

Teaching Students with Emotional Behavioral Disabilities in a Self-Contained Classroom

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Abstract

As of the 1960s and early 1970s, students with special needs were still not included in general education classrooms and did not have any rights. Dunn's 1968 article challenged this idea and sparked a debate amongst researchers. In 1975 changes in US legislation began to occur first with the Education for All Handicapped Children Act that later became the Individual with Disabilities Education Act (IDEA) (Martin, Martin, & Terman, 1996). As a result of this legislation the school was expected to provide different service models to students with special needs. In Canada, special education services vary within each of the provinces and territories and full inclusion was introduced in the early 1980s. Students with special needs in Quebec are referred and assessed to determine what types of services they will need within an educational setting. The students are then provided with a diagnostic code that will determine if they should be fully integrated into a regular classroom with or without support. Depending on their diagnostic code, some students are placed within a self-contained classroom within a regular school or a self-contained classroom within a self-contained school. Students with severe emotional behavioral difficulties are frequently placed within self-contained classrooms within self-contained schools. However, recently self-contained classrooms have been opening in regular school settings. It is important for teachers to understand the research concerning inclusive and restrictive settings as well as be able to implement research-based practices within their classroom. At the end of this review resources have been provided that teachers within the English Montreal School Board (EMSB) can use within a self-contained classroom.

Preface

An elementary school teacher with a bachelor's degree in education has been trained as a generalist with some courses about how to teach children with special needs. However, teachers are expected to create inclusive classrooms that will accommodate all students with special needs. Although inclusion began in the 1980s in Canada, students with severe emotional and behavioral difficulties are frequently taught in more restrictive settings within schools and classrooms (Royer, 1999). During the past three years, within the English Montreal School Board (EMSB), more self-contained classrooms have been created in regular school settings. Although teachers who work in self-contained classrooms frequently work with a paraprofessional, teachers in Canada do not necessarily have the training to work with this population (Dworet & Maich, 2007).

This resource will examine how students with emotional and behavioral difficulties have been educated in Canada and Quebec. Areas of concern will be examined as well as evidence-based assessments and interventions. Arguments for and against teaching students with emotional and behavioral difficulties (EBD) in self-contained environments compared to inclusive environments will be explored. This resource will also look at evidence-based practices for teacher preparation, curriculum, social skills, generic interventions, communicating with parents and professionals, working with paraprofessionals, reintegration, and self-care. Finally practical applications for teachers working within self-contained classrooms will be explored and areas that require further research will be discussed.

Teachers who are placed within this type of classroom will need to continue to pursue professional development and work with a team of professionals so that they ensure that they are meeting the needs of their students and families. Finally, teachers will need the ongoing support

from the families' of their students, principals, other administration staff, and community organizations.

Teaching Students with Emotional Behavioral Disabilities in a Self-Contained Classroom

Definition of Emotional and Behavioral Difficulties

Kauffman (2005) argued that the definition of emotional and behavioral difficulties is subjective and usually falls into the hands of authority figures such as medical personnel, teachers, or mental health professionals. Although this may be the case, professionals need to understand the definition as defined by the law. The US Individuals with Disabilities Education Improvement Act (IDEA) of 2004 defines emotional disturbance as:

a condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree, which adversely affects educational performance:

- A. An inability to learn which cannot be explained by intellectual, sensory, or health factors.
- B. An inability to build or maintain satisfactory interpersonal relationships with peers teachers.
- C. In appropriate types of behaviors types of behaviors or feelings under normal circumstances.
- D. A general pervasive mood of unhappiness or depression.
- E. A tendency to develop physical symptoms or fears associated with personal or school problem. (US Department of Education, 2006, Web page).

One of the reasons why students with emotional and behavioral difficulties may have difficulty building positive relationships with their teachers and peers could be related to how they are perceived. In an opinion paper examining how students with EBD are perceived, Cooper (1997) stated:

Emotional and Behavioral Difficulties often manifest themselves in

the form of non-cooperative or oppositional behavior, and thus present a personal threat to authority and sense of competence of the teacher. This threat can be a major source of stress to teachers. The knock-on effect of this can lead to circumstances which serve to exacerbate the original difficulties, and so lock teacher and pupils in a spiral of failure. (p. 3)

Another factor is that EBD co-exists with other behavioral difficulties such as oppositional defiant disorder, attention deficit disorder, hyperactivity, as well as internalizing behaviors such as anxiety and depression (Conseil Supérieur de l'Éducation, 2001, p. 5). This can make it very difficult for the both teachers and students to engage in positive educational experiences in the classroom.

It can be overwhelming when a teacher receives a student who has been diagnosed with emotional and behavioral disabilities, especially when the student has been diagnosed with more than one disability. The DSM-5 is a resource for teachers because psychologists consult the manual to obtain a definition about a mental disorder and the diagnostic criteria and descriptors (APA, 2013). Students who are referred to a self-contained classroom are frequently diagnosed with any combination of attention deficit hyperactivity disorder (ADHD), conduct disorder, and oppositional defiance disorder (Appendix A). Some of the students within these classrooms may have also been through a traumatic experience.

Prevalence of EBD

According to Canadian statistics between the years 2004-2005 looking at children between the ages of two to five, 14.7% exhibited high levels of emotional and or anxiety problems, 6.6% exhibit high levels of hyperactivity or inattention (or both) and 14.2% physical aggression (Public Health of Canada, 2009). These statistics are disconcerting because they

directly impact our society. Students diagnosed with EBD are predominately male, disproportionately African American, tend to receive services later when compared to other disability categories, are placed in more restrictive settings, and are most likely on a type of psychiatric medication (Bradley, Henderson, & Monfore, 2004). Children who have these diagnoses are vulnerable and may experience difficulty becoming active participants within society. According to Steinberg and Knitzer (1992) these students are the most at risk for dropping out of school and high rates of being incarcerated (Doren, Bullis, & Bentz, 1996).

Areas of Concern

Labeling

Education professionals have to be careful about labeling students. Smith et al. (2009) stressed that to label someone with the term disability is to put a restriction on him or her, whereas the term exceptionality also highlights the person's abilities. Children with any type of disability should not be defined or limited by a label or medical diagnosis. They should be encouraged to become active participants within society who have the right to the necessary supports in order to be successful (Hammel et al., 2008).

Disproportionality

It is important that teachers and their teams are conscientious with regard to the cultural background of the students whom they are referring to more restrictive environments. Teachers and their supporting professionals need to ensure that African American students, for example, are not being discriminated against when they are being assessed and assigned a code. Mandell, Davis, Bevans, and Guevara (2008) examined Medicaid mental health forms of 4852 children aged 6 to 12 who had been diagnosed with ADHD. They observed that Black students were most

likely to be diagnosed with ED whereas White students were most likely to be diagnosed with LD even though their clinical profiles did not differ.

The cultural background of the students who are referred can also be affected by a cultural bias. Hosp and Reschly (2003) conducted a meta-analysis of literature that examined referral rates for intervention and assessment students from three different racial categories: Caucasian, African American and Hispanic. Black and Hispanic students were referred at faster rates compared to Caucasian students.

Disproportionally can be avoided when teachers and other professionals collaborate and work as a team with their students and their families. Osher et al. (2004) explained that working in a multidisciplinary team leads to “a myriad of transactions between and among adults in schools, the students and families. These transactions, in turn, are structured, mediated, or both by cultural factors bias as well as the capacity and social capacity of families and schools” (p. 54). It is important for teachers are aware of cultural bias when referring students and that they do not work in isolation in order to ensure that the students individual needs are the main priority.

Referrals to Special Education

Before a student can receive special education services, a student needs to be referred. This can be difficult because teachers might not completely understand the characteristics that are associated with social and emotional difficulties.

