PRESSLEY RIDGE | SOCIAL RESEARCH & INNOVATION CENTER

Advancing Discovery in Mental and Behavioral Health

Publication Brief
September 2018

The Social Research and Innovation Center at Pressley Ridge is committed to conducting applied research to advance knowledge and best practices in the mental and behavioral health field. This brief provides a summary of publications across several topics of interest including treatment foster care, youth residential treatment, therapeutic/working alliance, and using performance data to optimize organizational performance.

Treatment Foster Care

Strickler, A., Trunzo, A. C., & Kaelin, M. (2017). Treatment foster care pre-service trainings: changes in parenting attitudes and fostering readiness. *Child and Youth Care Forum, 42(4).*

Background: Pre-service training of treatment parents is a requirement for all foster care models to ensure safety and well-being of children in care. Researchers theorize treatment parents benefit more from enhanced pre-service trainings; however, no rigorous studies exist indicating the effectiveness of these trainings for treatment parents.

Objective: This quasi-experimental study aimed to determine if an enhanced pre-service training developed for treatment parents (n = 71) is more effective than a basic pre-service training (n = 81) in increasing their parenting attitudes, personal dedication and willingness to provide foster care, and licensing rates.

Methods: Secondary data analyses were performed on an archival dataset that included demographic information and training participant scores from three standardized measurements before and after pre-service trainings: Adult-Adolescent Parenting Inventory (AAPI-2), Personal Dedication to Fostering Scale, and Willingness to Foster Scale. Licensing status as a treatment parent at the end of the pre-service training was also available in the dataset.

Results: Pre/post analyses revealed enhanced pre-service training participants experienced significantly more change in two parenting constructs, and basic pre-service training participants experienced significantly more change in one parenting construct. There were no significant differences between groups in changes in personal dedication or willingness to provide foster care. Enhanced pre-service training participants were significantly more likely to become licensed as treatment parents than basic pre-service training participants.

Conclusions: The findings suggest an enhanced pre-service training may have potential impact on changing some parenting attitudes and an increased licensing status as a treatment parent.

Mihalo, J. R., Strickler, A., Triplett, D., & Trunzo, A. (2016) Treatment foster parent satisfaction survey validation and predictors of satisfaction, retention, and intent to refer. *Children and Youth Services Review, 62, 105-110.*

Treatment foster parents are invaluable for youth in treatment foster care, therefore it is imperative for programs to measure their satisfaction in their role. However, the concept of treatment foster parent satisfaction is not fully developed, and there is a need to develop measurement tools specifically for treatment foster parents. Based on previous research and available foster parent satisfaction surveys, we developed a brief 28-item scale that measures four constructs related to overall treatment foster parent satisfaction: Professional Parenting Role, Treatment Foster Parent Efficacy, Support from Staff, and Quality of Training. Additionally, the scale assesses overall satisfaction, likelihood to continue as a treatment foster parent, and likelihood to refer others to become treatment foster parents. We also assessed which of the four constructs predict high and low scores on these three metrics. Results can be used to target interventions to improve treatment foster parent satisfaction.

Strickler, A. , Trunzo, A. C. (2016). Why foster parent pre-service training is so important. *Fostering Families Today,* **March-April Issue.**

Foster parent pre-service training is important to the overall success of the resource parenting experience and can lead to successes for children in the child welfare system. Although pre-service trainings differ in content and length, ones that demonstrate the most benefit have incorporated elements outlined above and are gathering input from resource parents. Incorporating current resource parents into the training process and providing examples from their real life experiences can enhance pre-service training programs. Also, ongoing assessment of pre-service trainings is needed to assure quality and relevant content is being offered.

Treatment Foster Care cont.

Strickler, A. (2016). Necessity of enhanced trainings for resource parents. (White Paper)

Enhanced pre-service trainings have the opportunity to provide resource parents with a necessary skill-set so they will be competent in their roles as foster/adoptive parents. Support and continual trainings provided from the agency, and experience with children in their home will help resource parents become more comfortable and capable in their important role.

