Perspectives on Services for Students with Emotional Disabilities: A Cause for Concern

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The class was quietly doing its lesson when Russell, suffering from problems at home, prepared to employ an attention-getting device.
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– **c. Pervasive unhappiness, depression or anxiety.**
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– e. Inability to learn that cannot be explained by intellectual, sensory or health factors.
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- f. Extreme withdrawal from social interactions.
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- e. Inability to learn that cannot be explained by intellectual, sensory or health factors.
- f. Extreme withdrawal from social interactions.
- g. Extreme aggressiveness for a long period of time.
Emotional and Behavioral Disorder.
(National Association of School Psychologists, 2005)

- refers to a condition in which behavioral or emotional responses of an individual in school are so different from his/her generally accepted, age appropriate, ethnic or cultural norms that they adversely affect performance in such areas as:
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- EBD is more than a transient, expected response to stressors in the environment.
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- EBD is more than a transient, expected response to stressors in the environment.
- EBD must be displayed in more than one setting, one of which must be the school setting.
Serious Service Concerns

• Most un- and under-served population of students with disabilities
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• Too little empirical research has been directed towards academic instruction for this population – much of our practice is simply extrapolation from research addressing other disabilities (primarily LD).

• School-based interventions must address both student characteristics (norms, beliefs, behaviors) and the school environment (e.g., teacher behavior, discipline practices, school climate).
Un- and Under- Served

• Nationally, school personnel have typically identified less than 1% of their student population as having an emotional or behavioral disorder (Walker et al, 2000).
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  - Conservative estimates suggest 2-5% of students display a significant emotional or behavioral disorder (Walker et al, 2000).
  - National Statistics estimate that 1 in 5 children and youth may have a serious emotional disturbance that can be identified. (SAMHSA 2007)
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- School personnel do not want to provide ‘special protections’ to the disruptive student. (Walker et al., 2000)
- School psychologists often not comfortable in assessment of emotional and behavioral disorders (Rees, Farrell, Rees, 2003)
High Levels of Co-morbidity with Other Disorders

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- Learning disabilities (Rock, Fessler & Church, 1997).
- Other Health Impairment (ADD/ADHD)
- Anxiety disorders
- Mood disorders
- Social maladjustment
- Substance abuse
Test Today: Othello

PSAT Tutoring after school today

Aging Parent Divorcing

Good Morning, Teacher
The IEP team may not identify or refuse to identify a child as a child with an emotional behavioral disability.....

..solely on the basis that the child has another disability, or is socially maladjusted, adjudged delinquent, a dropout, chemically dependent, or a child whose behavior is primarily due to cultural deprivation, familial instability, suspected child abuse or socio-economic circumstances, or when medical or psychiatric diagnostic statements have been used to describe the child’s behavior.
Dual Deficits in EBD

• Behavioral
  – Aggression
  – Non-compliance
  – Truancy
  – Lack of motivation
  – Low levels of task engagement and attending
  – Poor social skills and social problem solving abilities
  – Negative interactions with teachers and peers (Walker, Colvin & Ramsey, 1995)

• Academic
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• Academic
  – Failure to progress at a rate equal to peers (Anderson, Kutash, & Duchnowski, 2001)
  – Significantly lower academic achievement, especially in reading (Lane, 2004)
  – 54-85% are below grade level in reading (Greenbaum et al., 1996; Nelson et al, 2004).
  – Effect size of .69 difference in academic achievement of students with EBD and their typically developing peers (Reid et al., 2004).
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  – **Drop out rates** – the % of youth with IEPs dropping out of high school compared to the % of all youth dropping out of high school;
  – **Suspension and expulsion rates** – significant discrepancy in the rates of suspension and expulsion of children with disabilities for greater than 10 days in a school year;
Performance Indicators and EBD (Cont.)

- **Educational placements**, ages 6-21 - % of children with IEPs aged 6-21
  - A. Removed from regular class <21% of the day
  - B. Removed from regular class >60% of the day
  - C. Served in public or private separate schools, residential placements, or homebound or hospital placement;
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- **Transition** - % of youth aged 16 and above with an IEP including coordinated, measurable annual goals and transition services designed to meet post-secondary goals, and % of youth who had IEPs but who are no longer in school and have been competitively employed, enrolled in some type of post-secondary school, or both, within one year of leaving high school.
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- be served in restrictive settings,
- have more encounters with the juvenile justice system, and/or
- fail to graduate from high school.

Chesapeake Institute (1994).
"How was my day? Let's just say it might be in the best interests of all concerned if we move out of the school district."
School Completion

- Graduated - 48.4% (Wagner, 1993)
- Aged out – 1.3% (Wagner, 1993)
- Dropped out/were expelled – 50.3% (Wagner, 1993)
- School completion rates 14 times lower than their non-disabled peers (Clark and Davis, 2000)
Postsecondary education (3-5 years out of high school)

• Any post-secondary school – 25.6% (only youth with MR and multiple disabilities were lower) (Wagner, 1993)
• Postsecondary vocational school – 15.4% (Wagner, 1993)
• 2-year college – 10.1% (Wagner, 1993)
• 4-year college – 4.2% (Wagner, 1993)
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- 4-year college – 4.2% (Wagner, 1993)
- Few students with EBD complete post-secondary education programs of any kind, and their employment is not boosted by post-secondary education, as it is for their non-disabled peers (Malmgren and Edgar, 1998).
Competitive employment

• A 47.4% competitive employment rate for youth with EBD 3-5 years out of high school (compared to the general population’s rate of 69.4%) (Wagner, 1993)

• An unemployment rate 4 years after leaving high school for students with EBD of 52%, highest of any disability area (Wagner, 1993).