A study was conducted at six different schools in major urban areas. The 47 participating teachers were asked to nominate students from grades 1 to 6 who they felt displayed moderate to severe emotional and behavioral difficulties. The teachers were also asked to rate external and internal behaviors, academic and social competence of these students. Soles, Bloom, Heath, and

Karagiannakis (2014) concluded that when students demonstrated behavior that was not stereotypical of their sex, they rated the behavior severely. They argued that this is because teachers do not understand the behaviors that are involved in students who have emotional and behavior difficulties. Teachers who work with this population need more specialized training and professional development, specifically with students who appear to not be behaving in a way that does not appear to be sex appropriate.

Education of Students with EBD in Canada

In Canada, each province and territory has its own education or school act governing education in schools within its jurisdiction, including special education services (Canadian Council on Learning, 2010; Smith et al., 2009). Canada was a leader in ensuring that people with disabilities would have the rights both recognized and protected constitutionally. “Canada’s adoption, in 1982, of the Constitution Act, which included the Canadian Charter of Rights and Freedoms—guaranteeing the rights of all individuals with exceptionalities—Canada became the first country in the world to enshrine the rights of people with exceptionalities in a constitution” (Smith et al., 2009, p. 3). “Prior to the 1970s and the normalization movement, students with physical disabilities or intellectual disabilities were provided with services, albeit nearly always self-contained, isolated classrooms” (Smith et al., 2009, p. 3). After the 1970s, how education was provided to students with disabilities changed drastically. According to Smith et al., (2009) there were three main stages:

In the relative isolation phase, students were either denied access to public schools or were permitted to attend in isolated settings. In the integration phase, which began in the 1970s, students with exceptionalities were mainstreamed, or integrated, into general education programs when they were considered ready to handle the general education

program. Finally, the inclusion phase, introduced in the early 1980s, emphasized that students with exceptionalities should be fully included in school programs and activities. (p. 4).

Education of Students with EBD in Quebec

There has been an increase in the number of students who have been identified with emotional and behavioral difficulties and many of them are educated in restrictive environments (Royer, 1999). Within Quebec, it appears that partial versus full integration, mainstreaming, and special education classes and schools co-exist in order to meet the specific needs of students with disabilities in order to provide an individualized approach.

A document published by the Ministry of Education (2007) entitled the *Organization of Educational Services for At-Risk Students with Handicaps, Social Maladjustments and Learning Difficulties* explained what are the different placements available to students based on their special needs. “The first will receive services in a regular class while also benefitting from appropriate support measures. The second student might be enrolled in a special class while benefitting from the appropriate support measures and the third might be referred to a special school that offers very specialized services because it was shown that this was the best way to help the student learn and become socialized” (p. 3). The different levels of support that the student will receive depending on their diagnosis are sustained support (special education class with an extra staff member present at all times) or regular support (frequent assistance at certain times of the day or week). This would indicate that, although inclusion was the main mandate from the Special Education Act in 1978, as indicated in the special education policy update, *Adapting Our Schools to the Needs of All Students* (Quebec, 1999), Quebec has continued to apply the standard service model within schools (i.e., general education classroom, resource,

self-contained classroom in regular school setting, self-contained classroom in a self-contained school, day hospital programs).

Across all provinces in Canada teachers who work with students who have emotional and behavioral difficulties will receive some type paraprofessional support but regular teachers and, in some cases, special education teachers do not have the specific training to work with this population (Dworet & Maich, 2007).

Assessments

In order to determine the best placement for students in Quebec, a diagnostic code has to be assigned through specific methods of evaluation. Assessments need to be completed by a professional and multidisciplinary team in order for children to be evaluated. This team includes a psychologist, psycho-educator, or childcare worker. In order to make this final assessment, systematic observation techniques, standardized tests, and a standardized behavior-rating scale are employed (Quebec, 2007). The final assessment is made using systematic observation techniques, standardized tests, and a standardized behavior-rating scale. Some researchers argue that, rather than using the common practice refer-test-place approach in which general education teachers refer students experiencing difficulties to a team (Gresham, 2007), schools should adopt a proactive schoolwide approach that embraces early identification and intervention.

Early Identification

Students who might be at risk for emotional and behavioral difficulties should be assessed early because strategies are much more effective. Children who have consistent antisocial and aggressive behavior towards others are likely to carry those behaviors into adulthood (Kazdin, 1987). It is also important to identify children early because interventions

for emotional and behavioral difficulties and reading will have a bigger impact on students from preschool to third grade (Lane, Gresham, & O'Shaughnessy, 2002).

It is not enough for screening to be early; it also has to be efficient and effective. Walker, Cheney, Stage and Blum (2010) conducted a year-long descriptive study with 72 students within three elementary schools (two suburban and one urban), who were described as being at risk. The schools had an already-established Positive Behavior Support system (schoolwide screening, rating-scale instruments, and office-discipline referrals). The students were identified using the Systemic Screening for Behavior Disorders and school teams matched the students to existing supports. Teachers completed the Social Skills Rating System and the numbers of office referrals were also monitored as well as the number of students referred to school-based support teams. The researchers concluded that an effective and efficient schoolwide screening process consists of a systematic screening process (e.g., Social Skills Rating Scale and Problem Behavior and Social Skills) and systemic monitoring of office discipline referrals in order to identify students who are at risk and to provide them with any additional supports. The researchers found that this allows for students to be identified early and tracked so that if they need any additional supports they will be provided early and this will help to prevent students from needing more intensive supports in the future.

Response to Intervention (RTI)

Response to intervention is an approach that has been embraced by researchers because it allows for early assessment and intervention along with providing a way for students to be assessed in a nonsubjective way. Gresham (2007) stated that response to intervention (RTI) is a schoolwide early intervention that allows for “decisions concerning changing, intensifying, or withdrawing an intervention are made on the basis of how well or how poorly a student responds

to an *evidence-based intervention* that is implemented with *integrity*” (p. 215). Response to intervention has also been proposed to just relying on IQ-achievement discrepancy and subjective observations. The Response to Intervention approach provides a different method for assessment and intervention that specifically targets at-risk students that potentially do not experience success at school (Fuchs & Fuchs, 2006). RTI is viewed as a more proactive approach because, Gresham (2005) stated, “RTI is based on the best practices of prereferral intervention and gives school personnel latitude to function within an intervention framework rather than a psychometric eligibility framework” (p. 331).

McIntosh et al. (2011) argued that psychologists in Canada would prefer to adopt a more proactive form assessment rather rely heavily on psychometric assessments. Due to the fact that there is not a federal ministry or national educational policies, the researchers suggested that psychologists could help to train teachers, administrators, and fellow psychologists to implement RTI within their respective schools.

Functional Behavioral Assessment

A type of assessment that is frequently used in order to develop effective interventions for students with EBD is the Functional Behavioral Assessment (FBA). Sugai et al. (2000) defined FBA (Appendix B) as “a systematic process of identifying problem behaviors and events that (a) reliably predict occurrence and nonoccurrence of those behaviors and (b) maintain the behaviors across time” (p. 137). In order for an FBA and a Behavior Intervention Plan (BIP) (Appendix C) to be effective, teachers need to explain the benefits and rationale of the behavior that they would like the student to demonstrate, explicitly teach and model the new behavior while providing the student with enough practice and immediate feedback, set-up instructional environments that will allow the student to experience success, and collect data to determine

whether or not an intervention can be faded out or needs to be re-evaluated (Scott, Anderson, & Spaulding, 2008). Scott, DeSimone, Fowler, and Webb (2000) argued that by using an antecedent-behavior-consequence (ABC; Appendix D) form allows professionals to “select appropriate replacement behaviors and intervention strategies” within a functional behavior assessment (p. 52). They also stated that an FBA takes the guesswork out of understanding the function of a student’s behavior so that the teacher and others can develop effective interventions that help the student successfully reach behavior and learning objectives.