Stickler, A. (2015). Assessing the Efficacy of Pre-Service Trainings for Treatment Foster Parents. (Doctoral dissertation)

This quasi-experimental study examined the effectiveness of two pre-service trainings: Model Approach to Partnerships in Parenting (MAPP, n = 81) and Pressley Ridge's Treatment Foster Care pre-service training (PR-TFC, n = 71) on treatment foster parents' parenting attitudes, readiness to provide treatment foster care, and attitudes toward providing treatment foster care. ANCOVAs revealed the PR-TFC group experienced significantly more change than the MAPP group in two parenting constructs, and the MAPP group experienced significantly more change than the PR-TFC group in one parenting construct. This study revealed no significant differences between groups in the amount of change in personal dedication to provide foster care or willingness to foster children with emotional and behavioral issues. However, a chi-square test of association showed licensing rates were significantly higher for the PR-TFC group than the MAPP group. This study also included a follow-up component for participants from the PR-TFC group who were licensed and had a child placed in their home. Repeated measures ANOVAs found significant increases for the PR-TFC group from posttest to follow-up and pretest to follow-up for personal dedication to fostering, but no significant changes in their willingness to foster. A description of treatment foster parent attitudes toward providing treatment foster care after a child was placed in the home is also provided. Practical implications of these results and recommendations for future research are discussed.

Bishop-Fitzpatrick, L., Jung, N., Trunzo, A., & Rauktis M. E. (2015). Outcomes of an Agency-Developed Treatment Foster Care Model for Adolescents. *Journal of Emotional & Behavioral Disorders, 23(3),* **156-166.**

Adolescents constitute a large proportion of youth in foster care, but few foster care models specifically concentrate on their developmental or treatment needs. This study examined outcomes for an agency-developed, theoretically based treatment foster care (TFC) model using de-identified administrative data from 612 youth discharged from care over a 3-year period using a structural equation modeling path analysis. Results indicate that youth enrolled in Pressley Ridge Treatment Foster Care (PR-TFC) improve in functioning from entry to discharge and that, overall, youth in PR-TFC treatment typically improve in day-to-day functioning as they age, and youth who enter the PR-TFC homes at an older age generally function better at discharge than younger youth who stayed comparable amounts of time. Additional results indicate that older youth, youth with a greater number of clinical diagnoses, youth with a lower pre-test Child and Adolescent Functional Assessment Scale (CAFAS) score, and youth of color spent more time in care, while older youth, youth with fewer clinical diagnoses, youth with lower pre-test CAFAS scores, and European American youth had lower post-test CAFAS scores, indicating better functioning at discharge. This article also provides an example of how administrative data can be used to develop practice-based evidence for a treatment model.

Trunzo A.C., Bishhop-Fitzpatrick, L, Strickler, A., & Doncaster, J. (2012) Pressley Ridge Treatment Foster Care: The Model of Care Thirty Years Later. *Reclaiming Children and Youth, 21(2),* **22-26.**

Since the early 1950s, trends in children's mental health have moved care from residential and office-based treatment to community-based interventions. The Pressley Ridge Treatment Foster Care (PRTFC) program was developed in 1981 in response to these trends. Currently, Pressley Ridge provides PR-TFC treatment in 15 programs in six states and the District of Columbia. This article describes how the PRTFC model trains foster parents to teach troubled children skills for effective living. Research evidence on outcomes shows this is an effective intervention.

Meadowcroft, P., Thomlison, B., & Chamberlain, P. (1993). Treatment foster care services: a research agenda for child welfare. *Child Welfare, 73(5),* **565–581.**

The article focuses on research related to treatment foster care services, which is a recent and rapidly expanding multisystem service in the U.S. It is an alternative child welfare and child mental health service for meeting the needs of children and adolescents with serious emotional and behavioral disturbances and their families. In treatment foster care programs, children and their families receive coordinated, multisystemic services while the child lives in the normal environments of a protective family, school, and community. Children served in treatment foster care have special needs that require the level of intensity of treatment services offered by the program. Changes in children during treatment include improved self- esteem and social competence.

Meadowcroft, P. A. & B. A. Trout (Eds.), (1990). *Troubled youth in treatment homes: A handbook of therapeutic foster care .* **Washington, DC: Child Welfare League of America.**

Written by key people from successful, well-known programs, this book offers state-of-the-art solutions to the major problems faced in developing and conducting therapeutic foster care programs: recruiting and training families, supervision and support, working with birth families, and the treatment of children in the program.

