Good Behavior Game

Rules

- We will work quietly (unless otherwise instructed e.g. in group or class discussions).
- We will actively participate in classroom assignments (completing seat work, group work, or participating in class discussions).
- We will follow directions.
- We will not distract other students from working or listening to the teacher by talking, whistling, humming, playing with items, throwing items, physically violating another student, acting silly, or any other distracting behaviors.
- We will stay in our seats, unless otherwise instructed.
- We will begin our work immediately after instructions have been given (no gazing, delaying work, putting head down before completed, etc.).
- We will raise our hands if we need help with assignments and instructions/directions (we will not talk without permission).

Benefits of the Good Behavior Game

- Less off-task and aggressive behavior
- Teachers able to spend more time on instruction
- Students less likely to need behavioral services
- Students less likely to abuse drugs and alcohol
- Students have lower suicide and depression rates
- Not compete with instructional time
- Seamlessly integrates into the school day
Strong Evidence Base

- Tested with 1st and 2nd grade classrooms in Baltimore City, MD beginning in 1985-1986
- Implemented in 41 classrooms in 19 elementary schools with two groups of first graders
- Experts followed up with students in these classrooms periodically to study the immediate, mid- and long-term effects

Results of the Trial:

Positive outcomes for students and teachers

- **Elementary Schools**: male students who entered the first grade displaying aggressive behavior had reduction in aggressive and disruptive behavior and off-task behavior.
- **Middle Schools**: male students who entered the first grade displaying aggressive behavior had reduction in aggressive and disruptive behavior, off-task behavior, and delay in age of first smoking.
- **Young Adulthood**: males at ages 19-21 had a reduction in: use of school-based services for problems with mental health, use of illicit drug use/dependence disorder, alcohol use/dependence disorder, tobacco use, and antisocial personality disorder

Randomized Trials Support the Findings
Further Support

- The Good Behavior Game has been implemented in settings which included a significant population of ethnic/racial minorities as well as populations from urban areas in the U.S. and abroad. In the Baltimore trial, 65% of the sample identified as African American and 31%, who identified as White. GBG has been most effective for boys with higher levels of aggressive, disruptive behavior.

- If you would like more information on the studies and benefits of the GBG, visit goodbehaviorgame.air.org

Why are models important?

- Different models of disability imply different intervention approaches
- The model we prescribe to affects our thinking and the way we approach problems in the classroom

Medical Model

- "The disabled person is the problem; the child is faulty"
- Diagnosis-Cure
- "The power to change a disabled person lies within a medical or associated professional"
- The impairment is the focus
- "They need to be adapted to fit into the world as it is"
Ecological Model

- Broader view of the “problem”
- Individual characteristics are attributed to the joint effect of personal traits and environment
- Child is viewed through the context of his/her environment
- Teacher and parents have power to change child behavior
- The environment is changed

Misconceptions

- The use of tangible rewards which can negatively affect the development of intrinsic motivation.
- This was designed for students with disabilities.
- Use of rewards by behavior modifiers to change behavior is bribery or is cold and unfeeling.
- This can promote robotic language/behavior.

Everyone Benefits