Inclusive versus Restrictive Environments for Students with EBD

Research falls into two main camps concerning whether students with emotional and behavioral difficulties should be educated within or outside of the general education classroom.

Researchers who embrace special education, such as Kauffman (2008), have argued, “Perhaps the idea most obviously undergirding special education is that students should not all be treated the same, should not all receive the same education, that a special education is required for some students” (p. 131). Therefore Kauffman believed that the type of special needs that students have should be taken into consideration when determining whether or not they should be fully integrated into the general education classroom.

Other authors claimed that denying students with special needs access to general education based on their specific needs would be infringing on their equal rights. Lipsky and Gartner (1996) asserted that all members of society are to be treated equally and they should not be excluded from regular education.

Although students with emotional and behavioral difficulties are considered to be students with special needs, they seem to fall into a different category. Articles have shown opposing views about whether or not they should be included in the general education classroom.

On one side of the argument, researchers found that by placing students in a self-contained-classroom they will do better both academically and socially. Kavale and Carlberg (1980) conducted a meta-analysis of 50 studies comparing students with special needs who were included in a regular class to special needs students who were taught in a special education class. The different special needs categories that were examined were Mental Retardation (MR), Slow Learners (SL), behavior disorders (BD) or emotional disturbance (ED), and learning disabilities (LD). Within all of these categories, the researchers also compared the IQs of all of the participants. Kavale and Carlberg concluded that students who had a below-average IQ did not benefit from being placed in a special education class, whereas students who had an LD or EBD demonstrated improvement when they were taught in a special education class both academically and socially.

Other authors do not agree that students with emotional and behavioral difficulties should be excluded from the general education classroom. Instead they concluded that, if the teacher has good empirically based teaching methods, then all students are able to learn regardless of their educational setting. Leinhardt and Pally (1982) did an extensive literature review of studies that examined special and compensatory education. They concluded that effective educational practices needed to be the main focus when teaching students with special needs rather than the setting.

In other research it appeared that students with emotional and behavioral difficulties improved academically and demonstrated fewer external behaviors when they were included in a general classroom. Emotional and behavioral difficulties are complex and consist of both external and internal behaviors. Lane, Wehby, Little, and Cooley (2005) researched whether or not students who were diagnosed with EBD differed from restrictive classrooms in general

education schools from students with the same diagnosis in separate facilities. A total of 72 students with severe emotional and behavioral difficulties participated in the study. There were 29 students who attended self-contained classrooms in general education schools and 43 students who attended self-contained classrooms in self-contained schools. The sample also included 37 teachers who participated, nine from self-contained schools and 28 from self-contained classrooms in general-education schools. Students were evaluated throughout the year using a variety of psychometric assessments. The students who were in self-contained classrooms schools performed better academically, experienced less negative discipline, but engaged in more internalizing behaviors. The researchers also found that students who are frequently placed within these classes are commonly from low-income backgrounds as well as from specific ethnic and racially diverse backgrounds. Teachers need to be aware of both externalizing and internalizing behaviors of students with EBD. They should also be sensitive of disproportionality of students with certain socio-economic and cultural backgrounds when referring students to self-contained classrooms.

Heath, Petrakos, Finn, Karagiannakis, McClean-Heywood, and Rousseau (2004) conducted a Canadian comparative two-year study between two elementary schools, one that had followed an inclusionary model called Family School Support and Treatment Team (FSSTT) and another school that had not followed the same model. Twenty-eight teachers were asked to nominate 96 students who appeared to be at risk for emotional and behavioral difficulties based on definitional criteria. Ninety-six parents and guardians of the nominated students were also asked to complete questionnaires. “Children nominated for moderate to severe emotional and behavioral difficulties functioned as well in a fully inclusive program that used a systemic team approach as is in a more traditional service delivery model” (p. 257). In other words, teachers

who are working with students who have been diagnosed with emotional behavioral difficulties and who are working with a team of specialists should be able to effectively include students with EBD in their classrooms.

Based on the above research there are pros and cons to placing students with emotional and behavioral difficulties within self-contained classrooms. Regardless of your personal beliefs concerning special education, continuum of services, or full integration, professionals need to ensure that the needs of the students are the main priority (Brantlinger, 1997). Therefore, teachers should make sure that they keep up-to-date on current research and adapt to the needs of their students. In both inclusive and restrictive settings, teachers need to have access to specific professional development and have access to and work with a team of professionals so that they can implement effective strategies within their classrooms.

Teacher Preparation

Preparing general education teachers so that they feel competent to work in an inclusive environment has proven to be a difficult task because of the lack of teacher education that has been provided to them. Stanovich and Jordan (2002) conducted a research project at the Ontario Institute for Studies in Education (OISE) in Toronto. The research project (SET–Supporting Effective Teaching) consisted of both large-scale and small-scale studies that were conducted in over 100 classrooms in order to build a theoretical framework that could be utilized by practicing teachers so that they could experience success with inclusion. The researchers identified three major teacher variables and one school variable that contribute to successful inclusion based on the outcomes of the students. The variables identified were: teachers' beliefs about students with disabilities and their inclusion in a general education classroom, teachers' sense of efficacy, the classroom teacher's repertoire of teaching behaviors, and the beliefs held by the principal and the

other teachers in the school. They concluded that, “general education teachers who accept students with disabilities in the classroom, collaborate with others, know how to access and use supports and resources to improve their teaching” (p. 184). The researchers warned that if teachers do not receive the necessary resources and supports they could experience a lower sense of efficacy and will not have a positive perspective about inclusion. Teachers who are against inclusion due to lack of support will not be able to teach students with EBD effectively in a regular classroom.

With regard to special education, special education teachers should receive more hands-on experience in order to prepare them effectively work with students with emotional and behavioral difficulties (Cooley-Nichols, 2004).

Special Education Teacher Retention

Special education is a very demanding and challenging field. Training and retaining teachers who are willingly and capable can be very difficult. Based on a 10-year critical analysis of research examining special education and teacher retention, Billingsley (2004) found that “One of the most important challenges in the field of special education is developing a qualified workforce and creating work environments that sustain special educators’ involvement and commitment” (p. 39).

Special Education teachers who work with students with emotional and behavioral difficulties appear to be the most difficult to retain without proper supports. Stempien and Loeb (2002) compared different groups of teachers in order to determine if there was a difference in job satisfaction between special education and general education teachers. Within their study they mailed questionnaires to eight suburban schools from five different school boards, and 116 teachers responded. Six of the schools selected were general education schools whereas the

other two were special education schools. Specifically, teachers who are working with students who had emotional and behavioral difficulties had lower job satisfaction. They recommended that school boards should “provide individualized support for designed to meet each teachers’ unique needs. Such support includes providing instructional information, advice on emotional support, mentorship, and demonstration teaching” (p. 265). Before a teacher is given the assignment of teaching students with EBD, it is important that a teacher receives adequate teacher training and preparation in order to do so.

Even though teaching students with EBD can be very difficult, there are teachers who enjoy and choose to stay in the field. Prather-Jones (2011) completed a qualitative study examining the reasons why experienced teachers chose to remain in the field of teaching students with emotional and behavioral difficulties. Thirteen teachers who participated in the study had at least seven years of teaching experience and worked with EBD students in a variety of settings (e.g., self-contained, resource and general education classrooms). Data were collected through face-to-face and in-depth interviews. Prather-Jones concluded that the main reasons why teachers chose to work with this population could be divided into two main categories. These categories were personal characteristics and support. The personal characteristics consisted of being intrinsically motivated, being able not to take things personally, being aware of and accepting limitations, being flexible and enjoying variety, and having a sincere interest in children with EBD. Teachers needed the most support from their administration and fellow teachers during the first few years of their teaching.