Youth Residential Treatment

Mihalo, J. R., & Valenti, M. W. (2018) How are We Doing? Results of Family Driven Feedback on Alliances between Families and Residential Treatment Staff Over Time. *Children and Youth Services Review, 86,* **42-48**

Developing working alliances and actively engaging families is essential for youth success in residential treatment. Ideally, these alliances can be fostered by sharing feedback with residential staff about their alliances with families over time to encourage more family engagement and better outcomes for families of youth in treatment. This study measured alliances between families and residential treatment family workers and assessed the effectiveness of an unobtrusive method of sharing working alliance feedback with residential treatment staff. Results revealed that family members rated the working alliance higher than family workers, and that these discrepancies in scores converged over time. In addition, higher family member ratings of the alliance predicted higher family functioning, and longer time in treatment resulted in higher family functioning scores. Lastly, receiving feedback about the working alliance resulted in higher family member ratings of the alliance with their family worker .

Sternberg, N., Schnur, E., Huefner, J. C., Muirhead, J,, Butler, L., Mihalo, J. R., Puett, L., Schedin, R., Triplett, D. R., Klee, S., Thompson, R., Tibbits, J.. (2017) A Work in Progress: Electronic Health Record Utilization in Residential Treatment. *Residential Treatment for Children & Youth. 34(2),* **122-124.**

The use of Electronic Health Records (EHRs) has increased dramatically in the past few years, in part as a result of the 2009 Health Information Technology for Economic and Clinical Health Act (HITECH), and has significant potential benefit for youth residential treatment providers. Although use is widespread in the medical profession, youth residential treatment providers have only recently begun to use EHRs, and there is little information available to guide them in selection. Members of the Association of Children's Residential Centers (ACRC) were invited via the association newsletter, and targeted email and phone call reminders, to participate in a 13-item on-line survey focused on use, satisfaction and concerns with EHRs. Eighty-seven percent of ACRC member organizations responded to the survey. Two thirds (66%) of the organizations reported using a wide variety of EHRs, and cited a range of strengths and challenges of the various systems; no single EHR product dominated the residential agency market. The authors discuss the need for further comparative EHR information and stress the importance of EHRs for data exchange and outcomes evaluation.

Strickler, A., Mihalo, J. R., Bundick, M., & Trunzo, A. (2015). Relationship between time in residential treatment and youth outcomes: Results from a cross-site five-year analysis. *Journal of Child and Family Studies,* **1-11.**

There is a need to evaluate the effectiveness of residential treatment centers (RTCs) due to scrutiny around use of this service that is viewed as costly, restrictive, and has resulted in mixed outcome results for youth. Discrepancies exist in residential literature regarding the amount of time in treatment that is optimal for having a positive effect on youth outcomes. This study used archival data to examine the relationship between time in treatment and youth's improvement in functioning and restrictiveness of living environment in a cross-site evaluation of a large sample of youth (N = 716) who discharged from RTCs over a 5 year time period. Researchers aimed to identify an ideal time in treatment that is beneficial for youth and to add to the practice-based evidence for the effectiveness of RTCs. Results of segmented regression analyses indicate a non-linear relationship that showed a longer time in treatment predicts improvement in overall functioning and restrictiveness of living environment during the first 6 months of treatment. However there is no relationship between time in treatment and outcome variables between 6 and 10 months, and a negative relationship exists between longer time in treatment and outcome variables after 10 months in treatment. Practical implications of results can be used to inform advocacy efforts, discharge planning, and return on investment calculations.

James, S., Thompson, R., Sternberg, N., Schnur, E., Ross, J., Butler, L., Triplett, D., Puett, L., & Muirhead, J. (2015). Attitudes, perceptions, and utilization of evidence-based practices in residential care. *Residential Treatment for Children & Youth. 32(2),* **144-166.**

This study reports on results of a national survey conducted in the United States about the attitudes, perceptions, and utilization of evidence-based practices (EBPs) in residential care settings. Seventy-five of 118 member agencies (63.6% response rate) of a voluntary national residential care association responded to a web-administered structured survey, which included the Evidence-Based Practices Attitude Scale. Results show overwhelmingly positive attitudes toward EBPs. Concerns were reported mainly with regard to cost and impeding a client-driven practice approach. The study also showed a high degree of utilization of EBPs with over 88% of programs reporting the use of at least one practice they considered to be evidence-based. Altogether 53 different practices were reported although it is unknown at this point whether practices were delivered with fidelity. Behaviorally-based and trauma-focused interventions constituted the most common interventions used by residential care agencies. Practices were subsequently validated against four national clearinghouse sites, indicating that only slightly over half of all reported practices had been evaluated by at least one clearinghouse and rated as having some research evidence for effectiveness. Divergent views about what practices are evidence-based point to the need for continued discussion between the practice and research fields about conceptualizations of evidence.

Youth Residential Treatment cont.

