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# "If They're on Tier I, There Are Really No Concerns that We Can See:" PBIS Medicalizes Compliant Behavior

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*Inclusive school leaders consider students showing disorderly behavior as their most vexing problem. Seeking to move away from disciplinary responses, they regard Positive Behavioral Interventions and Supports (PBIS) as their most useful systematic tool. The purpose of this research was to understand the discourses that leaders employed in one phase of that work: establishing Tier I universal protocols and expectations. This study conducted a Foucauldian discourse analysis of medicalization and order as expressed by these leaders. The critical discourse analysis unpacked a shift from regarding behavior in a good/bad binary as per discipline codes to a normal/deviant continuum as per the pyramidal structure of PBIS. Rooted in codes of conduct, orderly and compliant behavior fundamentally defined the good student, and in PBIS, the normal student. Practices and protocols such as the ubiquitous and consistent promulgation of behavioral expectations, and the use of Office Discipline Referrals as the primary screening data point highlighted the normalization of compliance. Having been established as normal, compliance was then the baseline condition against which the more diagnostic and therapeutic discourses of upper tiers of PBIS would be measured.*

> 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 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 school leaders articulate that ideal, they often describe the challenge of creating inclusion by discussing its limits—where inclusion will not 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). They thereby prioritize orderliness as a necessary condition for inclusive schools. 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.

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And yet the aspirations remain important. School leaders who maintain that their schools ought to be places where all students belong can be considered inclusive leaders (Frattura & Capper, 2007; Theoharis, 2007)—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 the discourse on the limits of inclusion. One sense of "disorder" connotes illness or disability. Conrad and Schneider (1992) call 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 troublesome 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). They reflect racial and gender overtones in which students of color and males are disproportionately identified 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 exclusion and inclusion—punitive discipline on the one hand and interventions that will therapeutically return a student to orderly behavior on the other—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 (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 and are premised on protocols of diagnosis, treatment, and triage borrowed from the public health arena (Merrell & Buchanan, 2006).

As PBIS is being put into effect, its purest form is modeled on RTI (Sugai, 2010). RTI 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). 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 (Samuels, 2011).

PBIS likewise intends to replace exclusionary discipline practices such as suspension and expulsion with interventions and supports that will therapeutically "achieve socially important behavior change" through the "existing science of human behavior link[ing] the behavioral, cognitive, biophysical, developmental, and physical/environmental factors that influence how a person behaves" (Sugai et al., 2000, pp. 133-134). Within PBIS, schools and districts set up consistent behavioral norms and expectations (Dunlap, Sailor, Horner, & Sugai, 2009). Diagnostically, PBIS sets up screening criteria for applying increasingly intense interventions (Burke et al., 2012; Walker, Cheney, Stage, & Blum, 2005). While educators track data on the fidelity with which these interventions are implemented (Sailor, Dunlap, Sugai, & Horner, 2009), if a student's disruptive behavior persists, then they take that failure as important information (Dunlap et al., 2009) to document the diagnosis of Emotional Behavioral Disorder (EBD) per IDEA (United States Department of Education, 2004).

Measures that reach all students are at the heart of Tier I 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.

Universal screening accompanies universal interventions. A single set of assessments for all students is used as baseline data (Burke et al., 2012; Lembke & Stichter, 2006). At Tier I, the most prominent screening tool is analyzing office discipline referrals (ODRs), which identify students "at risk for academic failure" because they track behaviors that substantially disrupt classrooms and would respond to the corrective methods of the second and third tiers of an RTI/PBIS pyramid (Walker et al., 2005). McIntosh, Frank, and Spaulding (2010) establish that early referrals do not necessarily predict a pattern of more referrals to follow. Referrals for some types of behavior are judged to be "red flags," with more predictive power than others (McIntosh et al., 2010). Bezdek (2011), on the other hand, determines that ODRs are a poor data point because they can yield "false negatives" in which students appear as normal but could be deemed at-risk by other measures. Bezdek picks up on Gresham (2005), who believes that up to 20% of all students have mental illness and can be identified by such early screening. PBIS functions further as a diagnostic regime in the upper tiers when a student has not responded to the interventions via the diagnostic presumption that since the teaching has been validated by research, the deficit is located in the student, and "true" disability has been found (Batsche et al., 2005; Dunlap et al., 2009; Fuchs & Fuchs, 2006; Fuchs, Mock, Morgan, & Young, 2003; Kavale & Flanagan, 2007).

Paradoxically, although the legal intent of PBIS and RTI is to offer a structure with which to build inclusive schools, they may in fact functionally reinforce deficit discourses. They may substitute misbehavior-as-disability for misbehavior-as-delinquency. Disability can have the same power as delinquency to construct an enduring deficit identity of the student as one who can be justifiably excluded (Youdell, 2006b). 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 criterion for belonging, then students who are identified by school as pathologically disruptive may still be regarded as fundamental challenges to inclusion. That stigma is made all the more powerful with the authority of clinical diagnosis backing up such stigma. Indeed, those students are often regarded as the iconic examples for why full inclusion may be impossible.