Curriculum

Classroom Management

It is very important that teachers use effective teaching strategies when instructing students with EBD, in order to help minimize disruptive behavior in the classroom (Gunter & Denny, 1998). Teachers also need to make sure that the work is at the instructional level of the students. Academic work that is too easy will only make the students lose interest and become more disruptive (Gunter, Denny, Jack, Shores, & Nelson, 1993). It can be difficult for the teacher to ensure that the academic work that they assign to their students is challenging enough because student behavior will affect how the teacher will teach. A list of online resources that can help teachers assess their students reading level and implement research-based interventions is included at the end of this resource (Appendix E).

When teaching students with emotional and behavioral difficulties, teachers need to be aware of how they are interacting with the students. Hayling, Cook, Gresham, State, and Kern (2008) examined 90 classrooms from both Pennsylvania and California that provided assistance to students with emotional and behavioral difficulties. The teachers were asked to refer students they thought exhibited challenging internal and external behaviors. The researchers then randomly students from the group of students who were referred. The majority of the participants had been diagnosed with EBD and psychiatric disorders (e.g., Oppositional Defiant Disorder, Attention-Deficit/Hyperactivity Disorder, Conduct Disorder). Through the use of direct observation and operationalization of behaviors (e.g. disruptive behavior, destructive behavior, one-on-one instruction and non-academic instruction), the researchers concluded that more time needed to be allocated to academic instruction and a reduction to the amount of nonacademic time. Another recommendation was to have the students do less independent seat

work as well as give the students less one-on-one time specifically if the student was disruptive prior to receiving it.

An effective method for teachers to help students increase on-task behavior is to use behavior-specific praise (Sutherland, Wehby, & Copeland, 2000). Although praise has been proven to be effective, it is not frequently utilized in the classroom for students who have EBD. Jack, Shores, Denny, Gunter, DeBriere, and DePaepe (1996) conducted a study with 20 teacher-student dyads in general education and self-contained classrooms. Teachers and students interacted negatively 20% of the time with each but only positively for 5% of the time. Self-evaluation is an effective tool to help teachers reflect on their behavior and make effective changes. Sutherland and Wehby (2001) examined whether or not teachers who used self-recording as a form of self-evaluation would increase the amount of praise that they would give their students. The participants in the study consisted of 20 teachers (K to Grade 8) from a large southeastern city in the United States as well as 216 students from 20 different classrooms. The students were from self-contained classrooms that serviced students with emotional/behavioral and learning difficulties. The teachers were divided into two groups: self-evaluation and no-treatment group. Teachers in the self-evaluation group were trained how to use, record, code and graph how frequently they used praise with their students within a 15-minute period. The teachers in the treatment group were also encouraged to praise themselves if they had increased the rate of praise that they used during instructional time. The researchers concluded that teachers who used the audiorecording as a form of self-evaluation increased the amount of times they used praise and the students increased their correct responses. The teachers in this study believed that they could use this self-evaluative technique within their own classrooms.

Reading Instruction

A literature review of early reading instruction and students with EBD conducted by Levy and Chard (2010) concluded that the quality of reading instruction needed to be improved. The main pitfalls that they observed in the studies that they reviewed were there were too much waiting, seatwork, and independent activities. They found that actual reading time primarily consisted of independent seatwork and worksheets rather than the actual reading of a text or direct instruction.

In Quebec, students with special needs are frequently referred to a Core English program rather than a bilingual one. Genesse and Jared (2008) argued that exposure to French language is important for students with disabilities, specifically in Quebec so that they able to be employed. They also stressed that students who have disabilities should also have a differentiated program and the necessary supports in order to experience success.

As has been previously mentioned students with emotional and behavioral difficulties can also have learning disabilities such as dyslexia. Velluntino, Fletcher, Snowling, and Scanlon (2008) completed a summary of research over the past four decades, in order to find underlying causes of dyslexia. They found that people who suffer from dyslexia primarily have difficulty with phonological awareness, alphabetic mapping, and phonological decoding. The implication for teachers is that they need to do targeted instruction to assist their students with their phonological skills. The researchers also suggested that students should be encouraged to build on what they already know as well have an individual well-balanced reading program. It is important for teachers to be critical when reading these studies to determine if the interventions can be implemented in their own classrooms (Rivera, Al-Otaiba, & Koorland, 2006).

Mathematics Instruction

Students with emotional and behavioral difficulties experience difficulty learning mathematics in general education (Templeton, Neel, & Blood, 2008) and full-time special education classrooms (Anderson, Kutash, & Duchnowski, 2001). Some potential strategies to teach students with emotional and behavioral difficulties mathematics are peer-mediated instruction as well as using the CRA sequence of instruction: concrete (model concept or procedures using concrete objects, or both), representational (transition from concrete objects to pictorial representational objects), and abstract (demonstrate conceptual and procedural knowledge with abstract symbols) (Riccomini, Witzel, & Robbins, 2008).

Within the current Quebec Education Program (www.mels.gouv.qc.ca/sections/programmeFormation/index_en.asp) students are expected to solve situational problems in mathematics. A strategy for teaching students the steps required for solving word problems was explored in a small-group study. Alter (2012) applied an intervention to four Grade 4 and Grade 5 students who were attending an alternative school for students with severe and profound emotional and behavioral disabilities. The intervention consisted of explicitly teaching the students problem-solving steps: (a) read aloud the mathematics problem, (b) paraphrase, (c) visualize, (d) state the problem, (e) hypothesize, (f) estimate, (g) calculate, and (h) self-check. After the students had completed each step on a daily worksheet that followed the standard curriculum, they were given a hole in their index card. As back-up reinforcement, the students were also given 25 minutes of free time on an activity that they enjoyed. Three out of the four students experienced success between their pretest and posttest exams. The researchers recognized that this type of intervention would be difficult for one teacher to implement with a large class. They did see potential for teachers to

be able to encourage their students to self-monitor themselves and become less dependent on continuous reinforcement.

Social-Skills Training

It is important for a student to have social competence in order to perform well academically (Malecki & Elliott, 2002). According to Gresham and Elliot (2013) there are two different types of social deficits: acquisition and performance (as cited in Hall, Gresham, & Kauffman, 2014). They require different types of interventions. If a student has an acquisition deficit, she or he might not be aware of a specific social skill and as a result will need to be taught it explicitly in small groups through modeling, coaching, behavioral reversal, and performance feedback. The other type of social skill deficit is called a performance deficit, which means that child has the social skill in his or her repertoire but does not apply it in social situations. The appropriate intervention in this case is to manipulate antecedents and consequences in a natural setting to increase the frequency of the desired behaviors (Gresham & Elliot, 2014) as in a behavior-intervention plan.

Gresham (2015) examined meta-analytical reviews of both single-case and group experimental designs over the past 30 years and found that social-skills interventions have been effective for students with sociobehavioral difficulties, although methodological and conceptual issues need to be taken into consideration. Zaragoza, Vaughn, and McIntosh (1991) conducted a review of 27 studies that looked at a variety of social-skills interventions that had been conducted with students who had behavior problems. The interventions they reviewed looked at interpersonal problem-solving, specific target skills (e.g., smiling, conversation skills, following instructions), combination of social skills, and moral judgment. The most common instructional procedure that was used consisted was the cognitive-behavioral model (e.g., coaching, modeling,

rehearsal, feedback, and reinforcement). Other types of instructional strategies that were used were videorecording, role-playing, and discussion. The duration of the interventions was from six to 49 sessions with each session lasting from 15 to 90 minutes. The outcome measures that were most frequently recorded were teacher, peer, and parent ratings. The researchers found that students who participated in intervention programs were perceived more positively by teachers and parents and received more support. Unfortunately, the negative perceptions of the peers of children with behavioral difficulties were not altered after the intervention. Gresham (2015) suggested that the “target” child be able to teach social-skills to his or her peers who do not have emotional behavioral difficulties in order to help increase positive interaction.