Sternberg, N., Thompson, R., Smith, G., Klee, S., Cubellis, L., Davidowitz, J., Muirhead, J., Strickler, A., Tibbitts, D., Smith, M., Triplett, D., Petree, M., Schnur, E. (2013), Outcomes in children's residential treatment centers: A national survey. *Residential Treatment for Children & Youth. 30(2),* **98-118.**

In 2010 the Research Committee for the American Association of Children's Residential Centers (AACRC) embarked upon a project to repeat the survey that was originally sent out in 1999, hoping to learn how agencies have adapted as well as what was new in the residential treatment environment. The committee was interested in population changes, length of stay, diagnosis, gender, and race, and whether there had been changes in sources of funding and services funded. The committee was particularly interested in the role of data collection and analysis, and how agencies use data to improve process and evaluate outcomes. The growth and sustainability of residential treatment as a viable service option may depend upon the field's willingness to track results, partner with families and the youth they serve, and to make themselves accountable to all stakeholders in the children's services system.

Using Data to Optimize Performance

Valenti, M. W., Mihalo, J. R., Strickler, A., Trunzo, A. C., & Triplett, D. (2017). From Information to Action: Practical Strategies for Translating Data and Statistics to Child Welfare Program Managers. *Journal of Nonprofit Education and Leadership, 7(4),* **250-268.**

Successful nonprofit agencies prepare their employees to utilize performance data to shape program delivery and improve services for the individuals they serve. In practice, however, many program managers are not trained to understand performance data and others consider data reporting and analysis as secondary to program operations. In this article, we present several strategies and accessible resources that nonprofit program leaders and managers can use to overcome common barriers to using data in everyday practice. We define and explain strategies using real-world examples and case studies from a large child welfare organization. Using a mixed methods evaluation, we found that program managers' participation in these strategies improved their understanding of performance data and attitudes toward using data in their work with staff and stake-holders. We discuss recommendations for translating data and statistics and for devel-oping a supportive organizational culture that promotes the constructive use of data.

Valenti, M. W., & Kerr, M. M. (2014). Addressing individual perspectives in the development of schoolwide rules: A data-informed process. *Journal of Positive Behavior Interventions, 17(4).*

Consensus among the majority of staff is essential for the development and consistent implementation of the Schoolwide Positive Behavior Interventions and Supports (SWPBIS) framework. At the universal level, a shared vision reflects consensus regarding operational definitions of behaviors (rules) and consequences. Yet, decades of research indicate that educators possess idiosyncratic standards for student behaviors. Lengthy and often unproductive discussions can arise when discussing school rules with a large group of adults. To address situations where consensus is difficult to achieve, this article outlines a process that assesses and summarizes the views of all school-based staff and then facilitates discussions based on the aggregated data. To illustrate this approach, we include two case studies involving faculty members struggling to find consensus about their schoolwide rules and describe how agreement was achieved. Recommendations for SWPBIS coaches conclude the article.

Fabry, B. D., Hawkins, R. P., & Luster, W. C. (1994). Monitoring outcomes of services to children and youths with severe emotional disorders: An economical follow-up procedure for mental health and child care agencies. *Journal of Mental Health Administration, 21(3),* **271.**

The follow-up is conducted by 3-5 staff from the different programs, hired during the summer to collect the data and supervised by a Ph.D. psychologist. The current practice is to follow each cohort or discharge class of youngsters just once. A report is written that presents combined data on all of the youngsters studied and separate data on youngsters from each of the 5 programs. Also, each program is given brief outcome stories about all of their youngsters who were followed up that year. Some major changes in programs have resulted from the follow-up. One program began concentrating on working with schools, another added drug awareness training, and a 3rd added transition classrooms for youngsters approaching discharge to better prepare them for public school. Also, the follow-up seems to have many subtle effects at every level of administration and service .

Therapeutic/Working Alliance

Valenti M. W., Brown, E. L., Galetta-Horner, C., Mahatmya, D., & Colditz, J. (in press). Pathways to working alliances: Special educators' emotional labor and relationships with students with emotional and behavioral disorders. *Teachers College Record, 121 (7).*

Few studies have examined factors that foster positive teacher-student working alliances. One possible contributor to the quality of working alliances is the emotional expressions that teachers engage in – the ways they display emotion in response to students' behavior. This study investigates how SETs' emotional labor (i.e., their deliberate suppression or expression of emotional to achieve goals) explains variation in their working alliances with students. We use a mediational model to examine whether their emotional behaviors mediate a relationship between their perceptions of their school's emotional display rules (i.e., expectations for emotional expression) and their working alliances with students. Findings indicate that SETs' perceptions of their schools' emotional display rules significantly predict their emotional behaviors, which partially mediate a significant relationship between their school's emotional display rules and their working alliances with students with EBD.

