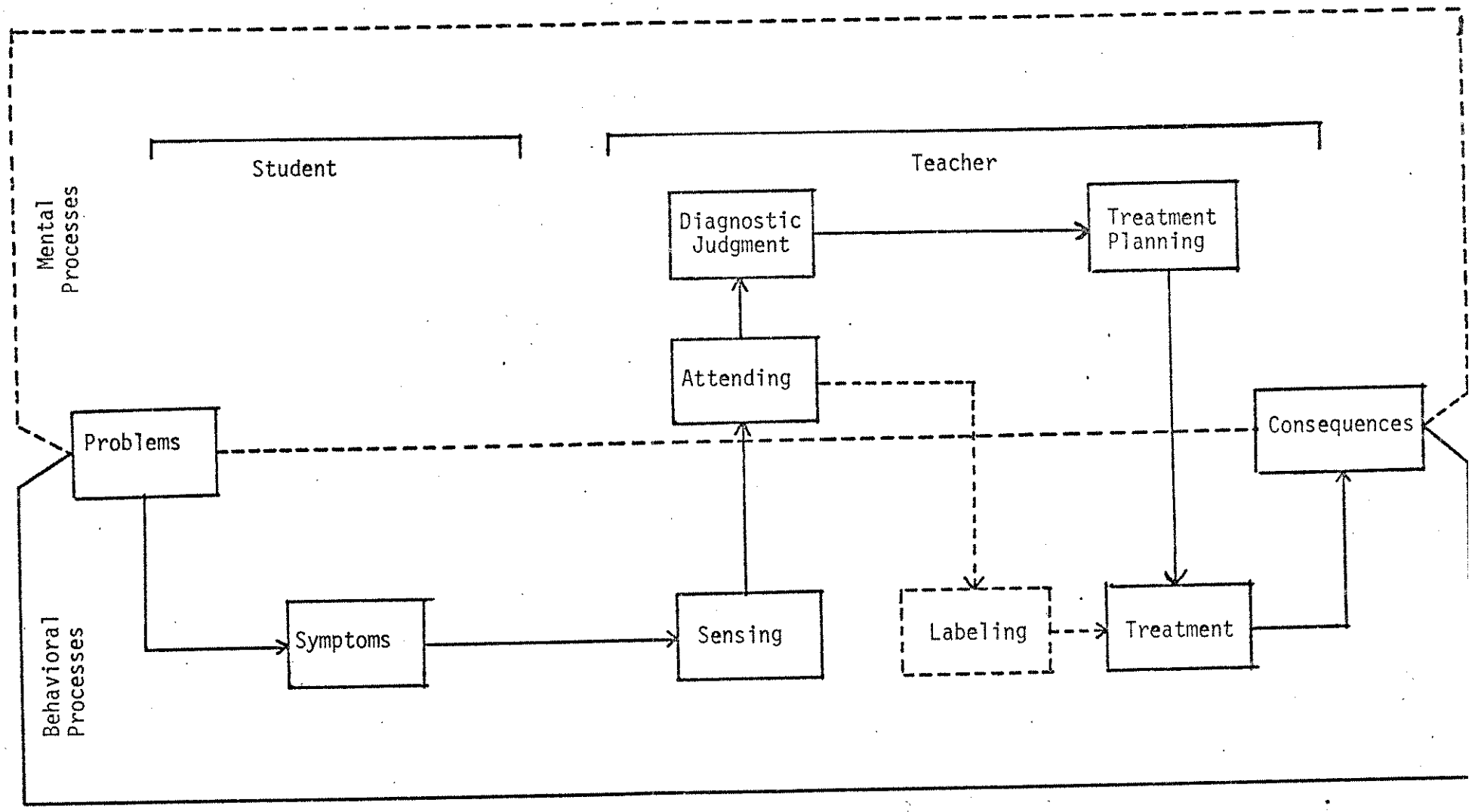

Figure A diagnostic model of classroom discipline which represent the mental and behavioral processes of the teacher.

larger environment (classroom, community, and culture). The diagnosis is always probabilistic because teachers can never be fully certain of the validity of their judgments.

On the basis of the diagnosis, the planning for remediation begins. Treatment planning is defined as a decision-making process which includes contemplating alternative corrective acts, predicting their outcomes, and ultimately choosing a specific act to carry out. In practice, teachers will probably consider certain environmental constraints and personal preferences when making treatment decisions.