Although social-skills training is frequently suggested to be included within the curriculum of self-contained classes, it is difficult to scientifically prove whether or not it is effective. Quinn, Kavale, Mathur, Rutherford, and Forness (1999) compiled a meta-analysis of 35 studies that analyzed the effectiveness of social-skills interventions for students with EBD. The researchers examined prosocial (social relations, social behavior, etc.) and problem behavior (school social-behavior problems, disruptive behavior), and specific behavior traits (anxiety, aggression, etc.). Even though the results appeared to be dismal, the researchers suggested that teachers tailor a social-skills program to meet the needs of their students.

When designing a social-skills program, there are some specific components that should be implemented. In an opinion article written by Elksnin and Elksnin (1998), they explained why social skills need to be taught, who should participate, how to develop a curriculum and recommendations if the program does not appear to be effective for certain students. The researchers suggested that the teacher should assess which social-skills should be taught using rating scales, interviews, behavioral observations, and role-playing. Elksnin and Elksnin also

recommended that the teacher be very explicit about describing and defining, for example, what the student says (verbal steps), does (nonverbal steps), and thinks (cognitive steps) when teaching the target social-skill (Appendix E) to their students.

Reintegration

After a certain amount of time, some students who are within the self-contained classroom might be able to reintegrate into the general education classroom. It is important that the transition is viewed as being a positive experience for the classroom receiving the student as well as by the student going there. Regan (2009) suggested that teachers be reflective (be aware of biases and perceptions of students with EBD), build relationships with all students, empower them through a sense of belonging and clearly defined roles, and use creative resources to support students who have emotional and behavioral difficulties.

Interventions for Students with EBD

A teacher who works with students with emotional and behavior difficulties is not only responsible for teaching them the curriculum and helping them to develop social-skills. Mosier and Park (1979) suggested that a teacher working with students with emotional and behavioral needs to work in the capacity of a teacher-therapist by helping them realize their full academic potential and “helping them to substitute appropriate behaviors for inappropriate ones” (p.4)

Some researchers feel that behavior interventions alone are not enough to help the student with EBD succeed in school. Kavale (2001) argued that students with emotional and behavioral difficulties should be screened to determine if they have a psychiatric diagnosis and whether they need to be referred for a combination of medication and behavior interventions (e.g., psychopharmacologic treatment).

Other researchers have argued that applying a psychopharmacologic treatment alone is not enough to ensure that students and their families are getting the best type of treatment for them and their families. Oswald (2002) argued for a comprehensive treatment model that would consist of, “effective instruction, skilled parenting, structured behavior support, medicine and psychosocial treatment” (p. 157).

Teachers should also make sure that students with emotional and behavioral difficulties receive counseling from a licensed professional therapist within their school setting. Baskin, Slaten, Crosby, Pufahl, Schneller, & Ladell (2010) conducted a meta-analytic study from kindergarten to grade 12 to determine whether or not counseling and psychotherapy in schools were effective. They examined 107 studies containing 132 treatment interventions used to counsel youth in schools. Baskin et al. compared the type of training (licensed professionals, paraprofessionals, and graduate students), intervention (e.g., individual, group, classroom), as well as the age, sex, and ethnicity of the students. They concluded that the more effective interventions were with adolescents compared to children, same-sex groups better than mixed-sex groups, and licensed professional therapists more than paraprofessionals or graduate students.

Communicating with Parents and Professionals

A school-community-family collaboration is essential in order to adequately support students with emotional/behavioral difficulties (Cohen, Linker, & Stutts, 2006). Fox, Vaughn, Wyatte, and Dunlap (2002) conducted a qualitative study of 20 families from a variety of cultural backgrounds who were responsible for the care of children with developmental and behavior difficulties. They found that these families responded well to professionals who were genuinely caring and could understand the difficulties that they also encountered at home.

Parents also appreciate active participation from school professionals in their daily routines to assist with behavior management and recreational activities. Soderlund, Epstein, Quinn, Cumblad, and Petersen (1995) surveyed 121 parents of students with emotional and behavioral difficulties who were receiving at least one type of special-education service. The survey addressed questions about the existing services, needs and barriers to services, and priorities for delivering comprehensive services. Overall, the parents stated that they would like to learn how to implement behavior-management techniques with their children, have assistance with finding recreational activities, and more personal time for themselves. The researchers suggested that school personnel visit the home (working around their schedule) and help the parents learn how to implement behavior-management techniques. They also suggested that school personnel could also help parents locate community resources and assist them with transportation and financial concerns. Teachers need to advocate for their students by collaborating with parents and other professionals in order to ensure the creation and maintenance of an effective IEP (Cheatman, Hart, Malian, & McDonald, 2012).

Working with Paraprofessionals

Teachers who work in self-contained classrooms with students who have emotional and behavioral difficulties should not work alone. They need to have and collaborate with the paraprofessional in their classroom. Malone and Gallagher (2010) examined the perceptions and beliefs of 184 teachers regarding their perceptions about teamwork. The teachers volunteered to participate and they were from a variety of teams such as group-orientated, postreferral, direct-intervention, and school-based teams. They were asked to complete three surveys: Attitudes About Teamwork Survey (AATS), the Teamwork Characteristics Survey (TCS), and the Team Process Perception Survey (TPPS). The researchers concluded that teachers generally had a

positive perspective about working within a team. The teachers in the research were also able to identify the strengths of working in a team: different perspectives, sharing of ideas and information, problem solving or decision-making, and improved programming. The limitations that they found were: time or scheduling constraints, lack of commitment or participation.

Self-Care

Teachers who work with students who have emotional and behavioral difficulties are very vulnerable to occupation stress that can result in poor coping mechanisms such as overeating, smoking, drinking, or using drugs (including prescription medication) (Pullis, 1992). Some of the main causes of the occupational stress were exhaustion, frustration, being overwhelmed, work carried over to everyday life, guilt, and irritability. Some suggested remedies were time-management, collegial discussions, hobbies, nutrition, and exercise . Nelson, Maculan, Roberts, and Ohlund (2001) looked at occupational stress ratings of 415 teachers by examining the teacher demographic characteristics, working conditions, and the ability to work with students who have EBD through a regression analysis. They concluded that teachers who perceived that they had a collaborative relationship with their principal, were able to contribute to decisions, had good working relationships with colleagues, and were capable of working with children who had externalizing behaviors appeared to report lower levels of occupational stress.

The type of support that a principal provides teachers can have an affect on teacher stress and overall health. Littrel, Billingsley, and Cross (1994) conducted a study with 385 special education teachers and 313 general education teachers in Virginia. The teachers were asked to respond to questions that looked at areas such as stress, job satisfaction, school commitment, personal health, and intent to stay teaching. They found that emotional support was the most

crucial for both general and special education teachers. According to the authors, emotional support occurs when “Principals show teachers that they are esteemed, trusted professionals and worthy of concern by such practices as maintaining open communication, showing appreciation, taking an interest in teachers’ work, and considering teachers’ ideas” (p. 297).

James (2010) argued that, although it is important for teachers to care for their students, they also need to have clear boundaries and not shoulder all of the responsibility by involving the families and the community.

Practical Applications

The definition of emotional and behavioral difficulties is quite subjective and can encompass a variety of psychological and behavioral disorders. Without the appropriate interventions, these students will grow up to be adults who will continue to have emotional and behavioral difficulties as well as a lack of basic education, which could lead them to a life of crime and poverty.