Disability Studies identifies the social construction of difference as disability, and further as pathological deficit via the medicalization of deviance (Baynton, 2006; Conrad & Schneider, 1992; Davis, 2006; Linneman, 2001; Sedgwick, 1982; Wolfensberger, 1975; 2000). Because so much of RTI/PBIS is about comparing student performance and behavior to normative performance and behavior standards, it is most instructive to take Davis' (2006) point that disability and abnormality are discursively created by an institutional obsession with normalcy. In the discursive construction of normalcy and deviance, Davis (2006) describes the question parents ask at the birth of their child, "Is she normal?" as meaning, "Does she meet a minimally acceptable level of health?" It is a baseline, not an average. Likewise, Tier I screening criteria prioritize minimally acceptable student behavior or academic performance as normal. In education, analyses of this medicalization discourse deconstruct the disability category of learning disability (Baglieri, Valle, Connor, & Gallagher, 2010; Baker, 2002; Danforth, 2009; Dudley-Marling, 2004; Skrtic & McCall, 2010; Sleeter, 1987) and the variety of student behaviors labeled as generally disruptive (Danforth, 2007; Orsati & Causton-Theoharis, 2013; Thomas & Glenny, 2000), or more specifically, as attention deficit hyperactivity disorder (ADHD; Conrad, 2006; Rafalovich, 2005) and conduct disorder (Harwood, 2006).

Baker (2002) identifies these discourses in practices and policies that constitute an institutional "hunt for disability," part of a "new eugenics" discourse in schools as a result of neoliberal policy. Disabilities are ascribed to individual students, and these deficits are discursively constructed as flaws or obstacles to overcome in the institution's overarching production of able graduates. Hence, a search 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.

Applying this analysis to RTI, there are warnings that this regime may be old wine in new casks, reifying again the disability continuum (Ferri, 2012; Klingner & Edwards, 2006; Orosco & Klingner, 2010). Ferri (2012) challenges the efficacy claims of RTI, while others (Klingner & Edwards, 2006; Orosco & Klingner, 2010) interrogate the match between "research-validated" generic interventions and the cultural, linguistic, and economic diversity of US schools. Culturally responsive PBIS has been described in some early prescriptive work (Bal, Thorius, & Kozleski, 2012). As yet, however, there is a scant research base on such methods, excepting small studies of particular practices, such as positive praise for African-American students (Tobin & Vincent, 2011), establishing new school committees of many stakeholders to enact culturally responsive PBIS (Bal, Kozleski, Schrader, Rodriguez, & Pelton, 2014), and reforming conventional PBIS behavioral rules and role models to fit the indigenous culture of a predominantly Dine school (Jones, Caravaca, Cizek, Horner, & Vincent, 2006) or of a predominantly Chinese-American school (Mian, McCart, & Turnbull, 2007).

Leaders may approve of inclusion as an ideal, and embrace it to a limited degree in their practice. The question of the limits of inclusion apparently distinguishes those leaders who actively seek to build inclusive schools from those who make only rhetorical gestures to do so (Barnett & Monda-Amaya, 1998; Horrocks, White, & Roberts, 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. Students identified as having EBD and autism were further regarded by principals as justifiably excludable (Horrocks et al., 2008; Praisner, 2003; Salisbury, 2006; Weller, 2012), particularly when they focused on the "best interests" and safety of the school community as a whole vs. the best interests of the individual student (Frick, Faircloth, & Little, 2012).

This study is excerpted from a larger research project of inclusive leaders that sought 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 the larger study 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? And 3) How do administrators negotiate institutional practices such as PBIS in their inclusive work?

Of those three questions, the first and third are most relevant to this article. Discourses of order and normalcy figured prominently in the data collected. Likewise, within institutional practices of PBIS, Tier I was the means through which disciplinary expectations of orderly behavior became an organizational norm in a medical discourse. The larger study addressed the pathologizing discourses of data collection and intervention. However, that analysis is not germane here. Rather, the present discussion is limited to analysis of how compliant behavior became the essential definition of a normal student, which could later be used as the contrasting baseline for discourses of disorder and disability.

## Method

This multicase study (Bogdan & Biklen, 2007) employed a grounded theory approach (Glaser & Strauss, 1967), beginning with data gathered from semi-structured interviews, field observations, and documents gathered on policy, practice, and accountability audits. My theorizing was fundamentally influenced by Foucauldian discourse analysis of the interactions of knowledge and power such that "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), the discursive construction of normalcy in general (Carabine, 2001), psychopathology in education (Harwood, 2003; 2006), and the power of neoliberal policy to create identities of students who are "impossible" to include (Youdell, 2006a; 2006b).