Therapeutic/Working Alliance cont.

Strickler, A., Valenti, M. V., & Mihalo, J. M. (in press). Mechanisms for building working alliances in clinical supervision. *Clinical Social Work Journal (TBD).*

> The Alliance Building: Learning to Engage (ABLE) model was developed to measure and enhance the supervisory relationship. The ABLE model consists of a tool for continuous measurement of the supervisory working alliance as well as several research supported resources. This two part study assessed the reliability and validity of the ABLE supervision tool (ABLE-S), and then a randomized control trial pilot study was conducted to determine if the use of ABLE in supervision improves the professional quality of life and occupational self-efficacy for supervisees. Analyses revealed the ABLE-S tool is a reliable and valid form for measuring supervisory working alliance, but the use of ABLE in supervision did not have a significant effect on supervisee outcomes compared to the control group. The findings suggest additional training on proper implementation of ABLE and expanded measurements to capture several confounds inherent in the supervisory context are needed in future studies. Practical implications of using ABLE include effective strategies for promoting positive supervisee development and reducing negative effects of stressful work environments that often exist in the social service field.

Brown, E. L., Valenti, M. W., & Kerr, M. M. (2015). Building Emotional Supports: How Teachers' Emotional Labor Informs Therapeutic Alliances for Youth With Emotional and Behavioral Disorders. *Report on Emotional & Behavioral Disorders in Youth.* **15(1), 4-9.**

> For decades, teachers have reported feeling unprepared to manage the emotional and behavioral demands of the classroom, particularly when working with students with emotional and behavioral disorders. This study explores the relationship between two classroom-based phenomena—emotional labor and the therapeutic alliance—to understand how teachers' emotional acting toward students may influence their ability to forge therapeutic alliances. Results using a mixed-methods approach show that teachers' emotional acting, particularly their use of natural emotions, influences their ability to establish positive, therapeutic alliances with students. The paper discusses the implications of these findings for practice and makes recommendations for teacher preparation and classroom supervision.

Brown, E.L., & Valenti, M. W. (2013). Merging pathways: The interdisciplinary study of emotional labor and therapeutic alliances in schools. *The Community Psychologist, 46(2),* **35-37.**

> A large body of research demonstrates the lasting impact that positive, pedagogical relationships between teachers and students have on shaping developmental and academic outcomes of children.

Manso, A., & Rauktis, M. E. (2011). What is the therapeutic alliance and why does it matter? *Reclaiming Children and Youth, 19(4),* **45-50.**

> Success with troubled children and youth is closely tied to bonds of trust. Research on the therapeutic alliance is highlighted including recent studies at Pressley Ridge Hobbs noted that troubled children and youth develop expectations about adults based on histories of punishment, rejection, or indifference (Hobbs, 1994). [...] the relationship with a trusted adult becomes a corrective learning experience (Manso, Rauktis, & Boyd, 2008). [...] studies of therapeutic alliance support one of Re-ED's principles: "Time is an ally" (Hobbs, 1994, p. 22).

Manso, A., Rauktis, M. E., & Boyd, S. (2008) Youth Expectations about Therapeutic Alliance in a Residential Setting, *Residential Treatment for Children & Youth, 25,* **55-72.**

> This exploratory study used qualitative methods to better understand how youths in a residential setting perceive their relationships with the counselors. Using focus group methodology, the study focused on how youth describe the relationship, what staff qualities the youth are able to identify as important in engaging and maintaining the relationship, and who they see as primarily responsible. Youth perception of the counselors seems to be dependent on three aspects—feelings about the counselor and qualities and behaviors of the counselor. Adults are viewed as primarily responsible for the relationship and for managing ruptures. Implications for residential practice as well as supervision and hiring are discussed.

Rauktis, M. E., Vides de Andrade, A. R., Douchette, A., McDonough, L., & Reinhart, S. (2005). Treatment foster care and relationships: Understanding the role of therapeutic alliance between youth and treatment parent. International Journal of Child & Family Welfare, 8(4), 146–163.