Teachers also need to be aware of the controversial issues concerning labeling, disproportionality, and referrals in order to make sure that their students are getting the appropriate supports and placements to meet their needs. In Quebec, this is very important because there are a variety of settings to meet the needs of the students. Currently we have self-contained classes within a regular school setting, self-contained classes within a self-contained school setting, day-hospital settings, and inclusion within a regular setting. Due to the fact that the Ministry of Education wants to ensure that the students are being provided with the best placement, we as professionals need to ensure that the child is placed within the best situation. One of the best ways to do that is through early assessments such as RTI (Response to

Intervention). Research has demonstrated that it is better to be proactive in order to ensure that the interventions received by the child early and thus more effective.

When we look at the debate between inclusive and restrictive settings, a common theme that seems to reoccur is that the instructional methods of the teacher as well as adequate training remain the most important factors. Teachers who are responsible for students with EBD in a general classroom need to collaborate with others, know how to find and use supports, as well as work within an environment that supports inclusion.

In order for schools to be to retain teachers who work with students with EBD, teachers need to be properly trained. The characteristics of teachers who commonly stay within the field are that they are intrinsically motivated, able to not take things personally, aware of and accept limitations, were flexible and enjoyed variety, and have a sincere interest in children with EBD. The research has also told us that new teachers need to be supported within their first few years of teaching by providing instructional information, emotional support, mentorship, and demonstration teaching.

Although classroom and behavior management are very important in the classroom when teaching students with emotional and behavioral difficulties, what teachers are teaching and how they are teaching it are also very important. According to the research, students should receive a good amount of academic instructional time and less nonacademic instructional time in order to reduce problematic behaviors. The work that the student is receiving should be at their instructional level and one-on-one time should be reduced for the students who are disruptive or who act out after they have received that type of attention.

It is also important for teachers to reflect on whether or not they are using behavior-specific praise with their students who have EBD and then self-evaluate themselves in order to increase using praise within their classrooms.

When teaching students how to read, teachers need to be aware of whether or not they are providing actual reading time to their students. Researchers noticed that teachers frequently provide the students with a lot of seatwork assignments and work sheets but very limited reading time. In regard to bilingual education, students with learning disabilities are required to learn French so that they can be employable in Quebec. Therefore it is recommended that teachers differentiate for the students who have learning difficulties within their classroom. If a student in the classroom is diagnosed with dyslexia, then it is suggested that the teacher do a well-balanced literacy program that targets the areas that the child experiences difficulty in decoding as well as builds on the knowledge that the child already has.

With regard to teaching mathematics, students with emotional and behavioral difficulties would benefit from peer tutoring as well as using the concrete, representational and abstract (CRA) sequence approach when learning new concepts. Situational problems can also be seen as something that is very difficult to teach students with EBD. If each step of problem solving is taught explicitly, than students will be able to complete the problem. The researchers also suggested that the teacher provide the students with an incentive such as doing something that they enjoy for 25 minutes.

Incorporating a social-skills program is a crucial component of a self-contained classroom because social competence leads to academic competence. The two common deficits are acquisition and performance deficits. Acquisition deficit is the inability to apply the skill but a student does not have knowledge of it and needs to be taught explicitly. The other social-skill

deficit is performance where although the student has knowledge about the deficit, they are unwilling to perform it (within social settings). This information is crucial because it shapes the type of social-skill program that you are going to develop inside of your classroom. Therefore it is imperative that you assess the needs of your students as well as determine if you need to do a skill-streaming program or a functional behavior assessment in order to create a behavior intervention plan.

Classroom teachers who work with students who have EBD need to be able to work within two capacities to help teach the students to develop their full potential academically and socially. Many researchers recommend a psychopharmacological approach that allows students to receive the appropriate behavior interventions as well as medication to help them be successful in school. Other researchers suggest that a comprehensive approach that includes effective instruction, skilled parenting, structured behavior support, medicine, and psychosocial treatment is the best alternative. Students with emotional and behavioral difficulties should also have access to counseling interventions performed by licensed professionals within an individual or group process.

Teachers who work with students who have emotional and behavioral difficulties experience occupational stress that can lead to smoking, drinking, or taking drugs. It is important for teachers to find ways that they feel help to alleviate their stress, such as talking to colleagues, time management, hobbies, nutrition, and exercise. Teachers who work with EBD also need to have emotional support from their principal, contribute to decision making, and feel that they are competent in dealing with external behaviors.

Parents of students with emotional and behavioral difficulties need to feel that the teachers and other professionals genuinely understand their situation and feel empathetic towards

it. Parents also like to have support in applying some of the behavior strategies with their child at home as well as some support in finding some recreational activities as well as some more personal time for themselves. Teachers who work with paraprofessionals in their classroom need to learn how to collaborate so that they can enjoy a beneficial partnership that allows the teacher and paraprofessional to complement each other.

Teachers receiving a student with emotional and behavioral difficulties should build a relationship with all of their students, make them feel empowered through a sense of belonging, and clearly defined roles as well as provide access to creative resources.

Occupational stress is common for teachers who are working with students with EBD as a result teachers need to take care of themselves. Teachers who have principals who provide emotional support as well as establish clear boundaries experience more success.

Further Research

When we look at how programs for students with emotional and behavioral difficulties have changed from the early 1960s, it is very interesting to examine what has remained the same and what has changed. A survey was done in 126 school districts within 27 states that worked with students with emotional and behavioral difficulties reported that the field of EBD changed from the 1960s to the 1980s in specific areas. They looked at eight program components: (a) philosophy, aims, and goals including theoretical orientation, (b) service delivery, (c) teacher role and teacher training, and (d) entrance and exit procedures. Although more teachers have been certified to teach students with emotional and behavioral difficulties, they were still primarily responsible for the curriculum development and implementation. Although the survey reported that there were more students with EBD who were included in the public school system, many of them were being educated in more restrictive environments (e.g. self-contained

classrooms). They also found that there were more services offered to students with emotional and behavioral difficulties within preschool and secondary schools. Although more programs have been opened, the quality of these programs still needs to be verified with empirical research. Another difference that they found was that, although interventions currently used were primarily based on learning and behavioral theory, psychoeducational and ecological theories were also present. The researchers stated that it was still easier to have a student enter a restrictive placement rather than having them exit it and be reintegrated (Grosenick, George, and George, 1987). This comprehensive study was conducted 30 years ago and it would an interesting area in which to conduct follow-up research.

Simpson, Peterson and Smith (2011) argued that an effective educational program for students with emotional and behavioral difficulties consists of (a) qualified and committed professionals, (b) utilitarian environmental supports, (c) effective behavior-management plans, (d) valid social-skill and social-interpretation training and social-interaction programs, (e) proven academic support systems, (f) strong parent- and family-involvement programs, (g) coordinated community support mechanisms, and (h) ongoing evaluation of essential program components and student outcomes and progress.

More research needs to be done in the field of teaching students with emotional and behavioral difficulties. In his opinion paper discussing whether or not there has been progress in the education of students with EBD, Kauffman (2008) proposed five criteria that could help researchers assess whether or not there has been any progress in the field of students with emotional and behavioral difficulties: (a) more reliable identification of EBD, (b) clearer and more reliable descriptions of students identified as having EBD, (c) data showing that students with EBD are better off if they receive or they do not receive special education, (d) data showing

that we are getting better at helping students identified as having EBD, and (e) statements of expectations reflecting the difficulty of our job. Two suggestions that he proposed were that more empirical research is needed to determine whether or not special education is beneficial to students with emotional and behavioral disabilities, comparing students with EBD receiving special education to students with EBD who are in the regular classroom, and better teacher education should be provided to work with students who have EBD.