As a critical discourse analysis (Gee, 2005; 2012), this study emphasized intertextuality among interview transcripts, field observation transcripts, collected documents, and field

notes to understand how student identities of normalcy or deviance were constructed. Gee (2005) was helpful in analyzing the strategies that respondents used to authorize themselves as reliable, truthful, and even sympathetic informants, as was the model of "'K' is Mentally Ill: The Anatomy of a Factual Account" (Smith, 1990) for dissecting rules that respondents established to recognize students as belonging to the categories of normal or deviant.

### *Sample Description*

This multicase study was conducted in five school districts in one region of a Northeastern state. Participating districts and individuals were selected as a criterion sample (Patton, 2002) of inclusive leaders. All 5 districts and 15 of 19 individual participants were initially identified via their enrollment in university partnerships or professional development programs on inclusive leadership, and thus presumed to share at least the intent to build inclusive schools, although there was no screening for a particular set of beliefs, concepts, or practices. The design premise for this criterion (Patton, 2002) was that the participants were positioned both to set a vision for inclusion and to implement it via policy and application, thus potentially manifesting principles and practices of inclusive leadership (Frattura & Capper, 2007). Second, the sites' demographic differences as urban, rural, and suburban were a deliberate part of the larger study's design because of the opportunities for comparing and contrasting practices and policies among them. Residing in one state, the districts were also subject to the same governing policy imperatives on discipline and special education.

The university-district relationships had two forms: summer leadership institutes and three-year professional development partnerships.

Table 1
*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% |
| Alaskan Native, Hawaiian or Pacific Islander | 6% | 1% | 1% | 1% | 2% |
| Multiracial | 0% | 0% | 4% | 0% | 1% |
| White | 28% | 96% | 86% | 97% | 90% |
| Limited English Proficiency | 10% | 1% | 4% | 0% | 1% |
| FRPL** | 79% | 37% | 46% | 51% | 29% |
| Students with Disabilities | 19% | 17% | 13% | 14% | 14% |

**Free and Reduced Price Lunch.
(State Education Department, 2011a, 2011b, 2011c, 2011d, 2011e, 2012a, 2012b, 2012c, 2012d, 2012e).

First, the university hosted educational administrators from across the state to attend summer leadership institutes on equitable, inclusive, and excellent schools. Participants included principals, special education directors, curriculum directors, superintendents, assistant superintendents, aspiring teacher leaders, and educational leadership students. Districts were encouraged to send teams to facilitate planning during the institutes and more fruitful continuation of the work back at home. Workshops at these institutes included topics such as leading for co-teaching and differentiated instruction, service delivery and personnel utilization to support inclusive reform, curriculum reform for inclusion, establishing school climates of belonging for all students, school restructuring to enhance caring climate and inclusive instruction, literacy instruction for students with significant challenges, rethinking challenging behavior, effective methods to cultivate teachers who can work with African American and Latino/a students, and research-validated models of effective inclusive school reform. Second, the university established three-year professional development relationships with several school districts in which they coached building and district leaders through the phases of initiating and maintaining inclusive school reform. The focus of this work was similar to the topics of the summer institutes, but involving more focused and intensive monthly coaching on site in the districts as per their needs.

In keeping with the participating districts' commitment to inclusion, they had multiple leaders involved in the trainings. I excluded districts from which only one leader had attended the trainings. By including multiple leaders in a district, I intended to investigate the interactions, consistencies, and disjunctures between building- and district-level discourses.

Further criteria identified three types of leaders within each district. Superintendents were identified in order to get the broadest vision of inclusion for the district as a whole. Directors of Special Education or their central office equivalents were included because they were presumed to be administrators most closely associated with implementing inclusion for students with disabilities.

Table 2
*Sites and Participants*

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

They were also presumed to be closely associated 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. Principals were presumed to demonstrate a similar vision and implementation on inclusion at the building level. Whereas fifteen of the participants were purposefully identified from their enrollment in the university-sponsored trainings, the remaining four were identified via snowball sampling (Bogdan & Biklen, 2007) when early participants identified other inclusive administrators in their districts.

I substantiated the adequacy of the sample (Morse, Barrett, Mayan, Olsen, & Spiers, 2002) both in the initial phase and at several points along the way. First, I contrasted the sample criterion of selecting inclusive leaders with the demographic diversity of the districts. This contrast indicated the dimensions of diversity that any of the leaders might be addressing: diversity across disability only, or diversity across class, race, ethnicity, and language ability as well. Later in the study, when the data indicated that, despite the demographic variation within any given district and among the 5, each participant independently identified her/his greatest inclusive challenge as disruptive students, this helped to corroborate that the 19 participants were a coherent sample of leaders with similar inclusive goals. Furthermore, replicating roles in each district—five superintendents, seven directors of special education or their equivalents, and five principals and one assistant principal—supported sample adequacy and saturation (Morse, 1991).

### *Data Collection*

I conducted semi-structured interviews (Rubin & Rubin, 2005) ranging from 60 to 90 minutes with the 19 respondents individually. Initial interviews were conducted from January to December 2011, and the interview protocol at this stage helped to establish the initial discourses that each participant employed. The initial interview also identified opportunities for field observation, pertinent district documents, and several snowball sampling suggestions (Bogdan & Biklen, 2007) of other respondents within the districts.