The treatment employed by the teacher to deal with the child's problem follows directly and leads to consequences for the student, the teacher, and the classroom as a whole. This relates, in part, to the ripple effect noted by Kounin (1970). The concept of consequences is meant to suggest that the entire process is iterative.

A simplistic pathway could exist (and probably does in practice) which circumvents the diagnostic process. Its operations include: defining the child's behavior as "the problem," assigning names to symptoms thoughtlessly (labeling), and attempting to treat the problem symptomatically. The diagnostic model clearly distinguishes between treatment based on diagnosing a child's problems and merely labeling and treating the symptoms.

The following example adapted from Webster (1968) should help to clarify the model. It involves a white 9-year-old boy who is overweight and has had to repeat the third grade. He lives with four older sisters and his divorced mother, and has only recently moved into the neighborhood. Some of the behavioral symptoms elicited by this child include: ordering other children around, aggression during play periods (especially toward girls), and aloofness toward the teacher. Hypothetically, we assume that

the teacher has sensed these symptoms in the classroom and over time becomes aware that there are persisting behaviors to be observed more carefully. At this point, the teacher may label the child's behavior(s) (e.g., "aggressive") or start the diagnostic process. Throughout this process, the teacher might reach the following diagnoses to define the child's problems: (1) He is the youngest of four children and lacks sufficient attention; (2) He lives in a predominately female environment against which he is rebelling; (3) The child did not begin the school year on time and feels alienated from the rest of the class; and (4) He is avoided by other children because he is "fat." Ultimately, one of these factors or several in combination will be judged to be the most probable cause of the problem behavior. After the final judgment is made, a list of possible treatments is considered: (1) The teacher may praise positive aspects of the child's behavior and, by so doing, provide more direct attention; (2) He may be placed, for a trial period, in a fourth-grade class with a male teacher; and (3) Other boys may be asked to involve him in their activities.

Implications for Teacher Educaton and Future Research

There are a variety of ways in which this model can contribute to teacher education. First, the model encourages teachers to deal with the child's problems and take a broader view of discipline (i.e., the problem is more extensive than a set of observable symptoms). With this perspective it will be possible for teachers to establish not only effective classroom management, but also to help children with their own personal problems.

Teachers might also be encouraged by teacher educators to help their pupils apply this model to gain greater awareness and understanding of their own problems, attempt self-analysis, conceive of their own behavior as symp-

tomatic data points, develop alternative treatment strategies, and experiment with and evaluate various treatments. Teacher educators can use this model to enable teachers to become more aware of their own mental processes and formalize for themselves the various components (and their relationships) comprising the process of diagnosing a child's discipline problems and treating them effectively.

Another contribution of this model is that it provides teacher educators with a frame of reference for helping teachers make decisions about applying their repertoire of concrete behavior techniques to specific situations. Hence, teachers can combine the diagnostic and behavioristic approaches to discipline by using control or behavioral techniques only after making careful disciplinary decisions based on collecting information and rendering judgments. Rather than linking the symptoms in an associative way to behavioral techniques, teachers can learn to display more adaptive and flexible solutions to a child's discipline problems.

Finally, this model allows teacher educators to examine the education of teachers in terms of the teacher's intellectual as well as behavioral abilities. It assigns equal importance to the teacher's technical, interpersonal, and mental skills.

It seems appropriate to conclude with a brief discussion of some areas for further exploration. As it has been presented here, the diagnostic model has been applied more toward an individual's discipline problem, but it can be easily generalized to the total classroom. It should be noted that the interpretation of symptoms and the ultimate diagnosis currently rely a great deal on the teacher's subjectivity. Thus, there is a definite need to develop a diagnostic taxonomy--distinct categories of problems

which relate to specific symptoms--so that teachers can consistently render effective diagnoses.

Another issue which requires further consideration is whether or not the teacher should collaborate with the student and others (parents, counselors, etc.) in arriving at diagnosis and treatment. Glasser (1969), for example, argues that the responsibility for planning and implementing behavioral changes should rest with the student. Gordon (1974) recommends a more collaborative approach between the teacher and the student.

Finally, it should be mentioned that sometimes the process of diagnosis occurs very quickly and does not involve a significant amount of reflection. This happens when the student's misbehavior is caused by a situational interaction which is momentary. Therefore, it may be helpful to distinguish between momentary disruptions and persistent problems of disruptive behavior.

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