Conclusion

The research tells us that teaching students with emotional and behavioral difficulties in a self-contained classroom is not a new phenomenon in education. Researchers have argued as to whether or not self-contained classrooms are optimally beneficial for students since Dunn began the discussion in 1968. Although inclusion was introduced since the 1980s in Canada, students with severe EBD in Quebec may spend time within a self-contained classroom with potential to be reintegrated. As a teacher working within one of these classrooms, I realize that it is important to know research-based strategies to be able to teach students with EBD effectively. In order to be an effective teacher it is necessary to pursue professional development and be aware of one's own strengths and weaknesses. It is also important to be flexible and not to internalize the behaviors of the students in the class. Teachers should advocate for their students when creating an IEP and share some of the strategies that have been effective in the classroom with the parents so that they could also apply them at home. Parents appreciate teachers who are genuinely caring and feel empathy toward their difficult situations at home. Teachers are not able to work in isolation and need to collaborate with other professionals so that the students and families receive necessary resources and supports. It is also important for teachers to take care

of themselves because teaching students with emotional and behavioral difficulties is very demanding and stressful.

References (Note: Some of these are for Appendices that Follow)

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Appendix A

DSM-5 Diagnostic Criteria

Reproduced from DSM-5; Retrieved from

<http://dx.doi.org.proxy3.library.mcgill.ca/10.1176/appi.books.9780890425596>

Attention Deficit/Hyperactivity Disorder

A . A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. **Inattention:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

- a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
- b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
- c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
- d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
- e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
- f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
- g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
- h. Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
- i. Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

2. **Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities

- a. Often fidgets with or taps hands or feet or squirms in seat.
- b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).

- c. Often runs about or climbs in situations where it is inappropriate. (**Note:** In adolescents or adults, may be limited to feeling restless.)
- d. Often unable to play or engage in leisure activities quietly.
- e. Is often “on the go,” acting as if “driven by a motor” (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
- f. Often talks excessively.
- g. Often blurts out an answer before a question has been completed (e.g., completes people’s sentences; cannot wait for turn in conversation).
- h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
- i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people’s things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

Conduct Disorder

Aggression to People and Animals

- 1. Often bullies, threatens, or intimidates others.
- 2. Often initiates physical fights.
- 3. Has used a weapon that can cause serious physical harm to others (e.g., a bat, brick, broken bottle, knife, gun).
- 4. Has been physically cruel to people.
- 5. Has been physically cruel to animals.
- 6. Has stolen while confronting a victim (e.g., mugging, purse snatching, extortion, armed robbery).
- 7. Has forced someone into sexual activity.

Destruction of Property

- 8. Has deliberately engaged in fire setting with the intention of causing serious damage.
- 9. Has deliberately destroyed others’ property (other than by fire setting).

Deceitfulness or Theft

- 10. Has broken into someone else’s house, building, or car.
- 11. Often lies to obtain goods or favors or to avoid obligations (i.e., “cons” others).
- 12. Has stolen items of nontrivial value without confronting a victim (e.g., shoplifting, but without breaking and entering; forgery).

Serious Violations of Rules

- 13. Often stays out at night despite parental prohibitions, beginning before age 13 years.
- 14. Has run away from home overnight at least twice while living in the parental or parental surrogate home, or once without returning for a lengthy period.
- 15. Is often truant from school, beginning before age 13 years.

B. The disturbance in behavior causes clinically significant impairment in social, academic, or occupational functioning.

Specify if:

With limited prosocial emotions: To qualify for this specifier, an individual must have displayed at least two of the following characteristics persistently over at least 12 months and in multiple relationships and settings. These characteristics reflect the individual’s

typical pattern of interpersonal and emotional functioning over this period and not just occasional occurrences in some situations. Thus, to assess the criteria for the specifier, multiple information sources are necessary. In addition to the individual's self-report, it is necessary to consider reports by others who have known the individual for extended periods of time (e.g., parents, teachers, co-workers, extended family members, peers).

Lack of remorse or guilt: Does not feel bad or guilty when he or she does something wrong (exclude remorse when expressed only when caught and/or facing punishment). The individual shows a general lack of concern about the negative consequences of his or her actions. For example, the individual is not remorseful after hurting someone or does not care about the consequences of breaking rules.

Callous—lack of empathy: Disregards and is unconcerned about the feelings of others. The individual is described as cold and uncaring. The person appears more concerned about the effects of his or her actions on himself or herself, rather than their effects on others, even when they result in substantial harm to others.

Unconcerned about performance: Does not show concern about poor/problematic performance at school, at work, or in other important activities. The individual does not put forth the effort necessary to perform well, even when expectations are clear, and typically blames others for his or her poor performance.

Shallow or deficient affect: Does not express feelings or show emotions to others, except in ways that seem shallow, insincere, or superficial (e.g., actions contradict the emotion displayed; can turn emotions “on” or “off” quickly) or when emotional expressions are used for gain (e.g., emotions displayed to manipulate or intimidate others).

Oppositional Defiant Disorder

B .A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms from any of the following categories, and exhibited during interaction with at least one individual who is not a sibling.

Angry/Irritable Mood

1. Often loses temper.
2. Is often touchy or easily annoyed.
3. Is often angry and resentful.

Argumentative/Defiant Behavior

4. Often argues with authority figures or, for children and adolescents, with adults.
5. Often actively defies or refuses to comply with requests from authority figures or with rules.
6. Often deliberately annoys others.
7. Often blames others for his or her mistakes or misbehavior.

Vindictiveness

8. Has been spiteful or vindictive at least twice within the past 6 months.

C .The disturbance in behavior is associated with distress in the individual or others in his or her immediate social context (e.g., family, peer group, work colleagues), or it impacts

- negatively on social, educational, occupational, or other important areas of functioning.
- D .The behaviors do not occur exclusively during the course of a psychotic, substance use, depressive, or bipolar disorder. Also, the criteria are not met for disruptive mood dysregulation disorder.
- E .A pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness lasting at least 6 months as evidenced by at least four symptoms from any of the following categories, and exhibited during interaction with at least one individual who is not a sibling.
- Angry/Irritable Mood**
- 9. Often loses temper.
 - 10. Is often touchy or easily annoyed.
 - 11. Is often angry and resentful.
- Argumentative/Defiant Behavior**
- 12. Often argues with authority figures or, for children and adolescents, with adults.
 - 13. Often actively defies or refuses to comply with requests from authority figures or with rules.
 - 14. Often deliberately annoys others.
 - 15. Often blames others for his or her mistakes or misbehavior.
- Vindictiveness**
- 16. Has been spiteful or vindictive at least twice within the past 6 months.
factors should also be considered, such as whether the frequency and intensity of the behaviors are outside a range that is normative for the individual's developmental level, gender, and culture.
- F .The disturbance in behavior is associated with distress in the individual or others in his or her immediate social context (e.g., family, peer group, work colleagues), or it impacts negatively on social, educational, occupational, or other important areas of functioning.
- G .The behaviors do not occur exclusively during the course of a psychotic, substance use, depressive, or bipolar disorder. Also, the criteria are not met for disruptive mood dysregulation disorder.

Appendix B

Functional Behavioral Assessment (FBA) taken from www.pbis.world.com

School District of West Allis West Milwaukee et al

Date:

Functional Behavioral Assessment for

A functional behavioral assessment (FBA) is a process of looking at relationships between behavior and the school environment. A behavior intervention plan (BIP) provides the school with an action plan designed to inform school staff how to proactively design the learning environment, teach replacement behaviors and respond consistently when problem behaviors occur.