From January to June 2012, I conducted final member check interviews (Lincoln & Guba, 1985) with all but two participants, who had left their posts during the course of the study. All interviews were recorded, transcribed, and followed by detailed field notes. In the semi-structured member check interviews, I presented the leaders with excerpts from field observations, their prior interviews, and collected documents, asking two essential questions: (a) "Do I have this right?" and (b) "What is the story to be told about this?" I also presented the respondents with the interpretive theories about those data points that I had developed during data analysis (Denzin, 1994), and repeated the same questions in order to verify the validity of my data and conclusions.

I conducted 19 field observations (Adler & Adler, 1994; Bogdan & Biklen, 2007) between March 2011 and February 2012. The participants had indicated in their initial interviews that their leadership on relevant matters could be observed in practice at these sessions. I took hand-written notes to record each observation, later typed and cross-referenced with documents acquired in the session. Typing the notes allowed me to access them with NVivo software for analysis alongside interview transcripts and collected documents. Following each interview and each field observation, I wrote detailed field notes (Bogdan & Biklen, 2007), which were also entered in the full set of data.

Documents gathered from the field and from websites associated with the districts constituted another data set (Hodder, 1994; Zeeman, Poggenpoel, Myburgh, & Van, 2002). Most were artifacts of field observations and documents given to me by participants during interviews. I also gathered documents from websites of the five districts and of the State Department of Education. More specifically, the data included (1) Audio and transcripts of 20 semi-structured interviews with participants, one of which involved two participants at once; (2) Field notes from 19 field observations including seven meetings focused on individual students (with multiple students on the meeting's agenda), four meetings to plan RTI/PBIS implementation, dour data review meetings, one professional development session on PBIS, and a staff meeting structured as a data review session; and (3) 79 documents collected from

the participating districts and the State Education Department, including codes of conduct, district strategic plans, RTI/PBIS planning documents and graphic representations, blank data recording forms for screening and analysis, external audits, State Education Department accountability reports, team guidelines for RTI/PBIS implementation, meeting agendas for each field observation, RTI/PBIS supporting documents such as student responsibility contracts, syllabi for professional development on RTI, and presentations made to one district's board of education on RTI/PBIS.

Data triangulation methods (Denzin, 1978) were employed with these multiple sources and data collection strategies. As noted above, protocols for intertextual discourse analysis (Gee, 2005) provided the method for this validity check. All interview and observation transcripts and summaries, interview audio recordings, scanned documents, and photographs were entered in a single NVivo qualitative database for later coding and analysis.

### *Analysis*

Within a grounded theory approach (Glaser & Strauss, 1967) to the data, I used 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.

Progressing to axial coding (Bogdan & Biklen, 2007; Strauss & Corbin, 1998) with the support of NVivo to query the data on key terms and their synonyms (Ozkan, 2004; Welsh, 2002), I developed three broad themes: (a) We tried to get them to comply, but…, (b) We need to be systematic, and (c) We use data to drive our decisions. Another theme emerged from refining the analysis of the systematic theme. That emergent theme, the discourse of normalizing, became the focus of this paper. Initially, the systematic theme was strictly about medicalized discourses of diagnosis and therapy in the pyramidal scheme as a whole. However, further data analysis suggested an important nuance in the leaders' descriptions of how to promulgate the good behaviors they expected of all children. The data evidenced not only the spreading of behavioral expectations, but also the establishment of a baseline of normalcy against which unwanted behaviors would be compared.

Three different theoretical frameworks were brought to bear on the data to establish theory triangulation (Denzin, 1978). First, the general discourse analysis protocols of Gee (2005) helped to substantiate early theoretical assumptions about the data, and to establish intertextual validity among the sources. Second, two versions of Foucauldian discourse analysis lent force to understanding (a) the interactions of knowledge and power and (b) the creation of psychopathological identities for youth (Harwood, 2006). Using these frameworks allowed me both to confirm some theories, such as the emergence of a medicalized discourse, and to reject others, such as the theory that RTI/PBIS justified excluding students as thoroughly as did punitive suspension, albeit on different grounds.

Another quite different framework of theory on audit culture (Apple, 2005; Shor & Wright, 2000) yielded a significant shift in data analysis that also held true in the data. In early phases, including the establishment of sample criteria, I regarded leaders exclusively as subjects of the discourse—those creating the terms, initiating the systems, and enacting accountability for the educators subordinate to them. Later, recasting the data with audit culture in mind complicated this analysis considerably, pushing me to regard the participants as objects of these discourses as much as they were subjects. The analyses of emergent medicalization still held with this new lens even as it engendered more analytic humility (Kincheloe & McLaren, 1994) toward the participants and the data overall. I am grateful to colleagues with whom I verified my data and theories in monthly debriefing sessions (Patton, 2002) for suggesting that I try this new lens, among other considerations.