• Exhibit high unemployment, less stability in terms of keeping a job, work fewer hours, and earn lower wages compared to their disabled and nondisabled peers (Bullis & Cheney, 1999).
Arrest rates

• 2 years out of high school – 37%  (Wagner, 1993)

• 3-5 years out of high school – 58%  (Wagner, 1993)

• For dropouts with EBD  – 73%  (Wagner, 1993)
Parenting

• 3-5 years out of high school: Males – 18.2% and Females – 48.4% (Wagner, 1993)

• Young women with EBD are 6 times more likely than their peers to have had multiple pregnancies at a young age, and to have lost custody of their babies (Clark and Davis, 2000).
Other

- At high risk for becoming homeless (Clark and Davis, 2000)

- Are least likely of the disability groups to belong to community groups (Clark and Davis, 2000)

- Are least likely of the disability groups to register to vote (Clark and Davis, 2000)

- Those who also scored in the lower half on a measure of personal/social achievement were over 20 times more likely than peers to be victimized (teased, beaten up, personal property stolen) (Bullis & Cheney, 1999).
Factors associated with the school-exiting status of youths identified as having EBD

- Lower functional skills in counting, reading, telling time and telephoning
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- Push for absolute standards of achievement in fully inclusive classes with little effort to meet emotional needs or provide modifications

Rylance, 1997
Students with EBD and the School Context

Student displays low levels of motivation, disruptive behavior and low academic skills

(Gresham, Lane, MacMillian, & Bocian, 1999; Gunter, Denny, Jack, Shores, & Nelson, 1993; Sutherland, Conroy, Abrams, & Vo, 2010; Walker et al, 1995; Wehby, Symons, Canale, & Go, 1998)
Students with EBD and the School Context

Student displays low levels of motivation, disruptive behavior and low academic skills.

Teachers provide fewer opportunities to respond, lower levels and less contingent praise and reinforcement, easier tasks and limited instruction.

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Students develop increasingly negative attitudes about teachers and school in general. Increase skill deficits and increased frustration.

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"I told you I was smart. My teacher says she's given up trying to teach me anything."
Behavior Deficits vs. Academic Deficits

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  – Academic deficits lead to behavioral deficits (e.g., Chen, Rubin, & Li, 1997; Masten et al., 1995)
  – Altering either type of deficit has little or no impact on the other type of deficit (e.g., Farmer, Quinn, Hussey & Holohan, 2001; West, 2008)
Moderating and Mediating Effects

- Moderators – when the relationship between two variables (the independent and the dependent variable) depends on a third variable. The third variable is referred to as the moderator.

- Mediators – A mediator is a variable that is influenced by the independent variable and in turn impacts the dependent variable. Clarifies the relationship between the independent and the dependent variable.
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Identification of Interventions that Hurt

• Not all interventions help – some well meaning interventions can actually cause more harm – iatrogenic effects.
  – ‘Deviancy training’ – (Dishion, McCord, & Poulin, 1999)
    • Clustering high risk adolescent youth together for intervention may be harmful as the peer influences in early adolescence may serve to reinforce negative behaviors, normative beliefs, and attitudes.
Promising Practices

• Identification of effective academic interventions specifically for students with EBD
  – Reading (Lane, 2004; Nelson, Benner, Lane, & Smith, 2004)
  – Math (Gagnon, 2009; Templeton, Neel, & Blood, 2008)
Promising Practices

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  – Reading (Lane, 2004; Nelson, Benner, Lane, & Smith, 2004)
  – Math (Gagnon, 2009; Templeton, Neel, & Blood, 2008)

• Interventions that address both academic and behavioral skills simultaneously.
  – Antecedent strategies (e.g., pre-correction) (Kern & Clemens, 2007)
  – Peer tutoring and self graphing (Sutherland & Snyder, 2007)
Promising Practices (Cont.)

• Interventions that address the student as well as the social context (e.g., teacher behavior, peer interactions, school climate)
  – Increasing opportunities to respond to academic requests and teacher praise (Sutherland, Alder, & Gunter, 2003; Sutherland, Wehby, & Yoder, 2002)
• Interventions that address the student as well as the social context (e.g., teacher behavior, peer interactions, school climate)
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• **Strength-based interventions** (Epstein, Synhorst, Cress, & Allen, 2009)
The Challenge to Intervention
Researchers

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• Interventions that address both the academic and the behavioral needs of students with EBD.
The Challenge to Intervention Researchers

• Effective assessment tools and assessment practices.
• Interventions that address both the academic and the behavioral needs of students with EBD.
• Interventions that address both the student and the social context (peers and teachers) of the school.
  – Teacher behavior
  – Teacher adoption of effective practices (Heward, 1994)
  – Treatment integrity
The Challenge to Intervention Researchers

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- Interventions that address both the academic and the behavioral needs of students with EBD.
- Interventions that address both the student and the social context (peers and teachers) of the school.
  - Teacher behavior
  - Teacher adoption of effective practices (Heward, 1994)
  - Treatment integrity
- The identification of mediators (e.g., teacher behavior, peer affiliations) and moderators (e.g., age, gender, nature of placement) of intervention effectiveness.
High above the hushed crowd, Rex tried to remain focused. Still, he couldn't shake on nagging thought: He was an old dog and this was a new trick.

Taken from AAHE Annual Meeting, March 14-17, 1993 (Washington, D.C.)
References


• Sutherland, K.S., & Snyder, A. (2007). Effects of reciprocal peer tutoring and self-graphing on reading fluency and classroom behavior of middle school students with emotional disorders. *Journal of Emotional and Behavioral Disorders, 15*(2), 103-118.