Data Collection: Please check which of the following data items were considered by the team.

| | | |
|---|---|--|
| <input checked="" type="checkbox"/> Academic records | <input type="checkbox"/> Medical evaluations | <input checked="" type="checkbox"/> Parent interview |
| <input type="checkbox"/> Attendance records | <input checked="" type="checkbox"/> Observations of student | <input type="checkbox"/> Student interview |
| <input checked="" type="checkbox"/> Special education evaluations | <input checked="" type="checkbox"/> Discipline records | <input type="checkbox"/> Other |

| Behavior: List and describe the behavior(s) that adversely affect the student's learning. | Triggers: Factors that usually provoke this behavior. | Setting Factors: Description of setting (where, when, and with whom) the behavior is most likely to occur. | Function of Behavior: Consider what happens immediately after the problem occurs. |
|--|---|---|---|
| Running Away: Takes the form of leaving the school building or the school grounds during the school day and without permission. Often returns to the school after 5-10 minutes. Create BIP for Target Behavior? Y | Direct Triggers: Power struggle with staff, activities or work that she perceives as too difficult. Indirect Triggers: Being tired, arguments with mother (home setting). | Occurs an average of two times per month. Occurs most often in music class. | Task avoidance, consequence avoidance, attempt to cope with strong emotions, to assert power. |
| Aggression Towards Others: Fighting with peers and aggression towards staff Create BIP for Target Behavior? Y | Direct Triggers: Conflict with specific female peer, teacher directives when she is in heightened emotional state. Indirect Triggers: Delayed retaliation against peers (related to previous conflicts), being tired, home situations. | Occurs an average of twice per week. More likely when substitute staff present. Also more likely during less structured times (between classes, lunch) and with presence of specific peers. | Assertion of power, retaliation against peers (revenge), attention from peers. |
| Create BIP for Target Behavior? | | | |
| Create BIP for Target Behavior? | | | |
| Create BIP for Target Behavior? | | | |

Appendix C

Behavior Intervention Plan (BIP) taken from www.pbis.world.com

| BEHAVIOR INTERVENTION PLAN | | | |
|--|---|--|--|
| Student Information: | Name: | | Date: |
| | School: | | Grade: |
| BIP Report By: | | | |
| Problem Behavior: <i>Inappropriate behavior(s)</i> | | | |
| Replacement Behavior: <i>What is expected of the student?</i> | | | |
| Method of Teaching Replacement Behavior and By Whom: <i>How will we teach the desired behavior and who will teach it?</i> | <input type="checkbox"/> direct instruction, by: _____ <input type="checkbox"/> anger management, by: _____ <input type="checkbox"/> role playing, by: _____ <input type="checkbox"/> behavior contract, by: _____ <input type="checkbox"/> decision-making lesson, by: _____ <input type="checkbox"/> other _____, by: _____ <input type="checkbox"/> social skills training, by: _____ <input type="checkbox"/> providing cues, by: _____ <input type="checkbox"/> modeling, by: _____ <input type="checkbox"/> stress management, by: _____ <input type="checkbox"/> use of mentor(s), by: _____ | | |
| Accommodations, Interventions, and Who's Responsible for Them: <i>What help will we give the student to help him/her succeed?</i> <i>It is VERY important that these accommodations and/or recommendations be followed consistently by teacher(s), aides, and school staff.</i> | Accommodations to assist the student in displaying the replacement behavior: <input type="checkbox"/> clear, concise directions <input type="checkbox"/> frequent reminders/prompts <input type="checkbox"/> frequent breaks/vary activities <input type="checkbox"/> teacher/staff proximity <input type="checkbox"/> reprimand the student privately <input type="checkbox"/> modify assignments <input type="checkbox"/> review rules & expectations <input type="checkbox"/> provide alternate recess <input type="checkbox"/> provide cooling off period <input type="checkbox"/> communicate regularly with parents <input type="checkbox"/> supervise free time <input type="checkbox"/> avoid strong criticism <input type="checkbox"/> predictable, routine schedule <input type="checkbox"/> specified study area <input type="checkbox"/> preferential seating <input type="checkbox"/> avoid power struggles <input type="checkbox"/> specifically define limits <input type="checkbox"/> avoid physical contact <input type="checkbox"/> provide highly-structured setting <input type="checkbox"/> other _____ | | |
| | Interventions & Who's Responsible for Them: 1. 2. 3. 4. | | |
| Method of Measuring Progress: <i>How will we know if it's working or not?</i> | <input type="checkbox"/> direct observation <input type="checkbox"/> charting/graphing <input type="checkbox"/> other: _____ | <input type="checkbox"/> daily behavior sheet <input type="checkbox"/> self-monitoring | <input type="checkbox"/> weekly behavior sheet <input type="checkbox"/> number of discipline referrals |
| Length of behavior plan | <input type="checkbox"/> one week <input type="checkbox"/> two weeks <input type="checkbox"/> other: _____ | | |
| Positive Consequences for Appropriate Behavior: <i>What can the student earn?</i> | <input type="checkbox"/> verbal praise <input type="checkbox"/> earned privileges <input type="checkbox"/> tangible rewards <input type="checkbox"/> other _____ | <input type="checkbox"/> immediate feedback <input type="checkbox"/> earned tokens/points <input type="checkbox"/> free time | <input type="checkbox"/> computer time <input type="checkbox"/> positive call or note home <input type="checkbox"/> positive visit to office |
| Negative Consequences for Inappropriate Behavior: <i>What happens if student does not behave?</i> | <input type="checkbox"/> loss of points/tokens <input type="checkbox"/> phone call home <input type="checkbox"/> send to office <input type="checkbox"/> escort to another area | <input type="checkbox"/> loss of privileges <input type="checkbox"/> work detail <input type="checkbox"/> in-school suspension <input type="checkbox"/> other _____ | <input type="checkbox"/> time out <input type="checkbox"/> detention <input type="checkbox"/> out-of-school suspension |

Antecedent-Behavior-Consequence Log (ABC Chart) taken from www.pbis.world.com

Target Behaviors:

1

2

3

5

6

7

8

| Date | Time | Activity | Antecedents | Exact Behavior(s) | Consequences | Student's Reaction |
|------|------|----------|-------------|-------------------|--------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Appendix E

Resources for Reading Assessments and Interventions (Al Otaiba & Rivera, 2006)**Materials for Fluency Practice**

Great Leaps - <http://www.greatleaps.com>

Quick Reads – <http://www.pearsonlearning.com/mcp/quickreads.cfm>

Read Naturally – <http://www.readnaturally.com>

Monitor Progress

Dynamic Indicators of Basic Early Inventory Skills (DIBELS)

Monitoring Basic Skills Program (MBSP)

Resources for Research-Based Reading Interventions

Florida Centre for Reading Research - <http://www.fcrr.org/ring>

What Works Clearinghouse (WWC) – <http://w-w-c.org/index.html>

Appendix F

Types of Social Skills adapted from Elksnin and Elksnin (1998)

Interpersonal Behaviors

These behaviors are "friendship-making skills," such as introducing yourself, joining in, asking a favor, offering to help, giving and accepting compliments, and apologizing.

Peer-Related Social Skills

These are skills valued by classmates, which are associated with peer acceptance. Examples include working cooperatively, asking for and receiving information, and correctly assessing another's emotional state.

Teacher-Pleasing Social Skills

Behaviors associated with school success include following directions, doing your best work, and listening to the teacher.

Self-Related Behaviors

These skills allow a child to assess a social situation, select an appropriate skill, and determine the skill's effectiveness. Other self-related behaviors include following through, dealing with stress, understanding feelings, and controlling anger.

Assertiveness Skills

These behaviors allow children to express their needs without resorting to aggression.

Communication Skills

Communication skills include listener responsiveness, turn taking, maintaining conversational attention, and giving the speaker feedback