I conducted negative case analysis (Morse et al., 2002) as arose from several important pieces of data that appeared to disconfirm my emergent theories. One instance was inconsistent use of the terms RTI and PBIS among the districts. While four out of five districts used the terms often, Lakeview pointedly did not. Digging deeper for discursive significance (Gee,

2005) among the data, I came to theorize a discourse of medicalization for all five cases that was not so contingent (Harwood, 2006) on the use of the terms RTI or PBIS per se.

Second, I created a coding category of counter-narratives that arose in the data. To this category, I assigned those instances from interviews and field observations in which participants intentionally spoke against significant themes that were present in the rest of the data. For example, in the data from Pleasant Hills, a counter-narrative arose regarding compliance as the focus of PBIS. During a field observation, an administrator in attendance asked if the data being collected focused on "behavior for learning or behaviors for compliance." The question was acknowledged, but given short shrift. When I asked Superintendent Ferrara about that later during a member check interview (Hays & Singh, 2012), she stated her concern that RTI/PBIS might be just the newest system to focus on student deficit. From that category of counter-narratives, I interrogated the breadth of the data set, concluding then that these sorts of misgivings were so isolated and so disconnected from the practices being enacted that they indeed demonstrated the overall power of the discourses of order and medicalization going forward.

Finally, I took note of my subjectivities (Walkerdine, Lucey, & Melody, 2002) in this project with reflective journaling (Rolfe, 2006). I came to this work considering myself an inclusive and social justice educational leader. My multiple identities—White, upper middle class, male, educational administrator, able-bodied, straight—likely impacted the relationships I built with my participants. Due to my professional history, I found that participants 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. Just as importantly, I recognize that my identities may have influenced what was not said, particularly with respect to institutional racism, sexism, and ableism. With that in mind, I was careful to ask for examples, to draw out inferences into explicit description (Bentz & Shapiro, 1998), and most importantly, to conduct member check interviews (Lincoln & Guba, 1985) to confirm that I was interpreting the data authentically as the participants understood it.

## Results

Robustly with every leader, the basic understanding of what constituted normal student behavior was grounded in a disciplinary discourse that was evolving toward a more medicalized one. From discipline codes to Tier I of the RTI/PBIS pyramid, discourses of normal behavior were prevalent, against which deviance and disorder could be judged. In the upper tiers of the RTI/PBIS pyramid, medicalized discourses of disorder and treatment emerged, as was analyzed in the larger study. However, to make that understandable, and to understand the work that these leaders were doing to move their institutions from punishing students to fixing them, it was necessary to analyze the normalizing discourses in the first place.

The leaders in this study felt challenged to include children whom their schools regarded as disorderly. In their interviews and in their leadership meetings, they expressed their wish to return those students to compliance and productivity. They were attempting to shift their schools from a punitive and exclusionary model to an inclusive one that approached unwanted behavior therapeutically, which the literature and the law identified as best practice. Lakeview Superintendent Boniwell cited a typical success regarding a student who could have been suspended for disruptive behaviors arising from "emotional and social issues" but who instead now had "fallen into a routine" and from whom the faculty was "not seeing any outbursts." System-wide, he documented success as a drop in office discipline referrals (ODRs) of 202 to 52 from 2006-07 to 2007-08.

Rather than relying on rules and punishment to achieve order and discipline, the participants 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 remediating interventions to return that student to self-regulating discipline, avoiding punishment as a result. Greendale Principal Ingraham expressed a typical sentiment: "If they're on Tier I of the

Table 3
*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.<br><br>Be safe, and not interfere with the educational process. |

pyramid—they're behaving, they're getting the work done—there are really no concerns with the child that we can see." On Tier I of the RTI/PBIS, pyramid children were compliant and productive. Ingraham and the other participants constructed certain identities as all right, not problematic, and thus, the standard against which problems were contrasted.

### *Disciplinary Normalcy in Codes of Conduct*

The constructed identity of a disorderly student, one 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, the State Education Department required all school districts to have a code of conduct setting out student behavioral expectations (State Education Department, 2000). Behavioral norms were established in the "Student Responsibilities" section. These five districts' codes set a strikingly similar baseline for expected behavior. 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. Individual students could be held culpable for disruption of the organization of school. However, the codes were largely silent on what sort of environment was conducive to learning, although they tied order and safety to learning. While Fairview did not explicitly call for safety and order, respect for property stood in as an analogue.

Three of the districts identified some 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. Within the text of the codes of conduct, students were not expected to collaborate, show curiosity, create, or even participate. This overall silence on environments and behaviors that promoted learning contrasted with explicit expectations for respectful and safe behavior, thus creating a discourse in which orderly compliance was the basis of normative behavior.

Insofar as the codes of conduct spelled out the responsibilities of teachers, parents, and administrators, the imperative was to support students, to communicate clear behavioral expectations for them, 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. Rather, adults were expected to "promote" and "maintain" positive learning climates. If disorder occurred, adults were to "help" and "assist" students to resolve problems, or "initiate" conferences of adults and students to reinforce the

"understanding" in Clearwater's code that, "in a democratic society, appropriate rules are required to maintain a safe, orderly environment."