> This study profiles the development of relationships between youths and treatment foster parents over the course of a year using a repeated mean sures design. While both youth and treatment parents report favorable therapeutic alliance, treatment parent alliance is generally higher than youth alliance. Both treatment parents and youth show a "honeymoon" affect in which therapeutic alliance ratings decrease, followed by a gradual increase. The number of previous placements, diagnosis, severity of problem behaviors and resistance associate with different alliance growth trajectories for youth. In addition, treatment parent race and the presence of biological children in the home also associate with different alliance trajectories. These findings are discussed in terms of the implications for policy, training and supervision, research and practice in treatment foster care.

Therapeutic/Working Alliance cont.

Bickman, L., Ana Regina Vides, d. A., E, W. L., Doucette, A., & al, e. (2004). Youth therapeutic alliance in intensive treatment settings. *The Journal of Behavioral Health Services & Research, 31*(2), 134-48.

Therapeutic alliance (TA), the helping relationship that develops between a client and clinician, has received little attention in child treatment studies until recently, though it is the factor found to be most predictive of clinical outcomes. Furthermore, TA is cited as one of the most important components to effective therapy according to practicing clinicians. This study examines the TA that develops between teacher/counselors and children in 2 settings, a partial hospital/day school and a wilderness camp. An important finding in this study is the lack of relationship between the teacher/counselor's view of TA and the youth's view. Moreover, this correlation does not improve according to how long the counselors have known or have treated the youth. The implications of this and other findings are discussed.

Other Research Topics

Valenti, M.W., Kerr, M.M., & King, G. (2016). Evidence-informed suicide prevention in schools. In C. Rippey Massat, M.Kelly, & R. Constable (Eds.), *School social work: Practice, policy, and research, 8th edition*. **Chicago: Lyceum.**

School social workers receive very little training to prevent and respond to the suicidal behaviors of the students they serve. This book chapter describes a series of evidence-informed and –based practices that school social workers can employ in practice to manage suicidality. Practical examples and case scenarios are presented to help to explain the application of interventions and strategies that aim to reduce suicidality.

Strickler, A., Pfeifer, D., Cameron, A., Robinson, A., Price, C. & David, M. (2014) Renewing our commitment to kids: Collaborative Consultation. *Reclaiming Children and Youth, 23(2),* 25-30.

Children with serious emotional and behavioral problems often present challenges that far exceed what seems to be manageable. Despite the best intentions and efforts, youth move through multiple failed services because of the lack of progress, the "failure to adjust," and a presumed need for a higher level of care. Renewing Our Commitment to Kids (ROCK) is a process of intense teamwork that enlists experienced consultants in the search for solutions for workers and families who are dealing with very challenging youth. This article uses a case example to illustrate a collaborative consultation model that brought together stakeholders and consultants to renew commitment to youth and families and develop plans for positive youth outcomes. These consultants are not experts per se, but experienced teachers, counselors, mentors, and leaders. They are able to articulate principles, practice wisdom, and effective interventions. The success of this model relies on the clinical supervisor who stimulates learning and growth in order to promote positive development in both staff and youth

Kerr, M.M., & Valenti, M.W. (2009). Controls from within the classroom: Crises or conversations. *Reclaiming Children and Youth, 17(4),* 30-34.

In sharp contrast to the specialized therapeutic environments Redl and Wineman describe in "Controls from Within," today's students with emotional and behavioral disorders usually find themselves in general education classrooms. Sadly, many general educators are not prepared for such challenging students. All too often, their interactions lead to classroom crises and educational "eviction notices." Already academically stalled, students spend too many hours in the school office, detention, in-school suspension, or out of school altogether. Children of color are especially vulnerable to these sentences that suspend their education. Students are not the only ones pushed out of the classroom. Negative interactions also contribute to their teachers' distress and subsequent departures from the classroom. Recent studies have shown that many teachers leave the field because of their inability to handle behavior problems. Thousands of discipline referrals over the years present a regrettable pattern that helps to explain why students (and even some of their teachers) leave the classroom. Teachers may observe a relatively minor behavior and react in a manner that escalates the situation. While the initial misbehavior does not disrupt the classroom environment and would not warrant a trip to the office, the subsequent argument does lead to a referral, lost instructional time, and punishment. In many instances, teachers resort to multiple warnings and threats. Not surprisingly, these communications escalate into power struggles and even physical altercations. If general educators could exert more controls over their communications, they might avoid classroom combat. Respectful conversations between teachers and students clearly reduce the number of physical confrontations, as evidenced by the school safety literature. This article presents four empirically validated strategies that can serve as a great starting block for general educators faced with difficult behaviors in the classroom.