### *Emerging Medicalized Normalcy*

The codes of conduct foreshadowed PBIS even while they were grounded in discipline. Students were expected to "control" their anger in the Greendale, Clearwater, and Fairview codes. They were responsible to "work to develop mechanisms to control their anger" in Greendale and Clearwater, and to "develop anger management skills" in Fairview. Managing and/or controlling anger via mechanisms and/or skills was an expectation that opened the door to PBIS interventions. In the format of a code of conduct, that responsibility was placed squarely with the student. The terms "mechanism," "management," and "skill" presaged behaviorist analysis if not psychopathological diagnosis. Whether rooted in discourse of discipline/punishment or of diagnosis/therapy, this language sought an internalized locus of control from the student.

The silence and vagueness within the codes of conduct vested considerable power in adults as the interpreters of student behavior. What exactly was meant by a "respectful positive manner" in which students were to respond to directions from adults? What environment was "conducive to learning"? Whose responsibility was it to make those determinations? The adults had official permission to do so, not the students.

Moreover, the clauses in codes of conduct that called for anger management decontextualized anger. They left no room for questions about culture or power. For example, locating anger management exclusively as a student responsibility failed to allow for the possibility that a student's behavior might be read as angry by an adult of a different culture, or perhaps as irrationally defiant rather than as calculated resistance to a situation that the student regarded as oppressive (Fordham, 1993).

Thus power was exerted in schools 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 as "disorderly," or conversely as "respectful" as a precondition for order and productivity. In terms of silence, codes of conduct did not call on adults 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 behavior and emotions.

### *Normalizing Strategies*

There were three prominent discursive strategies by which RTI/PBIS established compliance as a baseline for medicalized normalcy. First, normalcy was established via consistent rules and rewards promulgated across the full institution. Second, leaders established normalcy by promoting the pedagogical practices and curricula that they felt ideally hewed to RTI/PBIS proponents' call for universally high quality instruction at Tier I. Third, Tier I established a baseline of normalcy against which abnormal behavior could be contrasted in a medicalized discourse of diagnosis and treatment extending into upper tiers of the RTI/PBIS pyramid.

*Normalizing via Consistency.* Consistency was a significant theme in the leaders' talk of reform. They wanted their schools (a) to have the same rules and behavioral expectations, and (b) to post them ubiquitously, teach them, and reinforce them often. This was Tier I consistency. In the parlance of RTI/PBIS, the leaders often invoked "fidelity" as a synonym for consistency. Clearwater's Director Galliano used an elementary school to exemplify her vision of best 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 that establishes normalcy. Consistency itself was the focus here: teachers should hold the same expectations and apply the interventions in every school context.

In Pleasant Hills, Coordinator Vinter also endorsed the power of fidelity. She compared two schools in the district by recalling the observations of a school nurse who had transferred from the school with the longest history with PBIS to the newest adopter of the program:

> 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 indicated that fidelity had real power. First, Vinter recognized the school nurse—coincidentally a medical professional—as someone giving reliable information. The nurse's analysis of such a disjuncture between the two schools was compelling to Vinter. Thus began a discursive strategy of "cutting out" (Smith, 1990) in which the conventions that the listener should recognize were broken, indicating the power of both normalcy and deviance.

The most telling facet of this account of consistency is that the comparison between the schools was less about their history with PBIS than it was about social class. Vinter decoded for the listener, the broken convention that so surprised 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." Moreover as a Title I school, South Street was not only a poor school economically but also academically, Vinter told the listener. Orderly behavior at South Street was remarkable in this narrative not only because it was pervasive, but because the listener should have expected it 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.

What got the credit for breaking that convention? Implementing PBIS with fidelity over time was the evident cause in this account. Systematic consistency was more powerful than social class, and even more powerful than the "personalities" of the teachers or the leadership of that school. The major point of the example was that fidelity could normalize a significantly deviant school.

### *Normalizing via Curriculum and Instruction.*

A second strategy for normalizing was evident in the leaders' aspirations for universal curriculum and instruction at Tier I. Pleasant Hills and Greendale introduced universal behavioral curricula. Pleasant Hills based their instruction on the popular *Seven Habits of Highly Effective Teens* (Covey, 1998). Greendale piloted the Good Behavior Game, which carried the imprimatur of being research-validated (Embry, 2002; Intervention Central, 2011; Tingstrom, Sterling-Turner, & Wilczynski, 2006).

Because Clearwater had been warned by the state about disciplining a disproportionate share of students with disabilities, Special Education Director Galliano focused on Tier I PBIS as a remedy. Galliano explained their Quality Improvement Plan as a mandate for teaching that was synonymous with Tier I pedagogy. She had modeled her strategy on the Fairview Middle School PBIS system (where another participant in this study served as principal, unbeknownst to Galliano).

In Pleasant Hills, Director DeMartino regarded explicit universal instruction on

behavioral expectations as necessary for diverse classrooms:

> 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 imperative in this excerpt was straightforward: all children should learn the same rules. However, DeMartino also bracketed normalization with a deficit view of families. She defined a group of children whose early years were characterized by deprivation, contrasted with the culture of school. Discussing these new kindergarteners as "add[ed] in," DeMartino instructed the listener that these students were others whom it was necessary to inculcate with the culture of school so as to prevent 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, rather like essential preventative medical practices to head off common childhood maladies.

*Tier I Normalization as the Basis for Medicalization.* Tier I described not only a set of practices, but also came to represent a place in a continuum of diagnosis. Greendale Principal Ingraham summarized: "If they're on Tier I on the pyramid – they're behaving, they're getting the work done – there are really no concerns with the child that we can see." Compliance and productivity thus moved from basic disciplinary requirements as per the Code of Conduct to characteristics of a normal student about whom the school had no worries.

Greendale Special Education Director Quinn believed that successful inclusion relied on Tier I, the base of the pyramid. His succinct logic was typical of all participants:

> 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 80% 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 created a cohort of othered students, the remaining 20%. PBIS was the vehicle for that standard via "whole school intervention." When every classroom in a school intervened through 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 an imperative level of success.

Quinn explained further that when schools failed to reach that success rate, "your resources get too saturated coming up through that pyramid, up through the triangle." Quinn's urgency attached student normalcy or deviance to deploying school resources. That tie made this an overall discussion of triage, in which 80% effectiveness at Tier I was a predicate for further efficacious intervention in upper tiers.

Tier I normalcy was also evident in how data were used. If at Tier I, "we had no concerns," then what indicators raised concerns? Robustly, these leaders and districts prioritized office discipline referrals (ODRs) as the predominant data points for measuring overall effectiveness and for determining when interventions were needed in upper tiers. In Lakeview, Superintendent Boniwell held monthly data review meetings with the administrative team, for

example. Every building-level meeting across the five districts focused on solving the problem behavior of individual students, using ODRs as a chief criterion for identifying students of concern. PBIS planning meetings in Greendale and Pleasant Hills and a staff data review session in Clearwell likewise spent significant time and attention on how many ODRs it would take to qualify a student for one tier or the next.

From all interviews and observations, only two challenges to this focus on compliance occurred. Each time, the challenge was briefly acknowledged but then fundamentally dismissed in practice. At a Pleasant Hills administrative review of PBIS' progress, one administrator asked if the data collected was on "behavior for learning or behavior for compliance." Her colleagues, including Superintendent Ferrara, Directors DeMartino and Vinter, acknowledged that this was an interesting question, but made no adjustment to the plans or procedures. In a follow-up interview, Ferrara expressed concern that PBIS might reproduce a deficit discourse about students, but otherwise let the compliance focus remain.

Similarly, in a large Greendale meeting on planning the PBIS framework, the Director of Elementary Education called the validity of ODRs into question. As 1 of 4 people of color in a meeting of 19, he noted: "We are a predominantly White staff" teaching "predominantly African American students," writing a lot of petty referrals for nominal offenses such as not bringing a pencil to class. He wondered how using a specific number of ODRs could be a reliable trigger for moving up the pyramid. Once race had been put squarely on the table, various strategies emerged from White participants to minimize its importance and to assert the primacy of ODRs as indicating significant behavioral concerns about students. The school psychologist had the last word in interpreting the ODRs as evidence of either institutional racism or individual pathology: "That's why you need an expert, a school psychologist, to tell what's really going on." Director Quinn, who had called the meeting, let that stand and validated the use of ODRs as indicating something wrong with the individual student.

## Discussion

Entwined discourses of order and medicalization regulated student identities via disciplinary codes of conduct and the first stages of a system intended to return students to compliance when their behavior appeared disruptive. As the leaders sought to move beyond exclusionary punishment to more inclusive practices, they relied upon Tier I of RTI/PBIS to promulgate expectations of acceptable behavior and simultaneously establish the baseline against which disorderly behavior could be compared and then fixed. Brantlinger (2006) discussed the two meanings of "fix" evident in this discourse as (a) to remediate, and (b) to "determine a place for certain individuals such as through classification or specialized classroom arrangements," in this case in the upper tiers of the RTI/PBIS pyramid of diagnosis and therapeutic interventions.

The five districts relied upon state-mandated codes of conduct to regulate student behavior. This was an evocation of Foucauldian biopower (Foucault, 2003) through which the state and its institutions legitimate their authority to regulate the actual lives and bodies of the people under their charge. These power relations were made clear in the codes by the distinct roles established for students and adults. Students were constituted as objects whose behavior was prescribed, observed, and guided as necessary. Adults were the subjects who prescribed, observed, and guided the students. 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 the discourse of how and by whom a student was known to be orderly or disorderly or disruptive, and who had the authority to maintain the status quo or compel action to return to status quo should conflict arise (Foucault, 1980).

These school leaders felt that simply having rules was insufficient. They sought to spread behavioral standards explicitly and universally throughout their schools. The drive for consistency and fidelity established technologies of normalcy (Carabine, 2001) more than it established normal behaviors per se. Codes of conduct were intended to apply the same disciplinary expectations to all students and were to be implemented by all adults. 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).

PBIS was considered powerful enough to inculcate a broadly diverse student body with the expectations and routines of orderly classrooms. As several leaders described it, PBIS could overcome the perceived alterity of economics, persistent poor academic performance, or other environmental deprivation. In Greendale, the most diverse district of this multicase study, being "on Tier I" signified a student about whom there was no worry.

Leaders described their ideal of inclusion as a well-functioning universal level of the pyramid. Analyzing this aspirational discourse reveals much about the role that normalcy plays in the discursive construction of disabled identity via RTI/PBIS. Against abnormal, one could construct normal. In this case, in contrast to deviant, one could construct "minimally acceptable" (Davis, 2006) behavior. Likewise, Tier I efforts employed by these inclusive leaders established a baseline of minimally acceptable normal behavior, beyond the binary discourse of good and bad created by a discipline code alone. This evolution signaled the onset of an "educational triage," in which

> 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, 2006b, p. 11)

The participants 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. This established another facet of a medicalized discourse based on triage (Harwood, 2003; 2006; Youdell, 2006b) in which the 80/20 normal/curable split was a basic necessity for the system to run well. This discourse further invited a diagnostic approach to unwanted behavior. The portion of the student body that did not respond to Tier I were then eligible for upper tiers in the pyramid at which therapeutic interventions would be deployed (Sugai, 2010).

Another facet of medicalization was evident in Tier I generating data to be used diagnostically. Using office discipline referrals as the universal screening mechanism reinforced the centrality of compliance or lack thereof as the benchmark criterion. Although all districts and leaders relied on ODRs in this manner, nonetheless there were scattered instances of resistance to that practice. Two nascent counter-narratives on the use of ODRs emerged from interviews and field observations: (a) questioning compliance vs. learning behavior and (b) questioning ODRs as reflecting institutional racism. However, both challenges were marginal in their districts, and in the preponderance of research data overall. As such, they ultimately validated the overall entwined discourses of order and medicalization. With Positive Behavioral Interventions and Supports, order/disorder carries the twin connotations of peaceful/disruptive and healthy/diseased:

> Normalization is not a binary good/bad, mad/sane, or healthy/ill. It is also a 'norm' toward 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)

The medicalization evident in the pyramidal escalation of data collection, diagnosis, and intervention could follow from there.

## Limitations and Future Research

This study lacks quantitative data on both discipline and disability referral rates disaggregated by race, class, gender, language status, and disability. Despite multiple and repeated efforts, I could not get the districts involved to provide such data. Replicating this work in a mixed methods format with such quantitative data is therefore indicated. This work can also be extended to include teacher and teacher

leaders. Orsati and Causton-Theoharis (2013) and Danforth (2007) have deconstructed teacher discourses of the euphemism of the "challenging" child. It would be instructive to investigate the degree to which the RTI/PBIS discourses reify normalcy in the classroom.

PBIS is regarded as a significant tool in addressing disproportionate suspension based on race, class, and disability (Chin, Dowdy, Jimerson, & Rime, 2012; Fenning et al., 2012; Netzel & Eber, 2003). Furthermore, culturally responsive PBIS is also held out as promising and necessary evolution of PBIS as a whole (Bal et al., 2012; Sugai, 2012; Vincent, Randall, Cartledge, Tobin, & Swain-Bradway, 2011). While there are several studies on PBIS implementation along the dimensions of leadership (Netzel & Eber, 2003; Sandomierski, 2011) and cultural proficiency (Bal et al., 2014; Jones et al., 2006), further research on the intersection of cultural competence and medicalized discourse would prove valuable. As Brantlinger (2005) notes, positivist discourses hold sway in debates on inclusion. I would argue that PBIS represents the positivist scientific evolution of discipline. As such, it could well be a powerful ideology, using the imprimatur of science and medicine to diminish other analyses of institutional oppression.

The developing area of DisCrit (Annamma, Connor, & Ferri, 2013; Broderick & Leonardo, 2015; Erevelles & Adams, 2015; Kozleski & Artiles, 2015) is examining how disability is raced and race is disabled. Ferri (2012) and Artiles (2007) opened the door to analyzing how positivist medicalized discourse trumps other understanding of institutional racism with respect to learning disabilities. Since emotional and behavioral disturbance is likewise a high incidence diagnostic category with documented racial and gender disproportion, further research on the medicalization of deviant behavior in PBIS would be very valuable to extend other analyses of school's contribution to psychopathologizing (Conrad, 2006; Harwood, 2006; Orsati & Causton-Theoharis, 2013).

To date, we lack deep qualitative research on the discourse of limitation as enacted by inclusive and social justice 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, it is also fitting to examine leaders as they negotiate and implement what is possible.

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